AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (I-26)

Report of Rules Committee

Anna Heffron, MD, PhD, Chair

Your Rules Committee recommends the following consent calendar for acceptance:

RECOMMENDED TO CONSIDER FOR BUSINESS

1. Emergency Resolution 1 – Sunsetting RFS Policy Disadvantaging Part-Time and Locum Physicians

RECOMMENDED TO NOT CONSIDER FOR BUSINESS

2. Late Resolution 1 – Protecting the Integrity of Public Participation in Federal Health Policymaking

3. Late Resolution 2 – Protecting Resident Physicians with Pending Immigration Status and Ensuring Safe Participation in Professional Activities

RECOMMENDED TO CONSIDER FOR BUSINESS

(1) EMERGENCY RESOLUTION 1 – RESCINDING RFS POLICIES THAT DISADVANTAGE LOCUM TENENS AND PART-TIME PHYSICIANS

RECOMMENDATION:

Emergency Resolution 1 be considered for business.

RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) sunset policy 380.009R, "Part-Time Malpractice Insurance":

~~That our AMA-RFS oppose reduced premiums for part-time physicians.~~

Your Rules Committee recommends that Emergency Resolution 1 be considered for business during the I-26 Assembly Meeting. As stated by the authors, the issue being considered did not come to attention until the AMA-RFS Delegation Caucus meeting on October 19, after the deadlines for on-time or late resolutions. The issue at hand will affect the AMA-RFS Delegation's actions during the AMA House of Delegates 2026 Interim Meeting November 6-10, so waiting until the subsequent AMA-RFS Assembly Meeting to address the issue would have time-dependent impacts.

For these reasons, your Rules Committee finds it prudent that this resolution be considered at the I-26 AMA-RFS Assembly Meeting and therefore recommends Emergency Resolution 1 be considered for business.

RECOMMENDED TO NOT CONSIDER FOR BUSINESS

(2) LATE RESOLUTION 1 – PROTECTING THE INTEGRITY OF PUBLIC PARTICIPATION IN FEDERAL HEALTH POLICYMAKING

RECOMMENDATION:

Late Resolution 1 <u>not be considered for business</u>.

RESOLVED, that our American Medical Association (AMA) support transparent, viewpoint-neutral standards for publication, redaction, withholding, and removal of public comments in federal health policymaking; and be it further

RESOLVED, that our AMA advocate that federal agencies publicly document the basis for removing, withholding, or redacting public comments and preserve an auditable record of such actions, consistent with applicable privacy, safety, and legal protections; and be it further

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Interim Meeting.

Your Rules Committee recommends that Late Resolution 1 not be considered for business at the I-26 AMA-RFS Assembly Meeting. As the authors state, this issue became public on August 25, which was nearly a week ahead of the deadline for on-time submissions for resolution drafts (August 31).

Furthermore, the AMA-RFS now operates a resolution cycle system in which the initial deadline is a deadline for drafts, which then undergo extensive review and receive feedback, with final drafts due several weeks after the initial draft submission date. The deadline for resolution draft submission was August 31, with final versions of those drafts being due September 21. The authors thus had 6 days to write an initial rough draft and then 3 additional weeks to revise their draft and make changes in accordance with any feedback received from AMA-RFS Section Delegates and the AMA-RFS Resolution Review Committee. Your Rules Committee believes that 27 total days (6 days before the initial rough draft submission deadline and then an additional 21 days to revise and respond to feedback) is enough time to revise and complete a thoughtful and thorough resolution.

The authors do not provide justification for a timely issue that must or could only be addressed prior to the AMA-RFS 2027 Annual Assembly meeting in June 2027. As stated by the authors, the public comments that were removed from Regulations.gov have already been removed. No other time-sensitive action was named in the resolution or in the lateness justification statement. Thus, your Rules Committee does not currently have evidence to support that action taken on this resolution will result in time-sensitive actions that could not be taken after an on-time submission to the AMA-RFS A-27 Assembly Meeting. For these reasons, your Rules Committee recommends Late Resolution 1 not be considered for business.

(3) LATE RESOLUTION 2 – OPPOSITION TO EPA RULES DELAYING AND RESCINDING FEDERAL PFAS DRINKING WATER STANDARDS

RECOMMENDATION:

Late Resolution 2 not be considered for business.

RESOLVED, that our American Medical Association (AMA) amend policy H-135.916 "Per- and Polyfluoroalkyl Substances (PFAS) and Human Health" by addition to read as follows:

1. Our American Medical Association supports continued research on the impact of perfluoroalkyl and polyfluoroalkyl chemicals on human health.
2. Our AMA supports legislation and regulation seeking to address contamination, exposure, classification, and clean-up of PFAS substances.
3. Our AMA will advocate for states, at minimum, to follow guidelines presented in the Environmental Protection Agency's Drinking Water Health Advisories for perfluorooctanoic acid (PFOA) and perfluorooctane sulfonic acid (PFOS), with consideration of the appropriate use of Minimal Risk Levels (MRLs) presented in the CDC/ATSDR Toxicological Profile for PFAS.
4. Our AMA will amplify physician and public education around the adverse health effects of PFAS chemicals and potential mitigation and prevention efforts.
5. Our AMA will oppose the EPA's proposed rescission of the drinking water regulatory determinations and Maximum Contaminant Levels for perfluorohexane sulfonic acid (PFHxS), perfluorononanoic acid (PFNA), hexafluoropropylene oxide dimer acid (HFPO-DA/GenX), and the Hazard Index for mixtures of two or more PFAS).
6. Our AMA will advocate that any modification, delay, or rescission of enforceable federal drinking water standards for PFAS substances be based on peer-reviewed scientific evidence of reduced health risk.; and be it further

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Interim Meeting.

Your Rules Committee recommends that Late Resolution 2 not be considered for business at the I-26 AMA-RFS Assembly Meeting. As stated by the authors, this is an issue which has been known since May 2026, well ahead of the deadline for on-time submission of draft resolutions (August 31).

The author gives as a lateness justification that the author's clinical and training obligations delayed completion of the submission before the deadline. While the Rules Committee is very sympathetic to this reason, we note that all AMA-RFS members are conducting their business under significant time constraints of training and clinical duties, and thus we cannot fairly accept this resolution when other authors were held to the published deadlines.

Finally, the author states in the lateness justification that there is a time-sensitive action to be taken regarding this issue, but neither the time-sensitive action nor the timeline for it are named in either the lateness justification or the resolution. Rules Committee members also searched online for this action but could not find one. Given this, we do not currently have evidence to support that action taken on this resolution will result in time-sensitive actions that could not be taken after an on-time submission to the AMA-RFS A-27

Assembly Meeting. For these reasons, your Rules Committee recommends Late Resolution 2 not be considered for business.

Madame Speaker, this concludes the Report of the Rules Committee. We would like to thank the authors for providing thorough background information and reasoning to the Committee.

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Revati Gummaluri, DO	Tristan Mackey, MD
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