Resident and Fellow Section

Summary of Actions

51st Interim Business Meeting
November 6, 2026
Orlando, FL

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American Medical Association-Resident and Fellow Section
Summary of Actions (I-26)

Actions taken by the Assembly are outlined below in two sections: I) RFS Reports and II) RFS Resolutions.

I. RFS REPORTS

Report	RFS Action	Recommendation(s)	HOD Action
Report B--Trialing a Co-Sponsorship Mechanism for the Resident and Fellow Section	**Adopted and the remainder of the report filed**	RECOMMENDATION Your 2025-2026 and 2026-2027 RFS Delegates recommend that the following recommendations be adopted and the remainder of the report be filed: 1. RESOLVED, that our AMA-RFS will maintain a process to co-sponsor resolutions from outside sections and delegations whereby the section may co-sponsor resolutions with a two-thirds (2/3) majority of a caucus vote.	None

II. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Emergency Resolution 1—Sunsetting RFS Policy Disadvantaging Part-Time and Locum Physicians	**Adopted**	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.~~	None; Internal RFS position statement
Emergency Resolution 2—Timely Updates to our Internal Operating Procedures	**Adopted**	RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) amend its Internal Operating Procedures (IOPs) to establish a fair, impartial, and transparent process for investigating and resolving campaign complaints when the Speaker, Vice Speaker, or both are a candidate in the election under investigation; and be it further RESOLVED, that our AMA-RFS ensure its campaign complaint investigation and resolution procedures incorporate appropriate safeguards against conflicts of interest and provide for a consistent and equitable process for substantiating alleged campaign infractions; and be it further RESOLVED, that our AMA-RFS amend its Internal Operating Procedures (IOPs) to represent a late resolution as "a resolution received after the submission deadline but up to 7 days prior to the RFS Business Meeting"; and be it further	None; Will work with CCB

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		RESOLVED, that our AMA-RFS amend its IOPs to represent an emergency resolution as "a resolution received after 7 days prior to the Business Meeting but before the Business Meeting adjourns"; and be it further RESOLVED, that our AMA-RFS amend its IOPs to require a three-fourths (3/4) vote of representatives be required for acceptance of an emergency resolution as business, rather than the current threshold of a two-thirds (2/3) vote; and be it further RESOLVED, that our AMA-RFS amend its IOPs to change all reference of "standing committees" to "special committees" to align with the American Institute of Parliamentarians' use of those terms; and be it further RESOLVED, that our AMA-RFS amend its IOPs such that the report of the RFS Delegate and RFS Alternate Delegate detailing the actions of the Caucus shall be submitted to the subsequent RFS Business Meeting, rather than within 30 days after the conclusion of the House of Delegates meeting.	
Late Resolution 1—Protecting the Integrity of Public Participation in Federal Health Policymaking	**Adopted as amended**	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 health 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.	Imm. Fwd. to HOD @ I-26; became Res. 239; Adopted.
Late Resolution 2—Opposition to EPA Rules Delaying and Rescinding Federal PFAS Drinking Water Standards	**Adopted as amended**	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	Imm. Fwd. to HOD @ I-26; became Res. 935; Adopted

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		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.	
Resolution 1—Tax Wealth Fund Health	**Adopted as amended**	RESOLVED, that our American Medical Association (AMA) support taxes ~~that target the wealth~~ on the assets of billionaires ~~in order to pay for health care~~ that help increase healthcare funding.~~; and be it further~~ ~~RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Interim Meeting.~~	None; will send to HOD @ A-27
Resolution 2—Modernizing AMA Policy on Organizational Funding and Provision of Alcohol at Official Meetings and Events	**Adopted as amended**	RESOLVED, that our American Medical Association (AMA) ensure that the purchase and provision of alcoholic beverages at official AMA meetings, conferences, and sponsored events are consistent with the AMA's evidence-based alcohol policies, public health mission, commitment to inclusivity, and responsible fiscal stewardship, ~~and that~~ with routine organizational funding for alcoholic beverages be minimized whenever feasible and appropriate; and be it further	None; will send to HOD @ A-27

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		RESOLVED, that our AMA evaluate opportunities to transition away from routine organizational funding of alcoholic beverages at official AMA meetings, conferences, and sponsored events through a deliberate, phased approach that considers operational feasibility, contractual obligations, fiscal impact, and organizational objectives ~~while promoting organizational practices that are consistent with the AMA's evidence-based alcohol policies, public health mission, and commitment to responsible fiscal stewardship~~; and be it further ~~RESOLVED, that our AMA prioritize meeting and event practices that foster inclusive professional environments and reflect the organization's leadership in alcohol-related public health; and be it further~~ RESOLVED, that our AMA rescind policy H-30.970, "The Use of AMA Funds for the Purchase of Alcohol."	
Resolution 3—Timely Processing of DACA Renewal Applications	**Adopted**	RESOLVED, that our American Medical Association (AMA) will advocate for timely processing of Deferred Action for Childhood Arrivals (DACA) renewal requests and employment authorization applications, including sufficient federal administrative capacity and processes to minimize lapses in deferred action and work authorization caused by processing delays; and be it further RESOLVED, that our AMA advocate for policies that protect DACA recipients from interruptions in employment, training, or clinical practice resulting from delays in the adjudication of timely filed DACA renewal requests; and be it further RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Interim Meeting.	Imm. Fwd. to HOD @ I-26; became Res. 238; Adopted
Resolution 4—Amendment to Policy D-310.977, "National Resident Matching Program Reform" — Applicant Fee Transparency and Antitrust Accountability	**Adopted as amended**	[…] ~~Our AMA will request that the NRMP explore the possibility of including the Osteopathic Match in the NRMP Match.~~ […] Our AMA will work with the NRMP, and other residency match programs, in revising Match policy, including the ~~secondary match or scramble~~	None; will send to HOD @ A-27

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		~~process~~ Supplemental Offer and Acceptance Program (SOAP) to create more standardized rules for all candidates including application timelines and requirements. […] Our AMA will advocate for reduced applicant-paid National Resident Matching Program registration and ranking fees, and for expanded fee-assistance and fee-waiver programs, for resident and fellow physician applicants. Our AMA will ~~invite~~ work with the National Resident Matching Program, and other relevant entities, to engage in ongoing, collaborative discussions on the fairness and efficiency of residency matching methods, including their impact on osteopathic, international medical graduate, and other disproportionately affected applicants.	
Resolution 5—Evidence Based Standards for Physician Communication of Executive Health Evaluations	**Adopted**	RESOLVED, that our American Medical Association (AMA) develop best practices for physician-authored public summaries of presidential and vice-presidential health evaluations that promote accuracy, transparency, consistency, and national security whilst safeguarding patient privacy, distinguishing objective clinical findings from physician opinion, and identifying minimum recommended standards for public disclosure; and be it further RESOLVED, that our AMA encourage collaboration with appropriate national medical specialty societies, ethics organizations, and experts in executive medicine to develop consensus recommendations regarding physician communication of executive health information; and be it further RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Interim Meeting.	Imm. Fwd to HOD @ I-26; became Res. 011; Adopted
Resolution 6—Protecting Evidence-Based Family Planning Services in Title X-Funded Programs	**Adopted**	RESOLVED, that our American Medical Association (AMA) oppose federal Title X funding criteria that restrict, discourage, or otherwise condition funding on counseling that deviates from evidence-based approaches; and be it further RESOLVED, that our AMA advocate that Title X funding requirements preserve and support the clinical judgment of physicians and other qualified	Imm. Fwd. to HOD @ I-26; became Res. 934; Adopted

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		health professionals to provide individualized counseling and care based on the patient's medical circumstances, reproductive goals, preferences, and informed decisions; and be it further RESOLVED, that our AMA collaborate with relevant medical specialty societies, state medical societies, public health organizations, and patient advocacy organizations to monitor changes to Title X requirements and the public health consequences of these changes; and be it further RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Interim Meeting.	
Resolution 7—Use of Artificial Intelligence in Medical Education and Scholarly Activity – Ethical Considerations for Trainees	**Not adopted**	RESOLVED, that our American Medical Association (AMA) amend Policy H-480.939, "Augmented Intelligence in Health Care," by addition to read as follows: […] Our AMA supports the ethical and responsible use of artificial intelligence in medical research and scholarly activity, including appropriate human oversight and accountability for AI-assisted work; and our AMA opposes requiring or implicitly pressuring medical students, resident physicians, fellows, or physician researchers to use artificial intelligence as a condition of academic advancement, research participation, publication, or professional evaluation. Our AMA encourage medical schools, residency programs, and fellowship programs to establish transparent expectations regarding permissible artificial intelligence use in trainee scholarly activity, including disclosure requirements and standards for maintaining human responsibility for the accuracy, integrity, and originality of scholarly work.	None
Resolution 8—Improving Equity and Affordability in Away Rotations	**Adopted as amended**	RESOLVED, that our American Medical Association (AMA) ~~study~~ support mechanisms to improve access to and affordability of away rotation experiences~~, including virtual options,~~ for medical students and resident physicians with attention to osteopathic applicants and~~, especially~~ those ~~who do not have~~ without a home program~~s in their desired specialty~~; and be it further	None; will send to HOD @ A-27

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		RESOLVED, that our AMA encourage interested groups to establish, expand, and publicize scholarship, stipend, or reimbursement programs that offset costs for visiting medical students and resident physicians completing in-person away rotations, with consideration for ~~DO applicants and~~ applicants from financially disadvantaged backgrounds and underrepresented groups in medicine~~, and those without a home program in their desired specialty~~.	
Resolution 9—Ensuring Continuous, Universal Health Coverage for Children and Young Adults	**Adopted**	RESOLVED, that our American Medical Association (AMA) support federal and state policies that ensure automatic enrollment and continuous, comprehensive, affordable health insurance coverage for all individuals from birth through age 26, including through automatic Medicaid eligibility, regardless of family income, immigration status, health status, or changes in family circumstances.	None; will send to HOD @ A-27
Resolution 10—Support for a Tax on Artificial Intelligence	**Adopted**	RESOLVED, that our American Medical Association (AMA) support a tax on artificial intelligence and redistribution of the resulting revenues to workers impacted by AI-driven labor displacement in order to mitigate the adverse health consequences associated with loss of employment and income.	None; will send to HOD @ A-27
Resolution 11—Health Privacy, Research, and Stigmatized Conditions like Autism	**Referred**	RESOLVED, that our American Medical Association (AMA) opposes the data collection of sensitive health information on stigmatizing conditions like autism that was not explicitly and originally intended for research; and be it further RESOLVED, that our AMA supports the inclusion of autistic people and people with autism in the planning, development, execution, and dissemination of autism research; and be it further RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Interim Meeting.	None. Will send to RFS Standing Committee for Report back.
Resolution 12—Ensuring the Appropriate Placement of Children After Parental Deportation	**Adopted as amended**	RESOLVED, that our American Medical Association (AMA)- Resident and Fellow Section (RFS) support policies that preserve the ability of parents or primary caregivers who are detained or deported to participate in decisions regarding their child's health and wellbeing, including designation of an appropriate caregiver, consistent with the child's safety and applicable law; and be it further RESOLVED, that our AMA-RFS support that our advocate for safe, timely, culturally and linguistically appropriate, and trauma-informed	None; add to RFS Policy Compendium

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		processes to ensure continuity of health care for children experiencing immigration enforcement-related separation from a parent or primary caregiver; and be it further RESOLVED, that our AMA-RFS support that our AMA advocate that child placement and continuity of care plans of detained or deported parents be solicited in advance, documented, tracked, and audited by appropriate authorities to protect children's health and parental rights; and be it further RESOLVED, that our AMA-RFS support that our AMA ~~support~~ advocate for affordable and accessible privacy-protective mechanisms for secure communication between detained or deported parents and designated caregivers to facilitate continuity of care and health care decision-making.	

III. HOD RESOLUTIONS AND REPORTS

Resolution/Report	Ref Com	HOD Action	Policy
Res. 008—Recognition of Moral Injury in the Physician Workforce	E&B	**Adopted as amended**	RESOLVED, that our American Medical Association (AMA) recognizes moral injury as the harm that occurs when healthcare professionals are compelled by systemic constraints to witness or to act in ways that transgress their moral beliefs and professional obligations, including the inability to deliver evidence-based, equitable, and patient-centered care; and be it further RESOLVED, that our AMA recognizes moral injury as a distinct and significant threat to the wellbeing of medical students, residents, and physicians (New HOD Policy); and be it further RESOLVED, that our American Medical Association, drawing upon existing research and evidence, develop recommendations for systemic interventions to address moral distress and moral injury among medical students, residents, and practicing physicians, including institutional, financial, administrative, and resource constraints that interfere with physicians' ability to provide medically necessary, evidence-based, and patient-centered care. (Directive to Take Action)

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Res. 011—Standards for Physician Communication of Executive Health Evaluations	E&B	**Adopted**	RESOLVED, that our American Medical Association develop best practices for physician-authored public summaries of presidential and vice-presidential health evaluations that promote accuracy, transparency, consistency, and national security whilst safeguarding patient privacy, distinguishing objective clinical findings from physician opinion, and identifying minimum recommended standards for public disclosure (Directive to Take Action); and be it further RESOLVED, that our AMA encourage collaboration with appropriate national medical specialty societies, ethics organizations, and experts in executive medicine to develop consensus recommendations regarding physician communication of executive health information. (New HOD Policy)
Res. 223—Advancing Physician Payment and Medicare and Medicaid Access for Street Medicine	B	**Adopted**	RESOLVED, that the following American Medical Association (AMA) policy, "Payment for Physicians who Practice Street Medicine H-160.886," be amended by addition to read as follows, and that the title be revised to "Advancing Physician Payment and Medicare and Medicaid Access for Street Medicine": a. Our American Medical Association supports the development of street medicine programs to increase access to care for populations experiencing homelessness and reduce long-term costs. b. Our AMA supports the implementation of Medicare and Medicaid payment for street medicine initiatives by advocating for necessary legislative and/or regulatory changes, including submission of a recommendation to the Centers for Medicaid & Medicaid Services asking that it establish a new place-of-service code to support street medicine practices for people eligible for Medicare and/or Medicaid, with "street medicine" defined, in keeping with the Street Medicine Institute, as "the provision of health care directly to people where they are living and sleeping on the streets." c. Our AMA supports presumptive eligibility and point-of-care Medicaid enrollment for individuals experiencing homelessness, reduced eligibility redeterminations to promote continuous coverage, and access to street medicine services regardless of network assignment. d. Our AMA supports exemptions or alternative pathways for individuals

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			experiencing homelessness from Medicaid work and reporting requirements, including automatic or data-driven exemptions based on clinical and socioeconomic risk factors.
Res. 224—Modernize the Medicare Primary Care Exception to Ensure Appropriate Reimbursement for Services Provided by Residents	B	**Referred**	RESOLVED, that our American Medical Association (AMA) study the Medicare Primary Care Exception and develop specific, evidence-based advocacy recommendations to CMS for modernizing teaching-physician regulations governing reimbursement in resident continuity clinics while maintaining appropriate supervision and patient safety safeguards.
Res. 225—Supporting a Common Legal Framework for Medical Capacity Holds	B	**Adopted**	RESOLVED, that the American Medical Association (AMA) study existing laws, institutional practices, and ethical frameworks related to the use of medical holds for patients who lack medical decision-making capacity, with the goal of identifying best practices and informing potential model legislation.
Res. 238—Timely Processing of DACA Renewal Applications	B	**Adopted**	RESOLVED, that our American Medical Association (AMA) will advocate for timely processing of Deferred Action for Childhood Arrivals (DACA) renewal requests and employment authorization applications, including sufficient federal administrative capacity and processes to minimize lapses in deferred action and work authorization caused by processing delays; and be it further RESOLVED, that our AMA advocate for policies that protect DACA recipients from interruptions in employment, training, or clinical practice resulting from delays in the adjudication of timely filed DACA renewal requests.
Res. 239—Protecting the Integrity of Public Participation in Federal Health Policymaking	B	**Adopted**	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 health 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.

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Res. 308—Update on Financial Transparency of the Revenue Generated by Trainees at Health Systems *(Not for Consideration)*	n/a	**Not Considered**	RESOLVED, that our American Medical Association (AMA) study the feasibility of quantifying the direct and indirect revenue generated by resident and fellow physicians for their sponsoring institution, including the development of standardized methodologies for such estimation, and develop recommendations regarding whether and how such data should be transparently reported to training institutions, accrediting bodies, and the public.
Res. 309—Stronger Recognition and Promotion of Accommodations for Neurodivergent Learners *(Not for Consideration)*	C	**Considered: Adopted**	RESOLVED, that our American Medical Association (AMA) support efforts to improve accessibility and transparency of accommodation processes for neurodivergent learners in medical training by: (1) Encouraging residency and fellowship programs to provide clear guidance regarding procedures for requesting educational accommodations; (2) Promoting faculty education and educational resources on teaching, supervising, and evaluating neurodivergent learners; and (3) Encouraging collaboration between graduate medical education programs and institutional disability resource professionals and related specialists to support individualized accommodation planning for neurodivergent learners in medical training.
Res. 310--Disparities in Preliminary and Transitional Year GME Funding *(Not for Consideration)*	n/a	**Not Considered**	RESOLVED, that our American Medical Association (AMA) study the impact of current Initial Residency Period (IRP)-based GME funding policies on residency applicant selection, match outcomes, and career trajectories, including impacts on graduates of preliminary and transitional year programs and on populations disproportionately represented among unmatched applicants, such as international medical graduates (IMGs) and osteopathic (DO) graduates, and report back.
Res. 602—Enhancing Equity in House of Delegates Resolution Processes by Removal of the Resolutions Committee and Broadening of the Interim Meeting's Focus	F	**Adopted**	RESOLVED, that our American Medical Association rescind the Resolution Committee as defined in Bylaw 2.13.3; and be it further RESOLVED, that our AMA remove constraints on the scope of business at Interim Meetings, which is regulated by the Resolution Committee, by amending AMA Bylaw B-2.12.1.1.

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Res. 922—Eliminating Tax Barriers to Equitable Clinical Trial Participation	K	**Adopted**	RESOLVED, that our American Medical Association (AMA) support exempting clinical trial participant compensation from taxable income and public assistance eligibility determinations, recognizing such payments as reimbursement rather than wages, to promote equitable participation in clinical research.
Res. 923—Research the Community Health Impacts of Data Centers	K	**Adopted**	RESOLVED, that our American Medical Association (AMA) study and report on the public health impacts of data center development, including effects on air quality, water resources, soil contamination, energy infrastructure, noise exposure, and health equity.
Res. 924--Ensuring Evidence-Based Nutrition Guidance in Public Health and Clinical Practice	K	**Adopted**	RESOLVED, that our American Medical Association (AMA) advocates that nutrition recommendations used in clinical practice, state public health policy, and institutional nutrition programs be grounded in evidence-based science and informed by the scientific guidance; and be it further RESOLVED, that our AMA advocates for strengthened transparency, disclosure, and management of financial and non-financial conflicts of interest in the development of federal dietary guidelines and related scientific reports, including clear public reporting and exclusion of individuals with significant financial or industry-related conflicts of interest from decision-making roles.
Res. 934—Protecting Evidence-Based Family Planning Services in Title X-Funded Programs	K	**Adopted**	RESOLVED, that our American Medical Association (AMA) oppose federal Title X funding criteria that restrict, discourage, or otherwise condition funding on counseling that deviates from evidence-based approaches; and be it further RESOLVED, that our AMA advocate that Title X funding requirements preserve and support the clinical judgment of physicians and other qualified health professionals to provide individualized counseling and care based on the patient's medical circumstances, reproductive goals, preferences, and informed decisions; and be it further RESOLVED, that our AMA collaborate with relevant medical specialty societies, state medical societies, public health organizations, and patient advocacy organizations to monitor changes to Title X requirements and the public health consequences of these changes.

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Res. 935—Opposition to EPA Rules Delaying and Rescinding Federal PFAS Drinking Water Standards	K	**Adopted**	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.

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