



## Resident and Fellow Section

# Summary of Actions

48<sup>th</sup> Annual Business Meeting  
June 7, 2024  
Chicago, IL

*This document does not represent official policy of the American Medical Association (AMA). Refer to AMA PolicyFinder for official policy of the Association.*

**American Medical Association-Resident and Fellow Section  
Summary of Actions (A-24)**

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 A— 2024-2027 RFS Policy Strategic Focus Areas	<b>Adopted as amended</b>	<p>1. The AMA-RFS establishes its strategic policy focus areas for 2024-2027: (1) justice, equity, diversity, and inclusion; (2) appropriate scope of practice; (3) trainee rights, well-being, and burnout; (4) medical education; and (5) healthcare access and coverage.</p> <p>2. The AMA-RFS Governing Council will periodically return to and revise, as necessary, the strategic focus areas to align with current Section needs and priorities.</p> <p>3. The AMA-RFS encourages the development of robust internal policies within these focus areas.</p> <p>4. The AMA-RFS Caucus to the AMA House of Delegates (HOD) will consider more highly prioritizing items falling within these strategic focus areas.</p> <p>5. The AMA-RFS Delegation to the AMA HOD will continue to highly prioritize any RFS-authored resolution submitted to the HOD, regardless of whether or not it falls into one of these strategic focus areas.</p>	None. RFS Internal Position Statements
Report B— Modernization of the AMA Resident and Fellow Section Internal Operating Procedures	<b>Adopted as amended</b>	<p>1. That the AMA-RFS amend the RFS Internal Operating Procedures as outlined in Part II of this Report.</p> <p><i>(Part II adopted, with the exceptions of amendments noted below as follows:)</i></p> <p>IX. Business Meeting C. <del>Delegates Representatives</del> to the Business Meeting from Organizations represented in the House of Delegates. The Business Meeting shall include <del>delegates representatives</del> from constituent associations, Federal Services, national medical specialty societies, and professional interest medical associations represented in the House of Delegates.</p> <p>Apportionment. The apportionment of each constituent association, Federal Service, national medical specialty society, and professional interest medical associations is one <del>delegate representative</del> per 100, or fraction thereof, members of the Resident and Fellow</p>	None.

		<p>Section who are members of the constituent association, Federal Service, national medical specialty society, or professional interest medical association.</p> <p>D. Other Representatives to the Business Meeting</p> <p>2. National Resident and Fellow Organizations</p> <p>(a) Apportionment. Each national resident and fellow organization that has been approved for representation in the RFS Assembly may select one <del>delegate representative</del> and one alternate <del>delegate representative</del>.</p> <p>(f) Rights and Responsibilities. <u>Delegates</u> <del>Representatives</del> of national resident and fellow organizations in the Resident and Fellow Section Business Meeting shall have the following rights and responsibilities:</p> <p>IX. Business Meeting</p> <p>H. Resolutions.</p> <p>Late Resolutions. Resolutions that are submitted after the 45-day deadline but <del>7 days</del> prior to the <u>close of the Virtual Reference Committee (VRC) Business Meeting being called to order</u> shall be considered <u>Late</u> and require a two-thirds vote of the Assembly to be debatable on the floor. The Rules Committee shall make recommendations to the Assembly on whether individual items should be considered as business. <del>Late resolutions approved for consideration shall be referred to a reference committee and handled in the same manner as those resolutions introduced before the 45 day deadline.</del></p> <p><u>(a) At the discretion of the Speaker and Vice Speaker, Late resolutions may be included in the VRC for commentary with clear delineation that these resolutions still require acceptance as business by the Assembly, provided the VRC is still active and there is ample time for legal and staff review.</u></p> <p><u>(i) If so included on the VRC, the Reference Committee will create appropriate recommendations, which would only be presented to the Assembly if accepted for business after recommendation by the Rules Committee.</u></p> <p><del>(a)</del> <u>(b)</u> Debate on consideration of late resolutions shall be focused on timeliness of the resolution for the meeting, and not on the merits or content of the resolution.</p> <p><del>(b)</del> <u>(c)</u> Authors of late resolutions not accepted as business by the <u>RFS</u> Assembly have the option to request automatic submission of the resolution to the next Business Meeting.</p>	
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	<p>5. Emergency Resolutions. Resolutions that are submitted <u>after closing of the VRC within 7 days of the Business Meeting, or including after commencement of the meeting but prior to the close of business</u>, shall require a <del>three-fourths</del> <u>two-thirds</u> vote of the Assembly to be debatable on the floor. The Rules Committee shall make recommendations to the Assembly on whether individual items should be considered as business. Emergency resolutions approved for consideration <del>prior to the start of the reference committee open hearing shall be referred to a reference committee and debated on the floor. Emergency resolutions approved for consideration after the start of the reference committee open hearing</del> shall be debated on the floor at the Business Meeting without referral to <del>the</del> <u>a Reference Committee</u>.</p> <p>(a) Debate on consideration of emergency resolutions shall be focused on timeliness of the resolution for the meeting, and not on the merits or content of the resolution.</p> <p>(b) Authors of emergency resolutions not accepted as business by the <u>RFS</u> Assembly have the option <u>to request</u> automatic submission of the resolution to the next <del>RFS</del> Business Meeting</p> <p>IX. Business Meeting</p> <p>I. Sunset Mechanism. The lifespan of any passed resolution is <del>ten</del> <u>five</u> years by default, at which point these items are considered for “sunsetting”. The Governing Council shall present actionable recommendations on these items via annual report, <del>for review at the Interim meeting and action at the Annual meeting.</del></p> <p><u>5. Items may be included before the ten-year mark if their relevance has changed.</u></p> <p><del>5. 6.</del> <u>6.</u> Defeated sunset recommendations extend the item <del>for one year, to be reconsidered until reconsideration</del> in the next iteration of the Sunset Report.</p> <p>XI. Standing Committees</p> <p>Composition. The Governing Council shall annually appoint <del>or reappoint</del> standing committees <u>including but not limited to <del>aligned with the strategic goals of the RFS for</del> Long Range Planning, Public Health, Medical Education, Legislation and Advocacy, Membership, Scientific Research, Quality and Public Safety, Justice Equity Diversity and Inclusion, and Business and Economics.</u> These committees shall be composed of members of the Section.</p>	
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		Section V, Section IX.H.8, and Section VIII.E be <u>referred</u> .	
Report C—Financial Transparency of the Revenue Generated by Trainees at Health Systems	<b>Referred</b>	1. That our American Medical Association (AMA) ask the Accreditation Council for Graduate Medical Education (ACGME) to conduct a multi-institutional study including all specialties comparing trainee pay and workload to the healthcare provider pay and workload that would be needed if trainees were not present at that institution and that ACGME publicly publish the findings of this study.	None. GC will refer to Standing Committee for report back.
Report D— Traffic-related Death as a Public Health Crisis	<b>Adopted</b>	1. That that the referred resolved clauses from RFS Resolution 9-A-23 be amended as internal RFS position statements and adopted:  RESOLVED, that our AMA-RFS recognize traffic-related death as a preventable public health crisis that disproportionately harms marginalized populations; and be it further RESOLVED, that our AMA-RFS recognize walking and cycling as healthy behaviors and as fundamental rights, especially for marginalized populations; and be it further  RESOLVED, that our AMA-RFS support evidence-based strategies to achieve zero traffic fatalities; and be it further  RESOLVED, that our AMA-RFS recognize that vehicle speed and vehicle weight are modifiable risk factors for traffic-related deaths; and be it further  2. That the following additional resolved clause be adopted:  RESOLVED, that our AMA-RFS adopt AMA policies D-15.992, H-15.990, H-15.992, H-15.999, and H-470.991 as internal position statements in the Digest of Actions.	None. RFS Internal Position Statements
Report E— Inclusion of All Passed Resolutions in the RFS Digest of Actions: Ten-Year Lookback	<b>Adopted</b>	1. That our AMA-RFS will retain all policies that are adopted by the RFS Assembly, whether external or internal, in the RFS Digest of Actions, until they are removed by active rescission or sunset or altered by amendment. 2. That our AMA-RFS will modify our current Digest of Actions to add previously passed policy as per the “Recommendations” Column in Appendix A. 3. That our AMA-RFS Governing Council will reconcile those policies by which more attention is needed to determine appropriate placement per the “Recommendations” Column in Appendix A of this report.	None. (1)-(3) RFS Internal Position Statements; (4) Referral to GC for Report back.

		4. That our AMA-RFS Governing council will produce a report which details how the added and reconciled policies were combined with the current Digest of Actions.	
Report F— Editorial Changes to Outdated and Stigmatizing Language in the RFS Digest of Actions	<b>Adopted as amended</b>	<p>1. That the following additions and deletions are made to the following existing internal AMA-RFS policies: <i>[see Report for (a)-(cc)]</i></p> <p><u>RESOLVED, that our AMA-RFS create an ad-hoc committee to review and update the full expanse of our RFS position statements to editorially update outdated and stigmatizing language as guided by “Advancing Health Equity: A guide to language, narrative, and concepts,” including updates in heading titles and reorganization of the AMA-RFS policy compendium as necessary.</u></p>	<p>None. Updates to RFS Internal Position Statements</p> <p>GC to create ad-hoc committee to review and update Digest.</p>
Report G— Updating Language Regarding Families and Pregnant Persons	<b>Adopted</b>	<p>1. That the following additions and deletions be made to the following internal AMA-RFS policies:</p> <p>a) RESOLVED, policy 20.005 be amended by addition and deletion as follows: Review of AMA-RFS Policy on Prevention of Prenatal Transmission of HIVU: That our AMA-RFS support federal legislation requiring HIV testing of all <del>women</del> <u>pregnant persons</u> at the earliest prenatal visit, except when there is a specific signed refusal, in order to allow <u>pregnant persons</u> <del>women</del> the opportunity to improve their own health and that of their child.” And be it further;</p> <p>b) RESOLVED, policy 130.011 be amended by addition and deletion as follows: Review of AMA-RFS Policy on Hospital Stay for Healthy Term Newborns: That our AMA-RFS: (1) support the American Academy of Pediatrics and American College of Obstetricians and Gynecologists' guidelines concerning post-delivery care for <del>mothers</del> <u>postpartum persons</u> and their newborn infants and encourage state and federal legislation supporting these policies; and (2) support legislation mandating reimbursement for appropriate post-delivery care.” And be it further;</p> <p>c) RESOLVED, policy 291.004 be amended by addition and deletion as follows: Protecting Rights of Breast/<del>Chest</del>feeding Residents and Fellows: That our AMA-RFS support: (1) working with key</p>	<p>None. Updates to RFS Internal Position Statements</p>

		<p>stakeholders, including the ACGME, to mandate language in housestaff manuals or similar policy references of all training programs on the protected time and locations for milk expression and storage of breast milk; and (2) working with key stakeholders, including the ACGME and AAMC, to include language related to the learning and work environments for <del>breastfeeding mothers</del> <u>breast/chestfeeding persons</u> in regular program reviews.” And be it further;</p> <p>d) RESOLVED, policy 360.002 be amended by addition and deletion as follows: National Marrow Donor Program: Cord Blood Donation: That our AMA-RFS support: (1) working with Health Resources and Service Administration to increase the availability and access for expectant <del>mothers</del> <u>persons</u> to donate their cord blood to the National Marrow Donor Program within every state; and (2) drafting and promoting model state and federal legislation to present the option to all expectant <del>mothers</del> <u>persons</u> of donating cord blood.” And be it further;</p> <p>e) RESOLVED, policy 390.005 be amended by addition and deletion as follows: That our AMA-RFS support the following statements: (1) Judicial intervention is inappropriate when a <del>woman</del> <u>person</u> has made an informed refusal of a medical treatment designed to benefit <del>her</del> <u>their</u> fetus. If an exceptional circumstance could be found in which a medical treatment poses an insignificant or no health risk to the <del>woman</del> <u>person</u> entails a minimal invasion of <del>her</del> <u>their</u> bodily integrity, and would clearly prevent substantial and irreversible harm to <del>her</del> <u>their</u> fetus, it might be appropriate for a physician to seek judicial intervention. However, the fundamental principle against compelled medical procedures should control in all cases which do not present such exceptional circumstances. (2) The physician's duty is to ensure that the pregnant <del>woman</del> <u>person</u> makes an informed and thoughtful decision, not to dictate the <del>woman's</del> <u>person's</u> decision. (3) A physician should not be liable for honoring a pregnant <del>woman's</del> <u>person's</u></p>	
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		<p>informed refusal of medical treatment designed to benefit the fetus. (4) Criminal sanctions or civil liability for harmful behavior by the pregnant woman person toward her their fetus are inappropriate. (5) Pregnant substance abusers should be provided with rehabilitative treatment appropriate to their specific physiological and psychological needs.”</p> <p>f) RESOLVED, policy 390.005 be renamed “Parental/Fetal Conflict”</p>	
Report H— Recognizing Moral Injury in Medicine as a Phenomenon Distinct from Burnout	<b>Adopted as amended</b>	<p>1. That our AMA-RFS recognizes that moral injury plays a significant and individualized role in the development of physician and trainee burnout.</p> <p>2. That our AMA-RFS reaffirm internal policy of 281.024R, <u>291.015</u> and 291.036R.</p> <p><del>3. That our AMA-RFS amend AMA-RFS policy 291.015R by addition and deletion to read as follows:</del></p> <p><b><u>291.015R Intern and Resident Burnout</u></b>  <del>That our AMA-RFS support studying resident burnout to determine: (1) if recommendations can be made on how to recognize burnout, how to treat it, and, if possible, how to prevent it; (2) if it relates to the professionalism core competency for residents; and (3) if recognizing, treating, and possibly preventing burnout could be included in the program requirements for residency program directors.; and(4) recognize that moral injury is an important factor in the development of burnout.</del></p>	None. RFS Internal Position Statements
Report I— Sunset Mechanism (2013)	<b>Adopted</b>	[see Appendix for Recommended actions on 2013 RFS Positions]	None. Updates to RFS Internal Position Statements

## II. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Late Resolution 1— Modernization of the Organ Procurement and Transplantation Network	<b>Not adopted</b>	<p>RESOLVED, that our American Medical Association (AMA)-RFS support for the establishment of a separate legal entity that will serve as the OPTN; and be it further</p> <p>RESOLVED, that our AMA-RFS support the involvement of key stakeholders (patients, physicians, advanced practice providers,</p>	None. Internal RFS position statements.



		transplant centers, OPOs, and professional societies) in the OPTN modernization Initiative.	
Resolution 1— Reparative Work Addressing the Historical Injustices of Anatomical Specimen Use	<b>Alternate Res 1 Adopted as amended</b>	<p>RESOLVED, that our AMA advocate for the creation of a national anatomical specimen database that includes registry demographics; and be it further</p> <p>RESOLVED, that our AMA advocate for the return of <del>human remains to living family members, or, if none exist, the burial of</del> anatomical specimens, <u>including those used in medical education,</u> older than 2 years where consent for permanent donation cannot be proven <u>by (1) returning human remains to living family members, (2) returning human remains to tribal government as applicable, or, if neither options applies, (3) respectful burial of anatomical specimens or remains;</u> and be it further</p> <p>RESOLVED, that our AMA study and develop recommendations for regulations for ethical body donations including, but not limited to guidelines for informed and presumed consent; care and use of cadavers, body parts, and tissue; and be it further</p> <p>RESOLVED, that our AMA amend policy 6.1.4 Presumed Consent &amp; Mandated Choice for Organs from Deceased Donors should be amended by deletion to read as follows:</p> <p>Physicians who propose to develop or participate in pilot studies of presumed consent or mandated choice should ensure that the study adheres to the following guidelines:</p> <p>(a) Is scientifically well designed and defines clear, measurable outcomes in a written protocol.  (b) Has been developed in consultation with the population among whom it is to be carried out.  (c) Has been reviewed and approved by an appropriate oversight body and is carried out in keeping with guidelines for ethical research.  <del>Unless there are data that suggest a positive effect on donation, N</del>neither presumed consent nor mandated choice for cadaveric organ donation should be widely implemented; and be it further</p> <p>RESOLVED, that our AMA <del>advocate that medical schools and teaching hospitals review their</del> <u>recognize the disproportionate impact that anatomical <u>specimen</u> collections for remains of</u> have had on American Indian, Hawaiian, and</p>	None. Will send to HOD @ 1-24

		<p><u>Alaska Native, Black Americans, individuals with disabilities, and other historically marginalized groups;— remains and immediately return remains and skeletal collections to tribal governments, as required by laws such as the Native American Graves and Repatriation Act; and be it further</u></p> <p><del>RESOLVED, that our AMA advocate that medical schools and teaching hospitals review their anatomical collections for the remains of Black and Brown people, and other historically minoritized groups, and return remains and skeletal collections to living family members, or, if none exist, then respectful burial of anatomical specimens or remains.</del></p> <p><u>RESOLVED, that our AMA supports: (a) the expeditious return of American Indian, Alaska Native, and Native Hawaiian (AIANNH) remains in compliance with the Native American Graves Protection and Repatriation Act; (b) federal funds and technical assistance for inventory documentation and processing of AIANNH repatriation claims; and (c) dissemination of best practices for affiliating AIANNH remains with ancestral claimants.</u></p>	
Resolution 2— In Support of a National Drug Checking Registry	<b>Adopted as Amended</b>	RESOLVED, that our American Medical Association (AMA) <del>support</del> <u>study</u> the creation of a national drug-checking registry that would provide a mechanism whereby community-run drug-checking services may communicate their results.	None. Will send to HOD @ 1-24
Resolution 3— Clearing Federal Obstacles for Supervised Injection Sites	<b>Alternate Res 3 adopted in lieu of Res 3</b>	RESOLVED, that our American Medical Association (AMA) advocates for federal policies that empower states to determine the legality of supervised injection sites.	None. Will send to HOD @ 1-24
Resolution 4— Advocating for the Regulation of Pink Peppercorn as a Tree Nut	<b>Alternate Res 4 adopted in lieu of Res 4</b>	<p><del>RESOLVED, that our American Medical Association (AMA) will create an education campaign for the public about the pink peppercorn as a tree nut and its potential to cause severe allergic reactions; and be it further</del></p> <p><del>RESOLVED, that our AMA advocates that the FDA regulate the pink peppercorn as a tree nut and require already regulated food and drink products to report inclusion of tree nuts if they include the pink peppercorn.</del></p> <p><u>RESOLVED, that our American Medical Association (AMA) ask the FDA, NIAID and other relevant stakeholders to develop skin antigen testing for pink peppercorn to further develop research and clinical application; and be it further</u></p>	None. Will send to HOD @ 1-24

		<u>RESOLVED, that our AMA ask the FDA, NIAID and other relevant stakeholders to conduct appropriate studies to determine the cross-reactivity of pink peppercorn as a tree nut, with subsequent regulation, reporting, and public education as appropriate.</u>	
Resolution 5— Renaming the AMA-RFS Digest of Actions	<b>Adopted as amended</b>	RESOLVED, that our AMA-RFS renames the RFS Digest of Actions to the RFS Position Compendium.  <u>RESOLVED, that our AMA-RFS amend the RFS Internal Operating Procedures by addition and deletion where appropriate to reflect the change in name from “Digest of Actions” to “Position Compendium.”</u>	None. Internal RFS Position Statements
Resolution 6— Humanitarian Efforts to Resettle Refugees	<b>Adopted</b>	RESOLVED, that our American Medical Association (AMA) support increases and oppose decreases to the annual refugee admissions cap in the United States.	None. Will send to HOD @ 1-24
Resolution 7— Missing and Murdered Indigenous Persons	<b>Adopted</b>	RESOLVED, that our AMA-RFS supports emergency alert systems for American Indian and Alaska Native tribal members reported missing on reservations and in urban areas.	None. Internal RFS Position Statement.
Resolution 8— Public Service Loan Forgiveness Reform	<b>Adopted</b>	RESOLVED, that our AMA-RFS support efforts to improve physician payment and student loan reimbursement within the Indian Health Service.	None. Internal RFS Position Statement
Resolution 9— Bilateral Tubal Ligation (BTL) Federal Policy Modification Recommendation	<b>Adopted as Amended</b>	RESOLVED, that our AMA-RFS support modifying the Bilateral Tubal Ligation (BTL) Federal Medicaid Form from the 30 days mandatory waiting period to <u>24 72</u> hours, and the 180 days consent form expiration to 365 days.	None. Internal RFS Position Statement
Resolution 10— Strengthening Parental Leave Policies for Medical Trainees and Recent Graduates	<b>Alternate Res 10 adopted in lieu of Res 10</b>	STRENGTHENING PARENTAL LEAVE POLICIES FOR MEDICAL TRAINEES AND RECENT GRADUATES  RESOLVED, that our American Medical Association (AMA) amend Policies for Parental, Family and Medical Necessity Leave H-405.960 by addition to read as follows:  5. Our AMA recommends that medical practices, departments and training programs strive to provide 12 weeks of paid parental, family and medical necessity leave in a 12-month period for their attending and trainee physicians as needed <u>with eligibility beginning at the start of employment without a waiting period.</u>	None. Will Send to HOD @ 1-24

<p>Resolution 11— Opposition to Collective Punishment</p>	<p><b>Adopted as amended</b></p>	<p>RESOLVED, that our American Medical Association (AMA) oppose collective punishment tactics—including restrictions on access to food, water, electricity, and healthcare—as tools of war; and be it further</p> <p>RESOLVED, that our AMA oppose the use of United States funding to any entities that (1) do not uphold international law; or (2) commit or condone war crimes; and be it further</p> <p>RESOLVED, that our AMA condemn the ongoing use of United States resources to enforce collective punishment on civilians, <del>including in Gaza and the surrounding regions</del>; and be it further</p> <p>RESOLVED, that our AMA advocate for federal funding and support for the United Nations High Commissioner for Refugees (UNHCR), the United Nations Reliefs and Works Agency for Palestinian Refugees in the Near East (UNRWA), <del>and other national and international agencies and organizations that provide support for refugees</del>; and be it further</p> <p>RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Annual Meeting.</p>	<p>Imm. Fwd to HOD @ A-24; became Res. 603; Alternate Resolution 603 adopted in lieu of Resolution 603 and Resolution 610 with a changed title. (see below)</p>
<p>Resolution 12— Transparency and Access to Medical Training Program Unionization Status, Including Creation of a FREIDA Unionization Filter</p>	<p><b>Adopted</b></p>	<p>RESOLVED, that our American Medical Association (AMA) supports transparency and access to information about medical training program unionization status; and be it further</p> <p>RESOLVED, that our AMA creates and maintains an up-to-date unionization filter on FREIDA™ for trainees to make informed decisions during the Match.</p>	<p>None. Will send to HOD @ I-24</p>
<p>Resolution 13—Soil Health</p>	<p><b>Adopted as amended</b></p>	<p>RESOLVED, that our American Medical Association (AMA)-<del>RFS</del> recognizes the vital role healthy soils play in mitigating climate change impacts and in improving the health of individuals, communities, and the planet; and be it further</p> <p>RESOLVED, that our AMA-<del>RFS</del> supports soil health initiatives, including, but not limited to, the development of sustainable food forests; and be it further</p> <p>RESOLVED, that our AMA-<del>RFS</del> urges healthcare organizations to act as environmental stewards when and where possible via healthy soil practices and development of sustainable food forests.</p>	<p>None. Internal RFS position statements</p>

<p>Resolution 14— Updated Recommendations for Child Safety Seats</p>	<p><b>Alternate Res 14 adopted in lieu of Res 14</b></p>	<p>UPDATED RECOMMENDATIONS FOR CHILD SAFETY SEATS</p> <p>RESOLVED, that our American Medical Association (AMA) supports the following evidence-based principles in education and advocacy efforts around proper child safety seat use:</p> <p>(1) The use of rear-facing car safety seats with a harness from birth for as long as possible, until children reach the maximum height or weight specifications of their rear-facing car seat;</p> <p>(2) The use of forward-facing car safety seats from the time children outgrow rear-facing seats until they reach the maximum height or weight specifications of their forward-facing car seat;</p> <p>(3) The use of belt-positioning booster seats from the time children they outgrow forward-facing car seats until a seat belt fits properly with the lap belt across the upper thighs and the shoulder belt across the center of the shoulder and chest;</p> <p>(4) The use of lap and shoulder seat belts for all who have outgrown booster seats; and;</p> <p>(5) That all children under age 13 are seated only in the back row; and be it further</p> <p>RESOLVED, that our AMA rescind policy 15.950, “Child Safety Seats – Public Education and Awareness.”</p>	<p>None. Will send to HOD @ I-24</p>
<p>Resolution 15— No Trainee Left Behind</p>	<p><b>Adopted as amended</b></p>	<p>RESOLVED, that our AMA-RFS amend policy 293.011R by addition and deletion to read as follows:</p> <p><b>293.011R Benefit Packages for <del>Fellow and Resident and Fellow</del> Physicians</b></p> <p>That our AMA-RFS support that: (1) all institutions be required to provide their <del>fellow and</del> <u>and fellow</u> physicians with disability insurance, life insurance, HIV indemnity, malpractice insurance including tail coverage, retirement benefits, health, sick leave and wages commensurate with their education and experience; and (2) if a given benefit or salary is provided to some residents <u>or fellows</u> within a given program at the same postgraduate level, then that benefit must be provided to all <del>fellows and</del> <u>and fellows</u>, but this provision should not be used to eliminate the benefit in question; and (3) all institutions <u>provide parity in salary and benefits between</u></p>	<p>R1, R2, &amp; R3: None. Updates to RFS Internal Position Statements</p> <p>R4: Will send to HOD @ I-24</p>

		<p>residents and fellows <u>that is at minimum commensurate with their postgraduate year</u>; and be it further</p> <p>RESOLVED, that our AMA-RFS amend 291.009R Resident and Fellow Bill of Rights by addition to read as follows:</p> <p>E. Adequate compensation and benefits that provide for resident <u>and fellow</u> well-being and health.</p> <p>(1) With regard to contracts, residents and fellows should receive:</p> <p>a. Information about the interviewing residency or fellowship program including a copy of the currently used contract clearly outlining the conditions for (re)appointment, details of remuneration, specific responsibilities including call obligations, and a detailed protocol for handling any grievance; and</p> <p>b. At least four months advance notice of contract non-renewal and the reason for non-renewal; and</p> <p>c. Recognition as full-time workers and a right to unionize, granting residents and fellows the ability to advocate collectively to employers and lawmakers on behalf of patients and themselves as workers, not only as learners.</p> <p>(2) With regard to compensation, residents and fellows should receive:</p> <p>a. Compensation for time at orientation; and</p> <p>b. Salaries commensurate with their level of training and experience. Compensation should enable trainees to support their families and pay educational debts, reflect cost of living differences based on local economic factors, such as housing, transportation, and energy costs (which affect the purchasing power of wages), and include appropriate adjustments for changes in the cost of living and differences based on geographical location.</p> <p>(3) With Regard to Benefits, Residents and Fellows Must Be Fully Informed of and Should Receive:</p> <p>a. Quality and affordable comprehensive medical, mental health, dental, and vision care for residents, <u>fellows</u>, and their families, as well as professional liability insurance and disability insurance to all residents for disabilities resulting from activities that are part of the educational program;</p> <p>b. An institutional written policy on and education in the signs of excessive fatigue, clinical depression, substance abuse and dependence, and other physician impairment issues;</p> <p>c. Confidential access to mental health and substance abuse services;</p>	
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		<p>d. A guaranteed, predetermined amount of paid vacation leave, sick leave, family and medical leave and educational/professional leave during each year in their training program, the total amount of which should not be less than six weeks without pressure to leave it unused or penalization for its use;</p> <p>e. Leave in compliance with the Family and Medical Leave Act; and</p> <p>f. The conditions under which sleeping quarters, meals and laundry or their equivalent are to be provided; <u>and</u></p> <p>g. <u>That there is parity between residents' and fellows' benefits within the same institution.</u>; and be it further</p> <p>RESOLVED, That our AMA-RFS update language in its Digest of Actions to ensure that position statements are reflected to include fellows in the positions already in the Digest for resident protections, benefits, salary, when appropriate; and be it further</p> <p>RESOLVED, That our American Medical Association (AMA) amend Residents and Fellows' Bill of Rights H-310.912 by addition to read as follows:</p> <p>5. Our AMA will partner with ACGME and other relevant stakeholders to encourage training programs to reduce financial burdens on residents and fellows by providing employee benefits including, but not limited to, on-call meal allowances, transportation support, relocation stipends, and childcare services, <u>and will encourage institutions to provide parity in salary and benefits between residents and fellows at a level that is at minimum commensurate with their postgraduate year.</u></p>	
<p>Resolution 16— Public Health Implications of US Food Subsidies</p>	<p><b>Adopted</b></p>	<p>RESOLVED, that our American Medical Association (AMA) study the public health implications of United States Food Subsidies, focusing on: (1) how these subsidies influence the affordability, availability, and consumption of various food types across different demographics; (2) potential for restructuring food subsidies to support the production and consumption of more healthful foods, thereby contributing to better health outcomes and reduced healthcare costs related to diet-related diseases; and (3) avenues to advocate for policies that align food subsidies with the nutritional needs and health of the American public, ensuring that all segments of the</p>	<p>None. Will send to HOD @ 1-24</p>

		population benefit from equitable access to healthful, affordable food.	
Resolution 17— Support for Paid Sick Leave	<b>Adopted</b>	RESOLVED, that our AMA-RFS supports advocacy that guarantees employee access to protected paid sick leave.	None. RFS Internal Position Statement
Resolution 18— Improving Medigap Protections	<b>Adopted</b>	RESOLVED, that our AMA-RFS support annual open enrollment periods and guaranteed lifetime enrollment eligibility for Medigap plans; and be it further  RESOLVED, that our AMA-RFS support advocacy for the extension of modified community rating regulations, similar to those enacted under the Affordable Care Act for commercial insurance plans, to Medigap supplemental insurance plans; and be it further  RESOLVED, that our AMA-RFS support efforts to expand access to Medigap policies to individuals under 65 years of age with disabilities or end-stage renal disease who qualify for Medicare benefits; and be it further  RESOLVED, that our AMA-RFS support efforts to improve the affordability of Medigap supplemental insurance for lower income Medicare beneficiaries.	None. RFS Internal Position Statements
Resolution 19— Supporting the Patient’s Right to Vote	<b>Adopted</b>	RESOLVED, that our AMA-RFS support efforts to engage physicians and other healthcare workers in nonpartisan voter registration efforts in healthcare settings, including emergency absentee ballot procedures for qualifying patients, visitors, and healthcare workers; and be it further  RESOLVED, that our AMA-RFS support Indian Health Service, Tribal, and Urban Indian Health Programs becoming designated voter registration sites to promote nonpartisan civic engagement among the American Indian and Alaska Native population.	None. RFS Internal Position Statements
Resolution 20— Opposing Pay-to-Stay Incarceration and Probation Supervision Fees	<b>Adopted</b>	RESOLVED, that our AMA-RFS oppose fees charged to incarcerated individuals for room and board and supports federal and state efforts to repeal statutes and ordinances which permit inmates to be charged for room and board; and be it further  RESOLVED, that our American Medical Association (AMA) oppose probation and parole supervision fees and support federal and state efforts to repeal statutes and ordinances which permit inmates to be charged for supervision fees.	R1: None. RFS Internal Position Statement  R2: None. Will send to HOD @ I-24



Resolution 21— Infertility Coverage	<b>Adopted</b>	RESOLVED, that our AMA-RFS supports federal protections that ensure insurance coverage by all payers for the diagnosis and treatment of recognized infertility; and be it further  RESOLVED, that our AMA-RFS supports studying the feasibility of insurance coverage for fertility preservation for reasons other than iatrogenic infertility.	None. RFS Internal Position Statements
Resolution 22— Medicaid & CHIP Benefit Improvements	<b>Adopted</b>	RESOLVED, that our AMA-RFS support that routine comprehensive vision exams and visual aids (including eyeglasses and contact lenses) be covered in all Medicaid and CHIP programs and by any other public payers; and be it further  RESOLVED, that our AMA-RFS support that hearing exams, hearing aids, cochlear implants, and aural rehabilitative services be covered in all Medicaid and CHIP programs and any other public payers; and be it further  RESOLVED, that our AMA-RFS support improving access to dental care for Medicare, Medicaid, CHIP, and other public payer beneficiaries.	None. RFS Internal Position Statements
Resolution 23— Reforming Medicaid Estate Recovery	<b>Adopted as amended</b>	RESOLVED, that our AMA-RFS opposes states <u>efforts</u> to impose liens on or seek adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid <u>with potential exceptions for estates with considerable net worth</u> ; and be it further  RESOLVED, that our AMA-RFS opposes <u>federal efforts to impose</u> <del>imposing</del> liens on or seeking adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid <u>with potential exceptions for estates with considerable net worth</u> .	None. RFS Internal Position Statements

### III. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
Resolution 009—Updating Language Regarding Families and Pregnant Persons	<b>Adopted</b>	RESOLVED, that our American Medical Association review and update the language used in AMA policy and other resources and communications to ensure that the language used to describe families and persons in need of obstetric and gynecologic care is inclusive of

		all genders and family structures. (Directive to Take Action)
Resolution 222—Studying Avenues for Parity in Mental Health & Substance Use Coverage	<b>Adopted as amended</b>	<p>RESOLVED, that our American Medical Association <u>increase advocacy efforts towards the National Association of Insurance Commissioners (NAIC) and state and federal policymakers</u> <del>continue to advocate for</del> <u>meaningful financial and other study potential penalties to for insurers that do for not complying with mental health and substance use parity laws;</u> and be it further (Directive to Take Action)</p> <p>RESOLVED, that our American Medical Association <u>work with state medical societies to advocate to state departments of insurance for meaningful enforcement of penalties for insurers that do not comply with mental health and substance use parity laws.</u></p>
Resolution 308—Transforming the USMLE Step 3 Examination to Alleviate Housestaff Financial Burden, Facilitate High-Quality Patient Care, and Promote Housestaff Well-Being	<b>Adopted as amended</b>	<p>RESOLVED, that our American Medical Association (AMA) supports changing the United States Medical Licensing Examination (USMLE) Step 3 and <u>Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) Level 3</u> from a numerically-scored examination to a pass/fail examination; and be it further</p> <p>RESOLVED, that our AMA supports changing <u>USMLE Step 3 and COMLEX-USA Level 3</u> from a two-day examination to a one-day examination (New HOD Policy)</p> <p>RESOLVED, that our AMA supports the option to take <u>USMLE Step 3 after passing Step 2-Clinical Knowledge (CK) or take COMLEX-USA Level 3 after passing Level 2-Cognitive Evaluation (CE)</u> during medical school (New HOD Policy)</p> <p>RESOLVED, that our AMA advocates that residents taking the <u>USMLE Step 3 or COMLEX-USA Level 3</u> exam be allowed days off to take the exam without having this time counted for <u>paid time off (PTO)</u> or vacation balance. (Directive to Take Action)</p>
Resolution 309—Disaffiliation from the Alpha Omega Alpha Honor Medical Society due to Perpetuation of Racial Inequities in Medicine	<b>Referred</b>	<p>RESOLVED, that our American Medical Association recognizes that the Alpha Omega Alpha Honor Medical Society disproportionately benefits privileged trainees (New HOD Policy)</p> <p>RESOLVED, that our AMA supports institutional disaffiliation from the Alpha Omega Alpha</p>

		<p>Honor Medical Society due to its perpetuation of racial inequities in medicine (New HOD Policy)</p> <p>RESOLVED, that our AMA recognizes that the Alpha Omega Alpha Honor Medical Society perpetuates and accentuates discrimination against trainees of color that is inherent in medical training. (New HOD Policy)</p>
Resolution 418—Early and Periodic Eye Exams for Adults	<b>Adopted</b>	<p>RESOLVED, that our American Medical Association amend policy H-25.990 “Eye Exams for the Elderly” by addition to read as follows:</p> <p>Eye Exams for the Elderly <u>and Adults</u> H-25.990  Our AMA (1) encourages the development of programs and/or outreach efforts to support periodic eye examinations and access to affordable prescription eyeglasses for elderly patients <u>and adults who suffer from chronic systemic conditions that increase their likelihood of developing eye disease as well as a baseline eye examination for all adults aged 40 and above.</u> (2) Our AMA encourages physicians to work with their state medical associations and appropriate specialty societies to create statutes that uphold the interests of patients and communities and that safeguard physicians from liability when reporting in good faith the results of vision screenings. (Modify Current HOD Policy)</p>
Resolution 603—End Attacks on Health and Human Rights in Israel and Palestine	<b>Alternate Resolution 603 adopted in lieu of Res 603 and Res 610 with a changed title.</b>	<p>PROTECTION OF HEALTHCARE AND HUMANITARIAN AID WORKERS IN ALL AREAS OF ARMED CONFLICT</p> <p>RESOLVED, that our AMA supports peace in Israel and Palestine in order to protect civilian lives and healthcare personnel (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA supports the safety of healthcare and humanitarian aid workers along with safe access to healthcare, healthcare facilities, and humanitarian aid for all civilians in areas of armed conflict (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA reaffirm AMA Policy D-65.993, War Crimes as a Threat to Physicians’ Humanitarian Responsibilities. (Reaffirm HOD Policy)</p>

<p>Resolution 703—Upholding Physician Autonomy in Evidence-Based Off-Label Prescribing and Condemning Pharmaceutical Price Manipulation</p>	<p><b>Adopted as amended with a title change.</b></p>	<p>UPHOLDING PHYSICIAN AUTONOMY IN EVIDENCE-BASED OFF-LABEL PRESCRIBING</p> <p>RESOLVED, that our American Medical Association advocates for transparency, accountability, and fair pricing practices in pharmaceutical pricing, <del>opposing differential pricing of medications manufactured by the same company with the same active ingredient, without clear clinical necessity;</del> and be it further (Directive to Take Action)</p> <p>RESOLVED, that our AMA condemns interference with a physician’s ability to prescribe <u>clinically appropriate medication</u> <del>one medication over another with the same active ingredient,</del> without risk of harassment, prosecution, or loss of their medical license, and calls on regulatory authorities to investigate and take appropriate action against such practices. (New HOD Policy)</p>
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