



Resident and Fellow Section

Summary of Actions

49th Interim Business Meeting
November 8, 2024
Orlando, FL

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

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Emergency Resolution 1 – Opposition of Health Care Entities from Reporting Individual Patient Immigration Status	Adopted as Amended	<p>RESOLVED, that our AMA amend Policy H-440.876, “Opposition to Criminalization of Medical Care Provided to Undocumented Immigrant Patients” by addition to read:</p> <ol style="list-style-type: none"> 1. Our American Medical Association opposes (a) any policies, regulations or legislation that would criminalize or punish physicians and other health care providers for the act of giving medical care to patients who are undocumented immigrants; (b) any policies, regulations, or legislation requiring physicians, and other health care providers, and healthcare entities to collect and report data regarding an individual patient’s legal resident status; and (c) proof of citizenship as a condition of providing health care; <u>(d) withholding federal funds if institutions fail to comply with policies which mandate collection of a patient’s immigration status</u> 2. Our AMA opposes any legislative proposals that would criminalize the provision of health care to undocumented residents. <p>RESOLVED, that our American Medical Association (AMA) opposes any regulation or policy that would require healthcare providers or hospital entities from obtaining an individual’s immigration status while receiving healthcare; and be it further</p> <p>RESOLVED, that our AMA supports collection of de-identified patient information regarding immigration status for funding and research purposes only; and be it further</p> <p>RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Interim Meeting.</p>	None; will send to HOD @ A-25
Late Resolution 1— Mass Deportation as a Public Health Issue	Adopted as amended	RESOLVED, that our American Medical Association (AMA) recognize mass deportation of immigrants, asylum seekers, and refugees as a public health issue, <u>and recognizes the long-term mental and physical health implications of</u>	Imm. Fwd to HOD @ I-24; became Res. 931; adopted as amended.

		<p><u>deportation on individuals, families, and communities</u>; and be it further</p> <p>RESOLVED, that our AMA oppose widespread efforts by authorities to ascertain individuals' immigration status or proceed to arrest, detain, or remove an individual without probable cause for commission of a crime; on the basis of race, color, or other protected status; or target and profile specific communities without probable cause; and be it further</p> <p>RESOLVED, that our AMA oppose deportation of health care workers <u>solely based on their documentation status</u> who do not pose a threat to their community; and be it further</p> <p>RESOLVED, that our AMA oppose the large-scale internment of individuals targeted for deportation efforts; and be it further</p> <p>RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Interim Meeting.</p>	(see below)
Resolution 1— Opposition to the Deceptive Relocation of Migrants and Asylum Seekers	Adopted as amended	<p>RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) oppose the relocation of migrants and asylum-seekers by state or federal authorities without timely and appropriate resources to meet travelers' <u>their health</u> needs; and be it further</p> <p>RESOLVED, that our AMA-RFS strongly oppose the use of deceptive or coercive practices in the relocation of migrants and asylum seekers; and be it further</p> <p>RESOLVED, that our AMA-RFS support state and federal efforts to protect the health and safety of traveling migrants and asylum-seekers, including the investigation of possible abuse and human rights violations.</p>	None; internal RFS position statements
Resolution 2— Support of Universal School Meals for School Age Children	Adopted	<p>RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) support federal and state efforts to adopt, fund, and implement universal school meal programs that include the provision of breakfast and lunch to all school-aged children, free of charge to students and families and regardless of income.</p>	None; internal RFS position statement
Resolution 3— Heat Alerts and Response Plans	Adopted as amended	<p>RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) support federal, state, and local efforts to update and implement evidence-based heat</p>	None; internal RFS position statements

		<p>index formulas and other relevant factors to accurately estimate and address heat-related morbidity and mortality, proactively issue heat alerts, and improve implementation of response plans; and be it further</p> <p>RESOLVED, that our AMA-RFS support efforts to implement and fund comprehensive heat response plans, including the use of Federal Emergency Management Agency funds and resources, in order to combat heat-related morbidity and mortality.</p>	
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<p>Resolution 4— Mental Health Crises Require Healthcare, Not Handcuffs</p>	<p>Adopted as amended with a change in title</p>	<p>CARCERAL SYSTEMS AND PRACTICES IN BEHAVIORAL HEALTH EMERGENCY CARE</p> <p>RESOLVED, that our American Medical Association (AMA) amend policy H-345.972 (Mental Health Crisis Interventions) by addition and deletion to read as follows:</p> <ol style="list-style-type: none"> 1. Our American Medical Association continues to support jail diversion and community based treatment options for mental illness. 2. <u>Our AMA advocates for funding and implementation of evidence-based interventions to decouple behavioral health response systems from carceral systems from behavioral health emergency response systems, including but not limited to diverting acute mental illness and social-service related calls to mobile crisis teams staffed by mental health trained mental health professionals rather than solely or primarily relying on instead of armed law enforcement.</u> Our AMA supports implementation of law enforcement based crisis intervention training programs for assisting those individuals with a mental illness, such as the Crisis Intervention Team model programs. 3. Our AMA supports federal funding to encourage increased community and law enforcement participation in crisis intervention training programs. 4. Our AMA supports legislation and federal funding for evidence-based training programs by qualified mental health professionals aimed at educating corrections and law enforcement officers in effectively interacting with people with mental health crises or and other behavioral dysregulation issues in all detention and correctional facilities and communities. 5. Our AMA supports: <ol style="list-style-type: none"> a. increased research on <u>disparate use of force and non-violent de-escalation tactics during for</u> law enforcement encounters with people who have mental illness and/or developmental disabilities. b. research on fatal encounters with law enforcement and the prevention thereof; and be it further <p>RESOLVED, that our AMA support ending routine reliance on law enforcement to triage, evaluate, or transport individuals experiencing behavioral health emergencies and instead support improved funding for Emergency</p>	<p>None; will send to HOD @ A-25</p>
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		<p>Medical Services to meet communities' needs; and be it further</p> <p>RESOLVED, that our AMA advocate against the routine application of physical restraints, including handcuffs, during behavioral health emergency responses or as part of police protocols when transporting non-incarcerated individuals to receive health care services; and be it further</p> <p>RESOLVED, that our AMA advocate against the indiscriminate shackling of children and adults during prehospital and hospital care, as the use of restraints should be limited to the least restrictive option and only applied when medically necessary; and be it further</p> <p>RESOLVED, that our AMA ask the Council on Judicial and Ethical Affairs to study this topic to provide clearer guidance for healthcare professionals regarding interacting with law enforcement while caring for patients and the indiscriminate shackling of youth and adults in carceral custody, with particular attention to the removal of shackles in lieu of the least restrictive restraint option.</p>	
Resolution 5— ACA Subsidies for Undocumented Immigrants	Adopted	RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) support federal and state efforts to provide subsidies for undocumented immigrants to purchase health insurance, including by extending eligibility for premium tax credits and cost-sharing reductions to purchase Affordable Care Act (ACA) plans.	None; internal RFS position statement
Resolution 6— Addressing Gender-Based Pricing Disparities	Adopted as amended	<p>RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) recognize the systematic systemic harms that gender-based pricing disparities impose, including worsened health and quality of life outcomes; and be it further</p> <p>RESOLVED, that our AMA-RFS support federal and state efforts to eliminate gender-based pricing disparities.</p>	None; internal RFS position statements
Resolution 7— CHIP Coverage of OTC Medications	Alternate Resolution 7 adopted in lieu of Resolution 7	<p>CHIP COVERAGE OF OTC MEDICATIONS</p> <p>RESOLVED, that our American Medical Association (AMA) advocate for expanding coverage of FDA-approved and/or medically necessary over-the-counter medications under the Children's Health Insurance Program (CHIP) for enrolled individuals, including by expanding</p>	None; will send to HOD @ A-25

		<p>medication classes covered under CHIP; and be it further</p> <p>RESOLVED, that our AMA oppose arbitrary limitations on the quantity of FDA-approved over-the-counter medications covered by the Children's Health Insurance Program for enrolled individuals; and be it further</p> <p>RESOLVED, that our AMA oppose copayment requirements for over-the-counter medications for patients enrolled in CHIP.</p>	
Resolution 8— Renewing the Expansion of Premium Tax Credits	Adopted as amended	<p>RESOLVED, that our American Medical Association (AMA) reaffirm that expanding coverage and protecting access to care is a top AMA priority; and be it further</p> <p>RESOLVED, that our AMA will monitor and oppose efforts to engage in proactive grassroots campaigns to prevent rollbacks of affordable and quality health insurance coverage at the federal level; and be it further</p> <p>RESOLVED, that our AMA will immediately initiate or substantially invest in a focused grassroots campaign to support extending ACA tax credit enhancement from the American Rescue Plan Act and the Inflation Reduction Act; and be it further</p> <p>RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Interim Meeting.</p>	<p>Imm. Fwd. to HOD @ I-24; became Res. 826; Policy H-165.824, H-185.948, and H-165.904 reaffirmed in lieu of Resolved 1 of Resolution 826;</p> <p>Policies H-165.828 and H-165.838 reaffirmed in lieu of Resolved 2 of Resolution 826; and</p> <p>Resolved 3 of Resolution 826 adopted as amended.</p> <p><i>(see below)</i></p>
Resolution 9— Protections for Trainees Experiencing Retaliation in Medical Education	Adopted as amended	<p>RESOLVED, that our American Medical Association (AMA) supports efforts to protect residents, fellows, and medical students from punitive measures <u>disciplinary actions</u> taken by workplaces, institutions, and educational programs that discriminate against an individual based on their identity, <u>beliefs</u> or their political advocacy; and be it further</p> <p>RESOLVED, that our AMA supports that any punitive measures enforced <u>disciplinary actions</u> against residents, fellows, and medical students, <u>adhere to due process and use a standardized protocol, which barring patient and workplace safety concerns, may include</u> including multiple warnings, opportunities to halt</p>	None; will send to HOD @ A-25

		<p>actions in question prior to measures being taken, mediation by and appeals to a third party, and due process, especially before long-term suspension, dismissal, expulsion, or termination of contracts; and be it further</p> <p>RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Interim Meeting.</p>	
Resolution 10— Coverage for Care for Sexual Assault Survivors	Adopted	<p>RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) support legal protection of sexual assault survivors' rights, which include but are not limited to, the right to: (a) receive a medical forensic examination free of charge, including but not limited to HIV/STI testing and treatment, pregnancy testing and prevention, drug testing, treatment of injuries, and collection of forensic evidence; (b) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (c) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (d) be informed of these rights and the policies governing the sexual assault evidence kit; and (e) access to emergency contraception information and treatment for pregnancy prevention; and be it further</p> <p>RESOLVED, that our AMA-RFS support efforts to eliminate financial barriers that limit survivors' ability to seek physical and mental health care and social services after sexual assault, including survivors' compensation funds and specialized programs to eliminate out-of-pocket expenses for emergency, acute inpatient, and follow up services regardless of insurance coverage or cooperation with law enforcement.</p>	None; internal RFS position statements
Resolution 11— Direct Election of Resident/Fellow Members of the AMA Board of Trustees and Various AMA Councils	Adopted as amended	<p>RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) Committee on Internal Operating Procedures Revisions update the RFS IOPs to allow the Section to directly elect the resident/fellow member of our AMA Board of Trustees as well as the resident/fellow member of our AMA Council on Constitution and Bylaws (CCB), our AMA Council on Medical Education (CME), our AMA Council on Medical Service (CMS), and our AMA Council on Science and Public Health (CSAPH); and be it further</p> <p>RESOLVED, that our American Medical Association (AMA) modify its Constitution and</p>	<p>Imm. Fwd. to HOD @ I-24; became Res. 608; extracted from not for consideration list;</p> <p>Alternate Resolution 608 adopted in lieu of Resolution 608.</p> <p>(see below)</p>

		<p>Bylaws to allow the RFS to directly elect the resident/fellow member of our AMA Board of Trustees as well as <u>modify its Bylaws to allow the RFS to directly elect</u> the resident/fellow member of our AMA Council on Constitution and Bylaws (CCB), our AMA Council on Medical Education (CME), our AMA Council on Medical Service (CMS), and our AMA Council on Science and Public Health (CSAPH); and be it further</p> <p>RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Interim Meeting.</p>	
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III. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
Resolution 216—Clearing Federal Obstacles for Supervised Injection Sites	Adopted as amended with change in title	<p>CLEARING FEDERAL OBSTACLES FOR OVERDOSE PREVENTION SITES</p> <p>RESOLVED, that our American Medical Association advocate for <u>elimination of federal obstacles to the development of overdose prevention sites</u>. policies that empower states to determine the legality of supervised injection facilities (SIFs).</p>
Resolution 302—Strengthening Parental Leave Policies for Medical Trainees and Recent Graduates	Adopted	<p>RESOLVED, that our American Medical Association (AMA) amend “Increasing Practice Viability for Physicians Through Increased Employer And Employee Awareness Of Protected Leave Policies” H-405.960 by addition and deletion to read as follows:</p> <p>4. 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, with the understanding that no parent be required to take a minimum leave, <u>and with eligibility beginning at the start of employment without a waiting period.</u></p>
Resolution 303—Transparency and Access to Medical Training Program Unionization Status, Including Creation of a FREIDA Unionization Filter	Not considered	<p>RESOLVED, that our American Medical Association supports transparency and access to information about medical training program unionization status.</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>Resolution 304—Payment and Benefit Parity for Fellows</p>	<p>Adopted as amended with change in title</p>	<p><u>COMPENSATION PARITY FOR RESIDENTS AND FELLOWS</u></p> <p>RESOLVED, that our American Medical Association 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, 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.</p> <p>8. Our AMA adopts the following “Residents and Fellows’ Bill of Rights” as applicable to all residents and fellow physicians in ACGME-accredited training programs:</p> <p>E. Adequate compensation and benefits that provide for resident well-being and health.</p> <p>2. With regard to compensation, residents and fellows should receive:</p> <p>a. Compensation for time at orientation.</p> <p>b. Salaries <u>Compensation, including salary and benefits</u>, commensurate with their level of training and experience. Compensation should 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.</p>
<p>Resolution 608—Direct Election of Resident/Fellow Members of the AMA Board of Trustees and Various AMA Councils</p>	<p>Alternate Resolution 608 adopted in lieu of Resolution 608.</p>	<p>DIRECT ELECTION OF RESIDENT/FELLOW MEMBERS OF THE AMA BOARD OF TRUSTEES AND VARIOUS AMA COUNCILS</p> <p>RESOLVED, that our American Medical Association amend existing policy and election rules to permit an exception to the endorsement timeline for the Resident and Fellow Section, allowing endorsements to be obtained no later than six months before the election, applicable only to candidates for resident-and-fellow-designated seats on the Board of Trustees and AMA Councils.</p>
<p>Resolution 826—Renewing the Expansion of Premium Tax Credits</p>	<p>Policy H-165.824, H-185.948, and H-165.904</p>	<p>RESOLVED, that our AMA will immediately initiate or substantially invest in a focused grassroots campaign to support extending</p>

	<p>reaffirmed in lieu of Resolved 1 of Resolution 826;</p> <p>Policies H-165.828 and H-165.838 reaffirmed in lieu of Resolved 2 of Resolution 826;</p> <p>and Resolved 3 of Resolution 826 adopted as amended.</p>	Affordable Care Act tax credit enhancement from the American Rescue Plan Act and the Inflation Reduction Act.
Resolution 921—In Support of a National Drug Checking Registry	Not considered	RESOLVED, that our American Medical Association study the creation of a national drug-checking registry that would provide a mechanism whereby community-run drug-checking services may communicate their results.
Resolution 922—Advocating for the Regulation of Pink Peppercorn as a Tree Nut	Adopted as amended with a change in title	<p>ADVOCATING FOR FURTHER RESEARCH OF PINK PEPPERCORN ALLERGY</p> <p>RESOLVED, that our American Medical Association ask the Food and Drug Administration (FDA), National Institute of Allergy and Infectious Diseases (NIAID), and other relevant stakeholders <u>interested parties</u> to develop skin antigen testing for pink peppercorn to further develop research and clinical application; and be it further</p> <p>RESOLVED, that our AMA ask the FDA, NIAID, and other relevant stakeholders <u>interested parties</u> to conduct appropriate <u>adequate and well-controlled</u> studies to determine the cross-reactivity of pink peppercorn as a tree nut <u>and the prevalence of this allergy</u>, with subsequent regulation, reporting, and public education as appropriate.</p>
Resolution 923—Updated Recommendations for Child Safety Seats	Alternate Resolution 923 be adopted in lieu of Resolution 923	<p>UPDATED RECOMMENDATIONS FOR CHILD SAFETY SEATS</p> <p>RESOLVED, that our American Medical Association supports the following evidence-based principles on proper child safety seat use:</p> <p>1. All infants and toddlers should ride in a rear-facing car safety seat as long as possible, until they reach the highest weight or height allowed by the seat's manufacturer.</p>

		<p>2. All children who have outgrown the rear-facing weight or height limit for their car safety seat should use a forward-facing car safety seat with a harness for as long as possible, up to the highest weight or height allowed by the seat's manufacturer.</p> <p>3. All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle lap and shoulder seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.</p> <p>4. When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap and shoulder seat belts for optimal protection.</p> <p>5. All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.</p> <p>RESOLVED, that our AMA rescind policy 15.950, "Child Safety Seats – Public Education and Awareness." (Rescind HOD Policy)</p>
Resolution 924—Public Health Implications of US Food Subsidies	Not considered	<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 population benefit from equitable access to healthful, affordable food.</p>
Resolution 931—Mass Deportation as a Public Health Issue	Adopted as amended	<p>RESOLVED, that our American Medical Association (AMA) recognizes mass deportation of immigrants, asylum seekers, and refugees, <u>and others with or seeking an immigration benefit</u> as a public health issue, and recognizes the long-term mental and physical health implications of deportation on individuals, families, and communities; and be it further</p> <p>RESOLVED, that our AMA oppose deportation of health care workers <u>and medically vulnerable patients</u> solely based on their documentation status; and be it further</p>

		RESOLVED, that our AMA oppose the large-scale internment of individuals targeted for deportation efforts.
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