

Follow-Up on Implementation of Resolutions and Report Recommendations AMA House of Delegates Meeting - June 2024

Report/Resolution	Title	House Action	Status
BOT Report 01-A-24	Annual Report	Filed.	For Information.
BOT Report 02-A-24	New Specialty Organizations Representation in the House of Delegates	Recommendations in BOT Report 02-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 03-A-24	2023 Grants and Donations	Filed.	For Information.
BOT Report 04-A-24	AMA 2025 Dues	Recommendations in BOT Report 04-A-24 Adopted, Remainder of Report Filed.	For Information.
BOT Report 05-A-24	Update on Corporate Relationships	Filed.	For Information.
BOT Report 06-A-24	Redefining AMA's Position on ACA and Healthcare Reform	Filed.	For Information.
BOT Report 07-A-24	AMA Performance, Activities and Status in 2023	Filed.	For Information.
BOT Report 08-A-24	Annual Update on Activities and Progress in Tobacco Control: March 2023 through February 2024	Filed.	For Information.
BOT Report 09-A-24	Council on Legislation Sunset Review of 2014 House Policies	Recommendations in BOT Report 09-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 10-A-24	American Medical Association Health Equity Annual Report	Filed.	For Information.

Report/Resolution	Title	House Action	Status
BOT Report 11-A-24	Safe and Effective Overdose Reversal Medications in Educational Settings	Recommendations in BOT Report 11-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 12-A-24	AMA Efforts on Medicare Payment Reform	Recommendations in BOT Report 12-A-24 Adopted as Amended, Remainder of Report Filed.	<p>A Board report has been submitted for I-24 which provides a detailed look at AMA Medicare Payment Reform activities. Further, the Fix Medicare Now campaign continues to ramp up activity heading into the fall in anticipation of the upcoming “lame duck” session of Congress after the November elections. The lame duck will likely be the last, best chance to secure a physician payment update for 2025. To capitalize on this opportunity, the campaign has identified new and innovative tactics to reach Congressional policymakers as well as physician and patient advocates.</p> <p>These enhanced tactics include – third-party earned media placements and op-eds by respected health care experts in key cities and districts across the country, print advertisements in strategic publications to reach targeted constituent demographics, high profile in-person events, webinars and online sponsorships to ensure our Fix Medicare Now messaging is reaching inside-the-beltway policymakers and their staff, and running ads on targeted physician specific platforms including Dximity DocNews.</p> <p>In addition, the final component of medicine’s comprehensive MACRA reform proposal pertaining to the Merit-based Incentive Payment Program (MIPS) was completed and supported by Federation organizations and shared with policymakers in direct lobbying as well as a Federation sign on letter sent to Congress on July 24, 2024. MIPS reforms include eliminating the potential 9 percent penalties that disproportionately impact solo, small, and rural practices and instead base any future penalties as a percentage of actual (positive) payment updates, with the money invested in programs to help less resourced practices to succeed.</p> <p>The Fix Medicare Now campaign continues the AMA’s advocacy efforts to enact meaningful changes to the Medicare physician payment system by employing strategic tactics and messaging to reach Congressional policymakers as well as physician and patient advocates through the Physician Grassroots Network (PGN) and Patients Action Network (PAN) respectively.</p> <p>These ongoing tactics include - third party earned media placements and op-eds by respected health care experts in key cities and districts across the country, grassroots calls to action in support of key legislation in Congress, paid and organic social media content amplifying our Fix Medicare Now messaging, physician and patient story collection and additional tactics to raise awareness on the issue both on and off Capitol Hill.</p>

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BOT Report 13-A-24	Prohibiting Covenants Not-To-Compete	Recommendations in BOT Report 13-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 14-A-24	Physician Assistant and Nurse Practitioner Movement Between Specialties	Recommendations 1 and 2 in BOT Report 11-A-24 Referred; Recommendations 3 and 4 Adopted as Amended, Remainder of Report Filed.	<p>The AMA is in the process of drafting a request for information to secure outside assistance to conduct the study requested in the underlying resolution. A Board report, with an update on progress, will be prepared for the 2025 AMA Annual Meeting.</p> <p>A Board of Trustees Informational Report 15-A-25 was prepared. The AMA has also engaged with a trusted vendor to conduct additional research which is currently underway and will be summarized in a subsequent Board of Trustees Report that will be prepared for 2025 AMA Interim Meeting.</p>
BOT Report 15-A-24	Augmented Intelligence Development, Deployment, and Use in Health Care; Assessing the Potentially Dangerous Intersection Between AI and Misinformation; The Influence of Large Language Models (LLMs) on Health Policy Formation and Scope of Practice	Recommendations in BOT Report 15-A-24, Resolution 202-A-24 and Resolution 246-A-24 Referred.	<p>Board Report 01-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee B)</p> <p>HOD Action: Recommendations in BOT Report 01 Adopted as Amended, Section 4(f) Referred for Decision, Remainder of Report Filed.</p>
BOT Report 16-A-24	Support for Mental Health Courts	Recommendations in BOT Report 16-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 17-A-24	Drug Policy Reform	Recommendations in BOT Report 17-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 18-A-24	Supporting Harm Reduction	Recommendations in BOT Report 18-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.

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BOT Report 19-A-24	Attorneys' Retention of Confidential Medical Records and Controlled Medical Expert's Tax Returns After Case Adjudication	Recommendations in BOT Report 19-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 20-A-24	Criminalization of Providing Medical Care	Filed.	For Information.
BOT Report 21-A-24	American Medical Association Meeting Venues and Accessibility	Recommendations in BOT Report 21-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 22-A-24	AMA Public Health Strategy: Update	Filed.	For Information.
BOT Report 23-A-24	United States Professional Association for Transgender Health Observer Status in the House of Delegates	Recommendations in BOT Report 23-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 24-A-24	Report on the Preservation of Independent Medical Practice	Filed.	For Information.
BOT Report 25-A-24	Environmental Sustainability of AMA National Meetings	Recommendations in BOT Report 25-A-24 Adopted as Amended in Lieu of Resolution 605, Remainder of Report Filed.	Board of Trustees Report 17-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Informational) HOD ACTION: Filed.
BOT Report 26-A-24	Equity and Justice Initiatives for International Medical Graduates	Recommendations in BOT Report 26-A-24 Adopted, Remainder of Report Filed.	No action required.
BOT Report 27-A-24	AMA Reimbursement of Necessary HOD Business Meeting Expenses for Delegates and Alternates	Recommendations in BOT Report 27-A-24 Adopted as Amended, Remainder of Report Filed.	Board of Trustees Report 16-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee F) HOD ACTION: Recommendations in BOT Report 16 Adopted as Amended in Lieu of Resolution 609, Remainder of the Report Filed.

Report/Resolution	Title	House Action	Status
BOT Report 28-A-24	Encouraging Collaboration Between Physicians and Industry in AI Development	Recommendations in BOT Report 28-A-24 Adopted, Remainder of Report Filed.	No action required.
BOT Report 29-A-24	Transparency and Accountability of Hospitals and Hospital Systems	Recommendations in BOT Report 29-A-24 Adopted as Amended, Remainder of Report Filed.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. BOT Report 29-A-24 was adopted as Policy D-200.971: Transparent Reporting of Physician Complaints Against Hospitals and Health Systems at A-24. Additionally, a letter from the AMA will be sent to the EEOC and The Joint Commission during Q4 2024 that encourages these agencies to publicly and transparently report complaints made against hospitals and health systems. There are also plans to publicize the sending of these letters within an AMA News story.</p> <p>Board of Trustees Report 6 on this subject appears in the Delegates Handbook for the 2025 Annual Meeting. (Reference Committee G)</p>
BOT Report 30-A-24	Proper Use of Overseas Virtual Assistants in Medical Practice	Recommendations in BOT Report 30-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 31-A-24	The Significance of the Morrill Act and It's Impact on the Diversity of the Physician Workforce	Recommendations in BOT Report 31-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 32-A-24	Independent Medical Evaluation	Filed.	For Information.
BOT Report 33-A-24	Employed Physicians	Recommendations in BOT Report 33-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 34-A-24	Demographic Report of the House of Delegates and AMA Membership	Filed.	For Information.
BOT Report 35-A-24	Financial Assistance to Facilitate Attendance at MSS Meetings	Recommendations in BOT Report 35-A-24 Adopted as Amended, Remainder of Report Filed.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Board of Trustees Report 23 on this subject appears in the Delegates Handbook for the 2025 Annual Meeting. (Reference Committee F)</p>

Report/Resolution	Title	House Action	Status
BOT Report 36-A-24	Five-Year Review- Speciality Society Representation in the House of Delegates	Recommendations in BOT Report 36-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CCB Report 01-A-24	AMA Bylaws—Nomination of Officers and Council Members	Recommendations in CCB Report 01-A-24 Adopted, Remainder of Report Filed.	Bylaws updated.
CCB Report 02-A-24	AMA Bylaws—Run-Off and Tie Ballots	Recommendations in CCB Report 02-A-24 Adopted as Amended, Remainder of Report Filed.	Bylaws updated.
CCB Report 03-A-24	AMA Bylaws—Removal of Officers, Council Members, Committee Members and Section Governing Council Members (D-610.997)	Recommendations in CCB Report 03-A-24 Adopted as Amended, Recommendation 1 Referred, Remainder of Report Filed.	A Council on Constitution and Bylaws Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Interim Meeting. CCB, CLRPD and CEJA will convene an educational session at A-25 to seek House input on its preliminary recommendations.
CCB Report 04-A-24	AMA Bylaw Amendments Pursuant to AIPSC (2nd ed.)	Recommendations in CCB Report 04-A-24 Adopted, Remainder of Report Filed.	Bylaws updated.
CCB Report 05-A-24	Establishment of a LGBTQ+ Section (CLRPD Report 01-A-24)	Recommendations in CCB Report 05-A-24 Adopted, Remainder of Report Filed.	AMA Bylaws have been updated.
CCB Report 06-A-24	Bylaw Amendment Pursuant to Speakers' Report 01-A-24 - Credentialing and Resolutions	Recommendations in CCB Report 06-A-24 Adopted, Remainder of Report Filed.	Council on Constitution and Bylaws Report 01-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee C&B) HOD Action: Recommendations in CCB Report 01 Adopted, and the Remainder of the Report Filed.
CCB Report 07-A-24	Bylaw Amendment Pursuant to Speakers' Report 01-A-24 -- Service on Committees of the House of Delegates	Recommendations in CCB Report 07-A-24 Adopted, Remainder of Report Filed.	Bylaws updated.

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CCB/CLRPD Joint Repo	Joint Council Sunset Review of 2014 House Policies	Recommendations in CCB/CLRPD Joint Report 01-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CEJA Report 01-A-24	Short-Term Global Health Clinical Encounters	Recommendations in CEJA Report 01-A-24 Adopted, Remainder of Report Filed.	Council on Ethical and Judicial Affairs Opinion 07 appears in the House of Delegates Handbook for the 2024 Interim Meeting. (Informational) HOD ACTION: Filed.
CEJA Report 02-A-24	Research Handling of De-Identified Patient Data (D-315.969)	Recommendations in CEJA Report 02-A-24 Adopted, Remainder of Report Filed.	Council on Ethical and Judicial Affairs Opinions; 1, 2, 3, 4, & 5, appear in the House of Delegates Handbook for the 2024 Interim Meeting. (Informational) HOD ACTION: Filed.
CEJA Report 03-A-24	Establishing Ethical Principles for Physicians Involved in Private Equity Owned Practices	Recommendations in CEJA Report 03-A-24 Referred.	Council on Ethical and Judicial Affairs Report 02-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. HOD ACTION: Filed.
CEJA Report 04-A-24	Physicians' Use of Social Media for Product Promotion and Compensation	Recommendations in CEJA Report 04-A-24 Adopted, Remainder of Report Filed.	Council on Ethical and Judicial Affairs Opinion 06 appears in the House of Delegates Handbook for the 2024 Interim Meeting. (Informational) HOD ACTION: Filed.
CEJA Report 05-A-24	CEJA's Sunset Review of 2014 House Policies.	Recommendations in CEJA Report 05-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CEJA Report 06-A-24	Judicial Function of the Council on Ethical and Judicial Affairs – Annual Report	Filed.	For Information.

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CLRPD Report 01-A-24	Establishment of a LGBTQ+ Section	Recommendations in CLRPD Report 01-A-24 Adopted, Remainder of Report Filed.	<p>Recommendations in CCB Report 05-A-24 Adopted, Remainder of Report Filed.</p> <p>The Council on Long Range Planning and Development found that the application for a new delineated section status met all six criteria as defined in bylaws and recommended that:</p> <p>1.Our American Medical Association transition the Advisory Committee on Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) Issues to the LGBTQ+ Section as a delineated section, which was adopted by the House of Delegates.</p> <p>2.That our AMA develop bylaw language to recognize the LGBTQ+ Section, which was accomplished.</p> <p>The LGBTQ+ Section next review to follow by the 2029 Annual Meeting.</p>
CLRPD Report 02-A-24	Scenarios on Collective Action and Physician Unions	Filed.	For Information.
CME Report 01-A-24	Council on Medical Education Sunset Review of 2014 House of Delegates' Policies	Recommendations in CME Report 01-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CME Report 02-A-24	The Current Match Process and Alternatives	Recommendations in CME Report 02-A-24 Adopted as Amended, Remainder of Report Filed.	<p>AMA Policy Database has been updated.</p> <p>Now part of policy D-310.977, letters were submitted to the senior leadership of AAMC, AACOM, NRMP, AGCME, ACOG ResidencyCAS, AUPO, ACEPS, SAU, and DHA to inform them of new clauses (20) and (21) of this policy.</p>
CMS Report 01-A-24	Council on Medical Service Sunset Review of 2014 House Policies	Recommendations in CMS Report 01-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CMS Report 02-A-24	Improving Affordability of Employment-Based Health Coverage	Recommendations in CMS Report 02-A-24 Referred.	A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual meeting.

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CMS Report 03-A-24	Review of Payment Options for Traditional Healing Services	Recommendations in CMS Report 03-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CMS Report 04-A-24	Health System Consolidation	Filed.	For Information.
CMS Report 05-A-24	Patient Medical Debt	Recommendations in CMS Report 05-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CMS Report 06-A-24	Economics of Prescription Medication Prior Authorization	Recommendations in CMS Report 06-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CMS Report 07-A-24	Ensuring Privacy in Retail Health Care Settings	Recommendations in CMS Report 07-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CMS Report 08-A-24	Sustainable Payment for Community Practices	Recommendations in CSAPH Report 07-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 01-A-24	Council on Science and Public Health Sunset Review of 2014 House Policies	Recommendations in CSAPH Report 01-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 02-A-24	Comparative Effectiveness Research	Recommendations in CSAPH Report 02-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 03-A-24	Support for Evidence-Based Use of BMI as a Measure in Medicine	Recommendations in CSAPH Report 11-A-24 Adopted as Amended, with Change in Title, Remainder of Report Filed.	AMA Policy Database has been updated.

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CSAPH Report 04-A-24	Sex and Gender Differences in Medical Research	Recommendations in CSAPH Report 04-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 05-A-24	Biosimilar/Interchangeable Terminology	Recommendations in CSAPH Report 10-A-24 Adopted as Amended in Lieu of Resolution 504-A-25, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 06-A-24	Greenhouse Gas Emissions from Metered Dose Inhalers and Anesthetic Gases	Recommendations in CSAPH Report 06-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 07-A-24	Androgen Deprivation in Incarceration	Recommendations in CSAPH Report 07-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 08-A-24	Decreasing Regulatory Barriers to Appropriate Testosterone Prescribing	Recommendations in CSAPH Report 08-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 09-A-24	Prescribing Guided Physical Activity for Depression and Anxiety	Recommendations in CSAPH Report 09-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 10-A-24	Teens and Social Media	Recommendations in CSAPH Report 10-A-24 Referred.	Council on Science and Public Health Report 05-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee K) HOD Action: Recommendations in CSAPH 05, Adopted as Amended, Remainder of Report Filed.
CSAPH Report 11-A-24	Stand Your Ground Laws	Recommendations in CSAPH Report 11-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 12-A-24	Universal Screening for Substance Use and Substance Use Disorders during Pregnancy	Recommendations in CSAPH Report 12-A-24 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.

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CSAPH Report 13-A-24	Decreasing Youth Access to E-Cigarettes	Recommendations in CSAPH Report 13-A-24 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
HOD Comp Cmte Repor	Report on the Compensation of the AMA General Officers	Recommendations in HOD Compensation Committee Report A-24 Adopted, Remainder of Report Filed.	For Information.
RES 001-A-24	Using Personal and Biological Data to Enhance Professional Wellbeing and Reduce Burnout	Adopted as Amended.	<p>A review of the existing literature around the current use of biometrics to study well-being is planned.</p> <p>Board Report 26-A-25 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee E&B)</p>
RES 003-A-24	Amendments to AMA Bylaws to Enable Medical Student Leadership Continuity	Adopted as Amended.	<p>Council on Constitution and Bylaws Report 03-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee C&B)</p> <p>HOD Action: Recommendations in CCB Report 03 Adopted as Amended, with Change in Title, Remainder of Report Filed.</p>
RES 007-A-24	AMA Supports a Strategy for Eliminating Nuclear Weapons	AMA Policies H-529.999; H-520.994 and D-440.972 Reaffirmed in Lieu of Resolution 007-A-24.	AMA Policy Database has been updated.
RES 008-A-24	Consolidated Health Care Market	Adopted.	AMA Policy Database has been updated.
RES 009-A-24	Updating Language Regarding Families and Pregnant Persons	Adopted.	AMA Policy Database has been updated.
RES 012-A-24	Ethical Pricing Procedures that Protect Insured Patients	Adopted as Amended.	The AMA has communicated with the federation of medicine, including state and national medical specialty societies, of its willingness to work with any interested society to advocate for policies that limit the cost of a medication or durable medical equipment to an insured patient with coverage to the lower range of prices that a non-covered patient can achieve at cash price before or after application of a non-manufacturer's free discount card and also of our desire to work with them on writing a letter to lawmakers and other pertinent stakeholders describing the ethical dilemma of the medication pricing process and how it adversely affects insured patients.

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RES 013-A-24	Ethical Impetus for Research in Pregnant and Lactating Individuals	Adopted.	<p>A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Ethical and Judicial Affairs Report 9 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee E&B)</p>
RES 014-A-24	The Preservation of the Primary Care Relationship	Adopted.	<p>AMA Policy Database has been updated.</p> <p>Council on Ethical and Judicial Affairs Report 10 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee E&B)</p>
RES 015-A-24	Health and Racial Equity in Medical Education to Combat Workforce Disparities	Adopted as Amended.	<p>Now policy D-65.976, the Med Ed unit is assessing its internal leadership channels to determine best routes for establishing external pathways to acquire data.</p>
RES 016-A-24	Guiding Principles for the Healthcare of Migrants	Adopted.	<p>On September 23, 2024, AMA staff attended an Immigration Roundtable that was hosted by Representatives Tom Suozzi (D-NY) and Morgan Luttrell (R-TX) to discuss the efforts they are working on to address key aspects of our nation's border and immigration system. The AMA engaged with these policymakers on their plans in the asylum space and noted the need to better address the health care needs of migrants and asylum seekers.</p>
RES 017-A-24	Addressing the Historical Injustices of Anatomical Specimen Use	Adopted as Amended, Resolve 7 Referred.	<p>Revised regulations to tighten up the requirements for returning anatomic specimens and improve implementation of the Native American Graves Protection and Repatriation Act (NAGPRA) were finalized in December of 2023. The AMA continues to look for opportunities to work with Congress, the Department of Interior, and other stakeholders on future legislation and regulations to address any remaining gaps or issues in the updated regulations under NAGPRA.</p> <p>Various efforts are underway to address the multiple clauses. Letters were submitted to the senior leadership of the AAMC and AACOM notifying them of new policy H-140.820. These issues will be included in the AMA's advocacy work as well as the Truth, Reconciliation, Healing and Transformation Task Force. Also, the Board of Trustees and the Council on Ethical and Judicial Affairs will be preparing reports for A-25 to further address parts of this policy.</p> <p>A Council on Ethical and Judicial Affairs report on this subject will be prepared for consideration by the House of Delegates at the 2025 Interim Meeting.</p>
RES 018-A-24	Opposing Violence, Terrorism, Discrimination, and Hate Speech	Adopted.	<p>AMA Policy Database has been updated.</p>

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RES 019-A-24	Supporting the Health of Our Democracy	Adioted as Amended.	AMA Policy Database has been updated.
RES 020-A-24	Voter Protections During and After Incarceration	Adopted.	AMA Policy Database has been updated.
RES 021-A-24	Opposition to Capital Punishment	Adopted.	AMA Policy Database has been updated.
RES 024-A-24	Augmented Intelligence and Organized Medical Staff	Adopted.	AMA Policy Database has been updated.
RES 025-A-24	The HRSA - Organ Procurement and Transplantation Network (OPTN) Modernization Initiative	Adopted.	<p>In June 2024, the AMA wrote a letter to the Secretary calling on HHS to maintain the OPTN as a membership organization that works in close collaboration with HRSA but is independently operated outside of HRSA and with its own independent board chosen through an independent election of its peers to maintain autonomy and avoid politicization and conflicts of interest. The letter urges HHS to modernize HRSA in a transparent fashion in collaboration with stakeholders and according to the standards outlined in the National Organ Transplant Act.</p> <p>Link:</p> <p>https://searchlf.amaassn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F1fjmt.zip%2F2024-6-20-Letter-to-Becerra-re-OPTN-Changes-v2.pdf</p> <p>In July 2024, the AMA led a sign-on letter with ASTS (American Society of Transplant Surgeons) and ACS (American College of Surgeons) on the Improving Access to Organ Transplant model expressing concerns with the model's design and mandatory nature and calling for changes. The IOTA (Increasing Organ Transplant Access) model was not included in a CMMI list of terminated models announced in March 2025. AMA continues to engage closely with ASTS on this issue.</p>
RES 101-A-24	Infertility Coverage	Adopted as Amended.	AMA Policy Database has been updated.

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RES 102-A-24	Medicaid & CHIP Benefit Improvements	Adopted as Amended.	<p>The AMA has communicated to the federation of medicine, including state and national medical specialty societies, our willingness to work with any interested society to support coverage of hearing exams, hearing aids, cochlear implants, and aural rehabilitative services by appropriate physician-led teams, in Medicaid and CHIP programs and any new public payers. The AMA also indicated our willingness to work with interested state medical associations to support coverage of routine comprehensive vision exams and visual aids (including eyeglasses and contact lenses) by all Medicaid and CHIP programs and by any new public payers.</p> <p>The AMA continues to engage on current threats to federal funding for the Medicaid program while monitoring for opportunities to expand Medicaid and CHIP benefits including those in Resolution 102-A-24 in line with AMA policy.</p>
RES 103-A-24	Medicare Advantage Plans	Adopted as Amended.	<p>The AMA will prepare an infographic through the advocacy and marketing teams.</p> <p>The AMA has prepared an Advocacy Issue Brief/infographic to summarize the three areas where fundamental differences between traditional Medicare and Medicare Advantage can affect a patient's Medicare experience.</p>
RES 104-A-24	Medicaid Estate Recovery Reform	Referred.	<p>A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Medical Services Report 5 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee A)</p>
RES 105-A-24	Medigap Patient Protections	Alternate Resolution 105 Adopted in Lieu of Resolutions 105 and 111.	<p>A letter drafted and submitted to CMS expressing the AMA's strong support for expanded federal Medigap patient protections.</p> <p>AMA comments on 2026 Medicare Advantage (MA) proposed rule expressed strong support for proposed requirement that MA agents and brokers educate beneficiaries about Medigap guaranteed issue rights and limitations when considering enrolling in MA.</p>
RES 106-A-24	Incorporating Surveillance Colonoscopy into the Colorectal Cancer Screening Continuum	Adopted as Amended in Lieu of Resolution 118.	<p>AMA Policy Database has been updated.</p>
RES 108-A-24	Requiring Payments for Physician Signatures	Referred.	<p>A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Medical Services Report 4 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee G)</p>

Report/Resolution	Title	House Action	Status
RES 109-A-24	Coverage for Dental Services Medically Necessary for Hematology and Oncology Care	Adopted as Amended, with Change in Title.	<p>In comments on the proposed 2025 Medicare Physician Fee Schedule, the AMA recommended CMS continue its judicious approach of approving certain dental services for Medicare coverage provided there is clear evidence that they are inextricably linked to the clinical success of Medicare-covered medical services. The AMA also communicated with the federation of medicine, including state and national medical specialty societies, of its willingness to work with any interested society to advocate that public and private payers cover medically necessary oral examination and dental services prior to the administration of and resulting as a complication of radiation, chemotherapy, chimeric antigen receptor (CAR) T-cell therapy and high-dose bone-modifying agents, and/or surgery for all cancer.</p> <p>In response to AMA's comments, the Centers for Medicare & Medicaid Services (CMS) finalized an expanded list of dental services considered "inextricably linked" to specific covered medical treatments. CMS included dental or oral examinations prior to Medicare-covered dialysis services for beneficiaries with End-Stage Renal Disease (ESRD), as well as medically necessary diagnostic and treatment services to eliminate oral or dental infections before or during such dialysis treatments. CMS has also invited public submissions for additional clinical scenarios where dental services may be inextricably linked to other covered medical services for the CY 2026 rulemaking, a proposed rule for which is anticipated in July 2025 which the AMA will evaluate.</p>
RES 110-A-24	Coverage for Shoes and Shoe Modifications for Pediatrics Patients Who Require Lower Extremity Orthoses	Adopted.	AMA Policy Database has been updated.
RES 111-A-24	Protections for "Guarantee Issue" of Medigap Insurance and Traditional Medicare	Alternate Resolution 105 Adopted in Lieu of Resolutions 105 and 111.	See Resolution 105-A-24.
RES 112-A-24	Private and Public Insurance Coverage for Adaptive Sports Equipment including Prostheses and Orthoses	Adopted.	AMA Policy Database has been updated.
RES 113-A-24	Support Prescription Medication Price Negotiation	Referred.	<p>A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Medical Services Report 6 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee A)</p>

Report/Resolution	Title	House Action	Status
RES 115-A-24	Payments by Medicare Secondary or Supplemental plans	Adopted as Amended.	<p>The AMA drafted a letter to CMS advocating to reduce financial burdens and improve access to care by expanding access to Medigap policies and community rating regulations, addressing predatory practices by secondary health plans. AMA continues to advocate that health plans cover Medicare secondary claims and promote health equity to protect patients from financial hardships caused by gaps in secondary coverage. In the upcoming 2025 MA rule, AMA will continue to educate physicians and the public about the lack of secondary coverage with MA plans and how this may affect enrollees.</p> <p>AMA comments on 2026 Medicare Advantage (MA) proposed rule expressed strong support for proposed requirement that MA agents and brokers educate beneficiaries about Medigap guaranteed issue rights and limitations when considering enrolling in MA.</p>
RES 116-A-24	Increase Insurance Coverage for Follow-Up Testing After Abnormal Screening Mammography	Adopted.	<p>The AMA has communicated to the federation of medicine, including state and national medical specialty societies, our willingness to work with any interested society on advocating for legislation that ensures adequate funding for mammography services and follow-up testing after an abnormal screening mammography.</p>
RES 117-A-24	Insurance Coverage for Gynecologic Oncology Care	Referred for Decision.	<p>Resolution 117, sponsored by the Texas Delegation asked the AMA to support efforts to include gynecologic oncologists alongside other types of oncologists in network adequacy standards and requirements for public and private plans, including the Centers for Medicare & Medicaid Services (CMS) standards.</p> <p>The Board considered a report on this subject and VOTED to ADOPT the following in lieu of Resolution 117-A-24: 1) That our American Medical Association (AMA) strongly encourage federal and state regulators to assess health plan network adequacy to ensure that enrollees who need specialized medical services are able to access in-network specialty and subspecialty physicians in a timely manner. (New HOD Policy) 2) That our AMA support requiring health plans to facilitate enrollee access to care from out-of-network physicians—and indemnify patients for cost-sharing expenses above in-network rates—when plans do not have the type of specialist or subspecialist physicians in network who can provide medically necessary specialized care in a timely manner. (New HOD Policy) and 3) That our AMA support requiring health plans to provide evidence to regulators of good faith efforts to contract when a specialist or subspecialist is in the geographic area served and submit access plans to regulators for specialty and subspecialty care when there is no physician in the area. (New HOD Policy)</p>
RES 118-A-24	Public and Private Payer Coverage of Diagnostic Interventions Associated With Colorectal Cancer Screening and Diagnosis	Resolution 106 Adopted as Amended in Lieu of Resolution 118-A-24.	See Resolution 105-A-24.

Report/Resolution	Title	House Action	Status
RES 201-A-24	Research Correcting Political Misinformation and Disinformation on Scope of Practice	Adopted as Amended.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Board of Trustees Report 16 on this subject appears in the Delegates Handbook for the 2025 Annual Meeting. (Reference Committee B)</p>
RES 202-A-24	Use of Artificial Intelligence and Advanced Technology by Third Party Payors to Deny Health Insurance Claims	Recommendations in BOT Report 15-A-24, Resolution 202-A-24 and Resolution 246-A-24 Referred.	<p>Board Report 01-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee B)</p> <p>HOD Action: Recommendations in BOT Report 01 Adopted as Amended, Section 4(f) Referred for Decision, Remainder of Report Filed.</p>
RES 203-A-24	Medicaid Patient Accountability	Current Policy Reaffirmed.	AMA Policy Database has been updated.
RES 204-A-24	Staffing Ratios in the Emergency Department	Adopted as Amended.	In the Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment System proposed rule, the AMA provided comments that noted that it is imperative that care is managed by a physician-led team, including ensuring proper oversight of both obstetric-specific care and prohibiting staffing ratios that do not allow for proper physician supervision of nonphysician practitioners in the Emergency Department. In alignment with this, the AMA supports all emergency departments being staffed 24-7 by a qualified physician.
RES 205-A-24	Medical-Legal Partnerships & Legal Aid Services	Adopted.	AMA Policy Database has been updated.
RES 206-A-24	Indian Health Service Youth Regional Treatment Centers	Adopted as Amended.	AMA Policy Database has been updated.
RES 207-A-24	Biosimilar Use Rates and Prevention of Pharmacy Benefit Manager Abuse	Referred.	<p>Council on Medical Services Report 04-I-24 appears in the House of Delegates Handbook for the 2024 Interim Meeting. (Reference Committee J)</p> <p>HOD Action: Recommendations in CMS Report 04 Adopted as Amended, Remainder of the Report Filed.</p>
RES 208-A-24	Improving Supplemental Nutrition Programs	Adopted as Amended.	AMA Policy Database has been updated.
RES 209-A-24	Native American Voting Rights	Adopted.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 210-A-24	Support for Physicians Pursuing Collective Bargaining and Unionization	Resolution 210 Adopted as Amended in Lieu of Resolutions 210 and 236.	<p>The AMA continues to support the right of physicians to engage in collective bargaining and has begun to investigate the specific role medical societies might play to support physicians who wish to unionize. Research is ongoing and will include discussions with physicians who have unionized and/or are interested in unionization, interested state and specialty medical societies, and a literature review.</p> <p>According to the directive in Resolution 210-A-24, the AMA is working closely with a number of state medical associations that are exploring the extent to which they can either form unions or facilitate their members' participation in unions. The AMA has facilitated Federation-wide calls where state medical associations have shared their experiences and research on the possibility of forming a physician union. The AMA also created a Federation working group that meets regularly to discuss physician union issues and the environmental stressors causing increased interest in unionization.</p>
RES 211-A-24	Deceptive Hospital Badging 2.0	Current Policy Reaffirmed.	AMA Policy Database has been updated.
RES 212-A-24	Advocacy Education Towards a Sustainable Medical Care System	Adopted.	<p>The AMA continues to engage the general public in new and innovative ways. This includes continued outreach to the patient community through the Patients Action Network (PAN) by providing patients with a variety of educational and advocacy related resources and content. Examples of engaging patients with physician Medicare payment reform content include promoted social media posts, updated legislative calls to action, Medicare payment reform petition drives and educational materials including the "Medicare Payment Reform: What Patients Should Know" one-pager, "The Long Road to Reform" explainer video and patient specific social media toolkit.</p>
RES 213-A-24	Access to Covered Benefits with an Out of Network Ordering Physician	Resolution 245 Adopted as Amended in Lieu of Resolutions 213.	See Resolution 245-A-24.
RES 214-A-24	Support for Paid Sick Leave	Adopted as Amended.	AMA Policy Database has been updated.
RES 215-A-24	American Indian and Alaska Native Language Revitalization and Elder Care	Adopted as Amended.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 216-A-24	The AMA Supports H.R. 7225, the Bipartisan “Administrative Law Judges Competitive Service Restoration Act”	Adopted as Amended, with Change in Title.	AMA Policy Database has been updated.
RES 217-A-24	Protecting Access to IVF Treatment	Adopted as Amended, in Lieu of Resolution 226.	Board of Trustees Report 21-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee J) HOD Action: Filed.
RES 218-A-24	Designation of Descendants of Enslaved Africans in America	Referred.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. Council on Medical Education Report 7 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee C)
RES 219-A-24	Bundling for Maternity Care Services	Adopted as Amended.	In the Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment System proposed rule, the AMA provided comments that noted that the AMA supports the separate payment of services not accounted for in the valuation of the maternity global codes and opposes the inappropriate bundling of related services.
RES 220-A-24	Restorative Justice for the Treatment of Substance Use Disorders	Adopted as Amended.	AMA Policy Database has been updated.
RES 221-A-24	Reforming Medicare Part B Drug Reimbursement to Promote Patient Affordability and Physician Practice Sustainability	Adopted.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 222-A-24	Studying Avenues for Parity in Mental Health & Substance Use Coverage	Adopted as Amended.	<p>The AMA has communicated with the federation of medicine, including state and national medical specialty societies, of its willingness to work with any interested society to increase advocacy efforts towards the National Association of Insurance Commissioners (NAIC) and state and federal policymakers for meaningful financial and other penalties for insurers that do not comply with mental health and substance use parity laws. The AMA has also communicated our desire to work with state medical associations 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. The AMA also continues to advocate directly to state and federal regulators on the need to institute meaningful financial and other potential penalties when insurers do not comply with mental health and substance use parity laws. This includes ongoing dialogue as well as working with the NAIC consumer advocates and other key stakeholders. The AMA also has created new issue briefs and is developing additional advocacy resources to assist state and specialty societies. The AMA's advocacy helped result in a new, final rule from the Biden Administration that contained nearly all of the AMA's recommendations.</p> <p>The AMA has written to the Trump Administration, urging them to strongly defend the September 2024 MHPAEA federal parity rule against a lawsuit by ERIC (ERISA Industry Committee), which represents the ERISA (Employee Retirement Income Security Act of 1974) insurance industry. AMA also successfully supported two new state laws in 2025—Virginia and Colorado—and is actively supporting efforts in Washington and other states. The AMA has partnered with NAIC consumer groups to help develop additional parity-focused resources for use in state and national advocacy. Resources available at www.end-overdose-epidemic.org.</p>
RES 223-A-24	Increase in Children's Hospital Graduate Medical Education Funding	Adopted.	<p>The AMA drafted a response to a request for information in the final rule of the Medicare and Medicaid Programs and the Children's Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes. This request for information centered around newness criteria for GME programs and as part of this comment letter, the AMA highlighted the need for increased funding for the Children's Hospitals Graduate Medical Education program, recognizing the vital role it plays in shaping the future of pediatric health care in the United States.</p>
RES 224-A-24	Antidiscrimination Protections for LGBTQ+ Youth in Foster Care	Adopted as Amended, Resolve 2 Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Board of Trustees Report 17 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee B)</p>
RES 226-A-24	Protecting Access to IVF Treatment	Resolution 217 Adopted as Amended, in Lieu of Resolution 226.	See Resolution 217-A-24.

Report/Resolution	Title	House Action	Status
RES 227-A-24	Medicare Reimbursement for Telemedicine	Adopted.	AMA Policy Database has been updated.
RES 228-A-24	Waiver of Due Process Clauses	Adopted as Amended.	The AMA continues to look for opportunities to advance legislation in Congress to ban the waiver of due process provisions in the employment contracts of physicians. The AMA has worked closely with sponsors and strongly supports S. 4278/HR 8325, the Physician and Patient Safety Act which would restore due process rights for physicians.
RES 229-A-24	Psilocybin and Psychedelics	Adopted as Amended, with Change in Title.	AMA Policy Database has been updated.
RES 230-A-24	Protecting Patients from Inappropriate Dentist and Dental Hygienist Scope of Practice Expansion	Adopted.	<p>The AMA communicated with the federation of medicine, including state and national medical specialty societies, of its willingness to work with any interested society to actively oppose regulatory and legislative efforts authorizing dentists and dental hygienists to practice outside their level of education and training. AMA is currently working with relevant specialty societies to identify priorities and develop resources to support state advocacy groups.</p> <p>In its comments on the 2025 PFS (Medicare Physician Fee Schedule,) rule, the AMA continues to advocate for a judicious approach of approving certain dental services for Medicare coverage provided there is clear evidence that they are inextricably linked to the clinical success of Medicare-covered medical services.</p>
RES 231-A-24	Supporting the Establishment of Rare Disease Advisory Councils	Referred.	<p>A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Science and Public Health Report 9 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee E)</p>
RES 232-A-24	Medicare Advantage Part B Drug Coverage	Adopted.	<p>The Biden administration is about to publish the Calendar Year 2026 Medicare Advantage rule (CMS-4208). This is the appropriate place for the AMA to offer comments as we seek improvements in the proposed rule.</p> <p>In response to the 2026 Medicare Advantage (MA) proposed rule, the AMA urged the Centers for Medicare & Medicaid Services (CMS) to consider policies that would enhance transparency and reduce financial burdens on patients. Specifically, that out-of-pocket costs for physician-administered drugs in MA plans are comparable to those in traditional Medicare supplemented with Medigap coverage.</p>

Report/Resolution	Title	House Action	Status
RES 233-A-24	Prohibiting Mandatory White Bagging	Adopted as Amended.	<p>The AMA communicated with the federation of medicine, including state and national medical specialty societies, of its willingness to work with any interested society to urge state and federal policymakers to enact legislation to prohibit the mandatory use of “white bagging” policies that condition coverage of a clinician-administered drug, such as an IV infusion, on the drug being dispensed from a pharmacy benefit manager-affiliated mail order pharmacy. Currently, the AMA is surveying state and specialty societies on their interest in pursuing state legislation to oppose white bagging policies that condition coverage of a clinician-administered drug on the drug being dispensed from a pharmacy benefit manager-affiliated mail order pharmacy.</p> <p>The AMA is working with ASCO (American Society of Clinical Oncology) to develop an issue brief for use by state and specialty medical societies to advocate for prohibitions against mandatory white (and brown) bagging.</p>
RES 234-A-24	State Prescription Drug Affordability Boards - Study	Adopted as Amended.	A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.
RES 235-A-24	Establish a Cyber-Security Relief Fund	Adopted.	<p>The AMA continues to look for opportunities to work with Congress, the Department of Health and Human Services, and other stakeholders on future legislation and regulations to address the establishment of a dedicated fund to mitigate the effects of a large-scale cyber-attack on the health care sector. Recent AMA advocacy efforts on cybersecurity in the health care industry have focused on reducing the risk of industry disruption by imposing stricter cybersecurity standards for large entities such as health plans and clearinghouses.</p> <p>In March 2025, the AMA submitted comments responsive to the Health and Human Services Office for Civil Rights Notice of Proposed Rulemaking: HIPAA Security Rule To Strengthen the Cybersecurity of Electronic Protected Health Information. The AMA emphasized the need for cybersecurity standards appropriate to large, consolidated entities while ensuring size-appropriate standards for physician practices that are not unduly burdensome.</p>
RES 236-A-24	Support of Physicians Pursuing Collective Bargaining and Unionization	Resolution 210 Adopted as Amended in Lieu of Resolutions 210 and 236.	See Resolution 210-A-24.
RES 237-A-24	Encouraging the Passage of the Preventive Health Savings Act (S.114)	Policies D-155.994, H-425.988, H-460-894, and H-425.987 Reaffirmed in Lieu of Resolution 237-A-24.	AMA Policy Database has been updated.
RES 238-A-24	AMA Supports Efforts to Fund Overdose Prevention Sites	Adopted.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 239-A-24	Requiring Stores that Sell Tobacco Products to Display the National Toll Free Quit Now Hotline	Adopted as Amended, with Change in Title.	The AMA sent a letter dated July 24, 2024, to FDA Commissioner Califf expressing support for requiring stores that sell tobacco products to display information about the national tobacco cessation quitline portals and telephone hotlines.
RES 240-A-24	Expanding Visa Requirement Waivers for NY IMGs Working in Underserved Areas	Current Policy Reaffirmed.	AMA Policy Database has been updated.
RES 241-A-24	Healthcare Cybersecurity Breaches	Current Policy Reaffirmed.	AMA Policy Database has been updated.
RES 242-A-24	Health Care Access for American Indians and Alaska Natives	Adopted as Amended, with Change in Title.	AMA Policy Database has been updated.
RES 243-A-24	Disaggregation of Demographic Data for Individuals of Federally Recognized Tribes	Referred.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. Council on Medical Education Report 8 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee C)
RES 244-A-24	Graduate Medical Education Opportunities for American Indian and Alaska Native Communities	Policies H-350.977, H-350-976, and D-305.967 Reaffirmed in Lieu of Resolution 244-A-24.	AMA Policy Database has been updated.
RES 245-A-24	Patient Access to Covered Benefits Ordered by Out-of-Network Physicians	Resolution 245 Adopted as Amended in Lieu of Resolutions 213.	Model state legislation that addresses the issues raised in Resolution 245 is in the process of being drafted. Draft model legislation is to be reviewed by the AMA Council on Legislation (COL) at their meeting in June.
RES 246-A-24	Augmented Intelligence in Health Care	Recommendations in BOT Report 15-A-24, Resolution 202-A-24 and Resolution 246-A-24 Referred.	Board Report 01-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee B) HOD Action: Recommendations in BOT Report 01 Adopted as Amended, Section 4(f) Referred for Decision, Remainder of Report Filed.
RES 247-A-24	Prohibit Health Benefit Plans From Charging Cost Sharing for Covered Prostate Cancer Screening	Adopted as Amended.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 248-A-24	Sustain Funding for HRSA (Health Resources Services and Administration) 340B Grant-Funded Programs	Referred for Decision.	<p>Resolution 248-A-24, sponsored by the Texas Medical Association, asked our AMA to amend Policy H-110.985, “340B Drug Discount Program,” by adding an additional clause to read: “ Our AMA:...] (6) supports 340B programs funded by HRSA grants in their utilization of the program as legislatively intended.” This amendment’s intent is to emphasize support for HRSA 340B grantees, such as HRSA-supported health centers, Ryan White clinics, and State AIDS Drug Assistance programs, which is not explicit in existing AMA policy. Resolution 248-A-24 added a substantive amendment to emphasize support for Health Resources and Services Administration (HRSA) grantees, such as HRSA-supported health centers and look-alikes and Ryan White clinics and State AIDS Drug Assistance programs, that is not implicit in the current language of this AMA policy.</p> <p>The Board considered a report on this subject and VOTED that Resolution 248-A-24 be adopted as amended to read as follows: RESOLVED, that our American Medical Association amend Policy H-110.985 340B Drug Discount Program by addition as follows: Our AMA: (1) will advocate for 340B Drug Discount Program (340B program) transparency, including an accounting of covered entities’ 340B savings and the percentage of 340B savings used directly to care for underinsured patients and patients living on low-incomes; (2) will support recommendations to equip the Health Resources and Services Administration (HRSA) with more authority, resources and staff to conduct needed 340B program oversight; (3) recognizes the 340B program does not support the extent of care provided by ineligible physician practices to the medically indigent or underserved, and work with HRSA to establish 340B eligibility for all practices demonstrating a commitment to serving low-income and underserved patients; (4) will support a revised 340B drug discount program covered entity eligibility formula, which appropriately captures the level of outpatient charity care provided by hospitals, as well as standalone community practices; (5) will confer with national medical specialty societies on providing policymakers with specific recommended covered entity criteria for the 340B drug discount program; and (6) supports 340B programs funded by HRSA grants provided 340B funds are utilized for the care of low-income and underserved patients as legislatively intended. (Modify Current HOD Policy)</p>

Report/Resolution	Title	House Action	Status
RES 249-A-24	Pediatric Specialty Medicaid Reimbursement	Adopted as Amended.	<p>The AMA advocates for sustainable Medicaid payment rates at no less than 100 percent of Medicare rates, most recently in comments to CMS on Medicaid provisions of the Outpatient Prospective Payment System proposed rule. AMA has also helped educate physicians in the 8 states that are participating in the CMS Innovation Center’s Making Care Primary model that began in July 2024 and includes Medicaid programs in each of these states. Work has begun on a value-based payment model for pediatric specialist practices building upon the Payments for Accountable Specialty Care approach developed by the AMA originally for use in Medicare. Finally, the AMA communicated with the federation of medicine, including state and national medical specialty societies, on its willingness to work with any interested society to make increasing Medicaid reimbursement for pediatric specialists a significant part of its plan for continued progress toward health equity; to support the implementation of the value-based payment model for pediatric specialists in state Medicaid programs; and to advocate for any demonstration projects undertaken to modernize Medicaid payment using value-based payment models developed by the AMA and pediatric specialty societies be exempt from Medicaid demonstration project budget neutrality requirements.</p> <p>The Trump administration announced that the Centers for Medicare & Medicaid Services (CMS) Innovation Center’s Making Care Primary model will end in Dec. 2025. The AMA will seek alternative pathways for participants in Making Care Primary as well as for Innovation Center models that include Medicaid. One possibility is the draft payment model for pediatric specialists that AMA has developed using the Payments for Accountable Specialty Care framework. AMA will further discuss options with specialty societies.</p>
RES 250-A-24	Endorsement of the Uniform Health-Care Decisions Act	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Board of Trustees Report 13 on this subject appears in the Delegates Handbook for the 2025 Annual Meeting. (Reference Committee B)</p>
RES 251-A-24	Streamline Payer Quality Metrics	Alternate Resolution 251 Adopted in Lieu of Resolution 251.	AMA Policy Database has been updated.
RES 252-A-24	Model Legislation to Protect the Future of Medicine	Adopted as Amended.	<p>AMA model state legislation that addresses the issues raised in Resolution 252 is in the process of being drafted.</p> <p>Model legislation addressing the issues raised in Resolution 252-A-24 has been drafted.</p>

Report/Resolution	Title	House Action	Status
RES 253-A-24	Addressing the Failed Implementation of the No Surprises Act Independent Dispute Resolution Process	Adopted, with Change in Title.	<p>The AMA communicated via several letters and meetings with the Administration and Congress on the need to enforce IDR decisions. The AMA worked with members of Congress to get legislation introduced that would penalize health plans for failure to pay physicians following an IDR decision in the physician's favor.</p> <p>The AMA filed an amicus brief in the Fifth Circuit Guardian Flight case (with AHA, TMA, FAH) supporting an air ambulance provider's private right of action to enforce payment on a favorable IDR decision. A decision against the appellant would have negative implications for physicians attempting to enforce IDR decisions in the courts.</p> <p>The AMA supported legislation to allow for penalties on payers that do not provide timely payment to physicians following an IDR (Independent/Dispute Resolution) determination in the physician's favor. The Fifth Circuit Court of Appeals heard oral arguments on February 24, 2025, but has not yet issued a decision in the case.</p>
RES 301-A-24	Fairness for International Medical Students	Referred.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Medical Education Report 2 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee C)</p>
RES 302-A-24	The Role of Maintenance of Certification	Policies D-275.954, H-275.924, and H-275.926 Reaffirmed in Lieu of Resolution 302-A-24.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 303-A-24	Amend Policy D-275.948 Title “Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training”. Creation of an AMA Task Force to Address Conflicts of Interest on Physician Boards.	Referred for Decision.	<p>Resolution 303, sponsored by the Young Physicians Section, asked that the American Medical Association (AMA) amend the title of Policy D-275.948 by substitution and deletion as follows: Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training Addressing Non-physician Positions and Participation on Physician Regulatory Boards and Bodies and Potential Conflicts of Interest D-275.948; work with relevant stakeholders and regulatory bodies and boards involved in physician education, accreditation, certification, licensing, and credentialing to advocate for physician leadership of these regulatory bodies and boards in order to be consistent with the AMA Recovery Plan’s efforts to fight scope creep and prevent undermining physician confidence in these organizations; and create a task force with the mission to increase physician awareness of and participation in leadership positions on regulatory bodies and boards involved in physician education, accreditation, certification, licensing, and credentialing through mechanisms including but not limited to mentorship programs, leadership training programs, board nominations, publicizing the opportunities to the membership, and creating a centralized list of required qualifications and methods to apply for these positions.</p> <p>The Board considered a report on this subject and VOTED to APPROVE: That Policy D-275.948 be amended by the addition of 2 sub points in lieu of Resolution 303 (A-24): 3. Our AMA will work with relevant stakeholders, including both governmental and non-governmental entities involved in physician education, accreditation, certification, licensing, and credentialing to advocate for physician representation in these entities to promote physician-led team-based care to help ensure patient safety. (Directive to Take Action) and 4. Our AMA will improve internal communications processes to help increase physician awareness of opportunities for physicians to serve in leadership roles of governmental and non-governmental entities involved in physician education, accreditation, certification, licensing, and credentialing. (Directive to Take Action)</p> <p>And that the title of Policy D-275.948 be amended to read as follows: Participation in the Leadership of Governmental and Non-Governmental Entities and Potential Conflicts of Interest.</p> <p>Board of Trustees Management Report 3, “Amend Policy D-275.948 Title “Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training”. Creation of an AMA Task Force to Address Conflicts of Interest on Physician Board (Res. 303-A-24)”, was submitted to the BOT and approved at their August 2024 meeting.</p>
RES 304-A-24	Spirituality in Medical Education and Practice	Adopted as Amended.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 305-A-24	Public Service Loan Forgiveness Reform	Adopted as Amended.	<p>The AMA drafted a response to a request for information in the final rule of the Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes. This request for information centered around newness criteria for GME programs and as part of this comment, the AMA called for an immediate change in the Public Service Loan Forgiveness Program to allow physicians to receive immediate, but incremental, loan forgiveness when they practice in an Indian Health Service, Tribal, or Urban Indian Health Program.</p> <p>The Board considered a report on this subject and VOTED to APPROVE: That Policy D-275.948 be amended by the addition of 2 sub points in lieu of Resolution 303 (A-24): 3. Our AMA will work with relevant stakeholders, including both governmental and non-governmental entities involved in physician education, accreditation, certification, licensing, and credentialing to advocate for physician representation in these entities to promote physician-led team-based care to help ensure patient safety. (Directive to Take Action) and 4. Our AMA will improve internal communications processes to help increase physician awareness of opportunities for physicians to serve in leadership roles of governmental and non-governmental entities involved in physician education, accreditation, certification, licensing, and credentialing. (Directive to Take Action) And that the title of Policy D-275.948 be amended to read as follows: Participation in the Leadership of Governmental and Non-Governmental Entities and Potential Conflicts of Interest.</p>
RES 306-A-24	Unmatched Graduating Physicians	Referred.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Medical Education Report 3 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee C)</p>
RES 307-A-24	Access to Reproductive Health Services When Completing Physician Certification Exams	Alternate Resolution 307 Adopted in Lieu of Resolution 307-A-24.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Medical Education Report 4 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee C)</p>
RES 308-A-24	Transforming the USMLE Step 3 Examination to Alleviate Housestaff Financial Burden, Facilitate High-Quality Patient Care, and Promote Housestaff Well-Being	Adopted as Amended.	<p>Letters were submitted to the senior leadership of AOA, ABMS and its 24 member boards and the non-member boards recognized by the AMA notifying them of new policy H-275.914 and advocating that residents taking the USMLE Step 3 or COMLEX-USA Level 3 exam be allowed days off to take the exam without having this time counted for paid time off (PTO) or vacation balance.</p>

Report/Resolution	Title	House Action	Status
RES 309-A-24	Disaffiliation from the Alpha Omega Alpha Honor Medical Society due to Perpetuation of Racial Inequities in Medicine	Referred.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Medical Education Report 5 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee C)</p>
RES 310-A-24	Accountability & Transparency in GME funding with Annual Report	Adopted as Amended.	<p>On July 23, 2024, the AMA sent a letter urging the Centers for Medicare & Medicaid Services, the U.S. Department of Veterans Affairs, the U.S. Department of Defense, and the Health Resources and Services Administration to issue an annual holistic assessment of total GME funding for each year, including how Direct GME funds are allocated on a per resident or fellow basis.</p>
RES 311-A-24	Physician Participation in Healthcare Organizations	Current Policy Reaffirmed.	<p>AMA Policy Database has been updated.</p>
RES 312-A-24	AMA Collaboration with FSMB to Assist in Licensing Reentrant Physicians	Adopted as Amended.	<p>Now part of policy D-300.984, the AMA will develop an issue brief in 2025 on determining a physician's readiness to reenter practice and resources for the evaluation and retraining of physicians seeking to reenter active practice.</p>
RES 313-A-24	Continuing Medical Education Resources for Preceptorship	Adopted as Amended, with Change in Title.	<p>Now policy D-300.972, the AMA has initiated the development stage for toolkit which will inform the purpose, scope and objectives. The Council on Medical Education has been identified as a key collaborator for toolkit planning.</p> <p>The Med Ed unit is conducting a literature review of faculty development programs for community preceptors and has created a draft outline for a toolkit, which has been shared with the Council on Medical Education. Further development will continue in 2025.</p>
RES 314-A-24	Promote Awareness of Federal Gainful Employment Regulations and Transparency Provisions	Adopted as Amended, with Change in Title.	<p>Now policy D-305.948, the Med Ed unit collaborated with the media team to develop the article "More transparency coming on outcomes for med school grads", published on Sept 30, 2024. https://www.ama-assn.org/medical-students/medical-school-life/more-transparency-coming-outcomes-med-school-grads</p>
RES 315-A-24	Cease Reporting of Total Attempts of USMLE STEP1 and COMLEX-USA Level 1 Examinations	Referred.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Medical Education Report 6 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee C)</p>

Report/Resolution	Title	House Action	Status
RES 316-A-24	Reassessment of Continuing Board Certification Process	Policies D-275.954 and H-275.924 Reaffirmed in Lieu of Resolution 316.	AMA Policy Database has been updated.
RES 319-A-24	AMA Support of U.S. Pathway Programs	Alternate Resolution 319 Adopted in Lieu of Resolution 319.	Now policy D-200.970, the Med Ed unit is in communication with the city of Chicago to develop a pilot program to develop pathway opportunities. The Med Ed unit continues to communicate with the city of Chicago on a possible pilot program. Also, leadership will engage the Council on Medical Education at the A-25 meeting in a discussion of innovations to bolster K-12 education to support workforce diversity and growth.
RES 320-A-24	Anti-Racism Training for Medical Students and Medical Residents	Policy H-65.952 Reaffirmed in Lieu of Resolution 320-A-24.	AMA Policy Database has been updated.
RES 401-A-24	Addressing Social Determinants of Health Through Closed Loop Referral Systems	Adopted.	A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. Council on Science and Public Health Report 2 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee D)
RES 402-A-24	Guardianship and Conservatorship Reform	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. Board of Trustees Report 20 on this subject appears in the Delegates Handbook for the 2025 Annual Meeting. (Reference Committee D)
RES 403-A-24	Occupational Screenings for Lung Disease	Adopted as Amended.	AMA Policy Database has been updated.
RES 404-A-24	Protections Against Surgical Smoke Exposure	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. Council on Science and Public Health Report 3 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee D)
RES 405-A-24	Default Proceed Firearm Sales and Safe Storage Laws	Adopted.	AMA Policy Database has been updated.
RES 406-A-24	Opposition to Justice Involved Fees	Adopted as Amended, with Change in Title.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 407-A-24	Racial Misclassification	Adopted as Amended.	AMA Policy Database has been updated.
RES 408-A-24	Indian Water Rights	Adopted.	The AMA is working on a podcast episode that will be promoted through AMA channels to raise awareness about ongoing water rights issues for federally recognized American Indian and Alaska Native Tribes and Villages.
RES 409-A-24	Hazardous Pollutants and Heavy Metals	Adopted as Amended, with Change in Title.	The AMA continues to look for opportunities to comment at the federal level on the need for stronger environmental health regulations, including acknowledgment of the potential adverse effects of living near Superfund sites as well as policy advocating for reductions in mercury production and regulatory standards protective of public health. The Food and Drug Administration (FDA) will provide several opportunities later this fall. FDA's Closer to Zero campaign is set to release guidance on Lead in Foods Intended for Babies and Young Children and will provide the AMA an opportunity to work with the agency and to educate the public. The agency is also planning to follow-up with additional guidance on lead in juices and arsenic and cadmium in foods intended for young children, which will allow the AMA to continue to engage with the FDA and the public in these areas.
RES 410-A-24	Equity in Access to Public Restrooms	Adopted as Amended, with Change in Title.	AMA Policy Database has been updated.
RES 411-A-24	Missing and Murdered Indigenous Persons	Adopted as Amended.	AMA Policy Database has been updated.
RES 412-A-24	Lithium Battery Safety	Adopted as Amended.	AMA Policy Database has been updated.
RES 413-A-24	Sexuality and Reproductive Health Education	Current Policy Reaffirmed.	AMA Policy Database has been updated.
RES 414-A-24	Addressing the Health Sector's Contributions to the Climate Crisis	Adopted.	AMA Policy Database has been updated.
RES 415-A-24	Building Environmental Resiliency in Health Systems and Physician Practices	Adopted.	AMA Policy Database has been updated.

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RES 416-A-24	Furthering Environmental Justice and Equity	Adopted as Amended.	AMA Policy Database has been updated.
RES 417-A-24	Reducing Job-Related Climate Risk Factors	Alternate Resolution 417 Adopted in Lieu of Resolutions 417 and 419.	AMA Policy Database has been updated.
RES 418-A-24	Early and Periodic Eye Exams for Adults	Adopted.	AMA Policy Database has been updated.
RES 419-A-24	Addressing the Health Risks of Extreme Heat	Alternate Resolution 417 Adopted in Lieu of Resolutions 417 and 419.	See Resolution 417-A-24.
RES 420-A-24	Equity in Dialysis Care	Adopted as Amended.	<p>The Department of Health and Human Services Office of Inspector General (OIG) issued a 2011 report that identified deficiencies in tribal access to dialysis services at Indian Health Services (IHS) facilities as well as IHS data about tribal and IHS health care facilities. The report made a number of recommendations to IHS to address dialysis facility access and improve information on its health care services. The IHS concurred with all the OIG's recommendations. The AMA is working to determine what steps the IHS has taken since this report was issued to implement the OIG recommendations and will follow-up with the agency to advocate additional actions that are needed to remedy the situation.</p> <p>Indian Health Service (IHS) and Tribal Health Care Facilities' Needs Assessment Report to Congress includes plans for creating more dialysis facilities. IHS success in population health models for diabetes and renal disease have been highlighted in recent years.</p>

Report/Resolution	Title	House Action	Status
RES 421-A-24	Annual Conference on the State of Obesity and its Impact on Disease in America (SODA)	Referred for Decision.	<p>Resolution 421, sponsored by the American Society for Metabolic and Bariatric Surgery, Obesity Medicine Association, and Society of American Gastrointestinal and Endoscopic Surgeons, asked our AMA to convene an annual meeting of the Federation on obesity prevention and treatment. Specifically, the resolution calls on the AMA to:</p> <ol style="list-style-type: none"> 1) Convene an annual meeting of its Federation partners to comprehensively review the impact of obesity on hypertension, cardiovascular disease, type 2 diabetes, metabolic dysfunction-associated hepatitis (MASH) and other related comorbidities with a focus on monitoring epidemiology, developing algorithms to combat disease progression, and coordinating efforts to improve access to care; 2) Feature presentations, workshops, and panel discussions covering the latest research findings, clinical guidelines, and best practices related to the prevention, diagnosis, and management of obesity-related chronic diseases; 3) Invite renowned experts, researchers, clinicians, policymakers, and patient advocates to contribute their insights, experiences, and recommendations during the annual meeting; 4) Collaborate with relevant stakeholders, including government agencies, healthcare systems, insurers, community organizations, and industry partners, to develop and implement strategies for combating obesity-related chronic diseases; 5) Assist in the discussion of epidemiological trends, development of evidence-based algorithms for disease management, and coordination of efforts to improve access to care for patients affected by obesity-related chronic diseases; 6) Publish a comprehensive report summarizing the discussions, findings, and recommendations from each annual meeting and disseminate it to member organizations, policymakers, healthcare providers, and the public; and 7) Convene the first annual meeting in 2025 and subsequent meetings annually thereafter. <p>The Board considered a report to determine if existing AMA policy(s) satisfy the intent of the resolution and can existing AMA policy be amended to expand on the intent of the resolution? The Board VOTED that: Resolution 421 be not adopted and that AMA Policy D-440.954: Addressing Adult and Pediatric Obesity D-440.954 be amended by addition to read as follows:</p> <ul style="list-style-type: none"> o Collaborate with relevant stakeholders, including government agencies, healthcare systems, insurers, community organizations, and industry partners, to develop and implement strategies for combating obesity-related chronic diseases. o Encourage the development of a Federation led education sessional on obesity in accordance with the application process and guidelines established for educational sessions.
RES 422-A-24	Immunization Registry	Adopted as Amended.	AMA Policy Database has been updated.
RES 423-A-24	HPV Vaccination to Protect Healthcare Workers over Age 45	Alternate Resolution 423 Adopted in Lieu of Resolution 423.	A letter has been drafted to the Centers for Disease Control and Prevention asking them to review available evidence for recommending the HPV vaccine for health care professionals to prevent health care related infection of HPV.

Report/Resolution	Title	House Action	Status
RES 424-A-24	LGBTQ+ Senior Health	Adopted as Amended, with Change in Title.	<p>AMA staff are reviewing currently available content on the AMA Ed Hub to determine the need for a new or updated course page and content on LGBTQ Health, Diversity, and Inclusion to meet the ask of the ask of this resolution.</p> <p>Relevant existing Ed Hub content includes the following: SAGECare (SAGECare is the LGBT aging cultural competency training and credentialing program offered by SAGE.)</p> <p>LGBTQIA+ Health Education from The Fenway Institute (These CME courses help providers and care teams better understand how to advance health equity for LGBTQIA+ people and communities, address and eliminate health disparities, optimize access to cost-effective health care and improve the length and quality of life for LGBTQIA+ people)</p> <p>Howard Brown Health (LGBTQ affirming primary care courses empower providers and care teams to better understand and address LGBTQ health disparities, implement gender affirming language policies, and best practices in LGBTQ healthcare operations.)</p> <p>Aging Well with HIV: Care Transitions for Older People Living with HIV (This two-module activity addresses the current state of HIV in the US and healthy aging considerations for persons living with HIV (PWH).)</p> <p>Creating a Safe and Welcoming Environment for LGBTQ+ Patients (AMA STEPS Forward)</p> <p>Whitman-Walker Institute's LGBTQ+, HIV Care and Prevention Training (Through these courses, professionals expand their understanding of culturally competent health care and help decrease health disparities and barriers to care.)</p>
RES 425-A-24	Perinatal Mental Health Disorders among Medical Students and Physicians	Adopted as Amended.	<p>The AMA is conducting outreach to interested stakeholders and partners to understand current efforts underway to increase screening and referrals for services for perinatal mental health conditions among medical students, physicians, and their families to inform AMA activities and actions for reducing barriers to diagnosis and treatment.</p>

Report/Resolution	Title	House Action	Status
RES 426-A-24	Maternal Morbidity and Mortality: The Urgent Need to Help Raise Professional and Public Awareness and Optimize Maternal Health – A Call to Action	Referred for Decision.	<p>Resolution 426, sponsored by the New Jersey delegation, asked the AMA to optimize maternal health through physician and public awareness. Specifically, the resolution calls on the AMA to: Amend AMA policy D-245.994 to include the importance of all women achieving their healthiest weight before pregnancy, maintaining healthy gestational weight gain, and optimizing weight loss postpartum. A second resolve asked that our AMA: A) Advocate for access to effective obesity treatment (either medical or surgical) for patients; B) Advocate for supporting physicians' ability to provide obstetrical and obesity care; C) Advocate for additional funding for research on medical technology that influences human behavior to promote healthy living; D) Reaffirm Policy H-440.902 and report back at A-25 on research on the medical, psychological, and socioeconomic issues associated with obesity, including reimbursement for evaluation and management of patients with obesity emphasizing pre-conception, gestational and postpartum obesity; E) Provide medical recommendations on ways to eliminate barriers identified in prior obesity research by our AMA; and F) Recommend that approaches to obesity prevention and treatment be included as an element of medical education.</p> <p>The key question before the Board is that in addition to appending AMA policy D-245.994 and reaffirming AMA policy H-440.902 could other AMA policies be appended with Resolves A, B, C, E and F. The Board considered a report on this subject and VOTED to APPROVE the following: That AMA Policy D-245.994 be amended by addition and H-425.976 be amended by addition and deletion; and that Policy H-440.902 be reaffirmed.</p> <p>Infant Mortality, D-245.994 - Our AMA will work with appropriate agencies and organizations to emphasize in their programs/policies the importance for individuals to achieve healthy weight before pregnancy, maintain healthy gestational weight gain, and optimize weight loss postpartum.</p> <p>Preconception Prepregnancy Care H-425.976 – 1. Our American Medical Association supports the 10 following recommendations for improving preconception prepregnancy health care that state:</p> <ol style="list-style-type: none"> 1. Individual responsibility across the lifespan--each woman, man, individual and couple should be encouraged to have a reproductive life plan. 2. Consumer awareness--increase public awareness of the importance of preconception prepregnancy health behaviors and preconception prepregnancy care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts. 3. Preventive visits--as a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes. 4. Interventions for identified risks--increase the proportion of women who receive interventions as follow-up to preconception prepregnancy risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact).

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			<p>5. Discussion of the importance of all pregnant people to achieve their healthiest weight before pregnancy, maintain healthy gestational weight gain, and optimize weight loss postpartum.</p> <p>6. Inter-conception pregnancy care--use the inter-conception pregnancy period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (i.e., infant death, fetal loss, birth defects, low birth weight, or preterm birth).</p> <p>7. Pre-pregnancy checkup--offer, as a component of maternity care, one pre-pregnancy visit for couples and persons planning pregnancy.</p> <p>8. Health insurance coverage for women with low incomes--increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and pre-conception prepregnancy and inter-conception pregnancy care.</p> <p>9. Public health programs and strategies--integrate components of pre-conception prepregnancy health into existing local public health and related programs, including emphasis on inter-conception pregnancy interventions for women with previous adverse outcomes.</p> <p>10. Research--increase the evidence base and promote the use of the evidence to improve preconception prepregnancy health.</p> <p>11. Monitoring improvements--maximize public health surveillance and related research mechanisms to monitor preconception prepregnancy health; and</p> <p>2. Our AMA supports the education of physicians and the public about the importance of preconception prepregnancy care as a vital component of a woman's reproductive health.</p> <p>3. Our AMA supports the use of pregnancy intention screening and contraceptive screening in appropriate women and men as part of routine well-care and recommend it be appropriately documented in the medical record.</p> <p>4. Our AMA will work with interested parties to encourage discussion of family planning counseling with all individuals with reproductive potential as part of routine health maintenance.</p> <p>5. Our AMA supports the appropriate reimbursement for comprehensive, evidence-based prepregnancy counseling, evaluation and patient management services.</p> <p>6. Our AMA will: a) Advocate for access to effective obesity treatment (either medical or surgical) for patients; b) Advocate for physicians' ability to provide obstetrical and obesity care; c) Provide medical recommendations on ways to eliminate barriers identified in prior obesity research by our AMA; and d) Recommend that approaches to obesity prevention and treatment be included as an element of medical education.</p> <p>And that our AMA REAFFIRM Policy H-440.902, "Obesity as a Major Health Concern." (Reaffirm HOD Policy)</p>

Report/Resolution	Title	House Action	Status
RES 427-A-24	Condemning the Universal Shackling of Every Incarcerated Patient in .Hospitals	Referred.	<p>A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Science and Public Health Report 4 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee D)</p>
RES 428-A-24	Advocating for Education and Action Regarding the Health Hazards of PFAS Chemicals	Adopted as Amended.	<p>The AMA recorded and disseminated an AMA Update episode featuring Dr. Ari Bernstein, MD, MPH, director for CDC’s National Center for Environmental health focused on CDC’s clinical guidance on PFAS. The development of additional AMA content on this topic is under consideration and will be disseminated via the AMA Ed Hub and other channels once finalized</p>
RES 429-A-24	Assessing and Protecting Local Communities from the Health Risks of Decommissioning Nuclear Power Plants	Adopted.	<p>On October 7, 2024, the AMA wrote a letter to Nuclear Regulatory Commission (NRC) Chair Christopher Hanson about efforts to protect local communities from the health risks of decommissioning nuclear power plants. The AMA asked for stricter limitations on aerosol, soil, and/or water radionuclide releases in the decommissioning of these plants. In addition, the letter urged the NRC to advance policies that would require enhanced outreach to the residents and communities in closest proximity to plants during the decommissioning process, with special attention paid to engagement and consultation with the most vulnerable residents in those impacted communities.</p>

Report/Resolution	Title	House Action	Status
RES 430-A-24	Cancer Risks Associated with Novel Nicotine Delivery Devices	Resolve 1 - Referred for Decision. Resolve 2 - Adopted as Amended, with Change in Title.	<p>The first Resolve of Resolution 430 was referred for decision. The second resolve was adopted and renamed Cancer Risks Associated with Novel Nicotine Delivery Devices D-495.99.</p> <p>Resolution 430, sponsored by the New England delegation, asked the AMA to advocate for the promotion of lung cancer screening and monitor non-combustible products for impact on cancer. Specifically, the resolution called on the AMA to: 1) Advocate for information about lung cancer screening to be included within all combustible tobacco product packaging; and 2) Work with appropriate public health organizations and governmental agencies to monitor the impact of “non-combustible tobacco” nicotine delivery devices on cancer epidemiology and promote appropriate cancer screening should the suspected link be proven.</p> <p>The Board considered a report that provided an overview of AMA’s existing policies that address lung cancer screening and FDA authority over tobacco nicotine products (combustible and non-combustible), and the issues associated with adopting the first Resolve of Resolution 430. The key question is should the Board amend or reaffirm existing AMA policy in lieu of adopting the first resolve. The Board VOTED that in lieu of including the first resolve from Resolution 430-A-24, the following AMA policies be REAFFIRMED: 1) H-185.936 - Lung Cancer Screening to be Considered Standard Care; 2) H-495.988 - FDA Regulation of Tobacco Products; and 3) H-495.973 - FDA to Extend Regulatory Jurisdiction Over All Non-Pharmaceutical Nicotine and Tobacco Products.</p>
RES 431-A-24	Combatting the Public Health Crisis of Gun Violence	Current Policy Reaffirmed.	AMA Policy Database has been updated.
RES 432-A-24	Decreasing Lead Exposure	Adopted as Amended, with Change in Title.	<p>The AMA drafted and submitted a letter to Environmental Protection Agency (EPA) in support of their revised Lead and Copper rule, in alignment with AMA policy. On October 8, the EPA issued a final rule requiring drinking water systems across the country to identify and replace lead pipes within 10 years. The Lead and Copper Rule Improvements (LCRI) also require more rigorous testing of drinking water and a lower threshold requiring communities to take action to protect people from lead exposure in water.</p> <p>The AMA is working on a podcast episode to disseminate information on this topic via AMA channels and platforms.</p>

Report/Resolution	Title	House Action	Status
RES 433-A-24	Improving Healthcare of Minority Communities in Rural Areas	Adopted as Amended, with Change in Title.	<p>The AMA issued a press release highlighting the issue of improving health outcomes for minority communities in rural areas.</p> <p>A CSAPH report is in development for A-25.</p> <p>Council on Science and Public Health Report 7 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee D)</p>
RES 435-A-24	Radiation Exposure Compensation	Adopted.	<p>AMA Policy Database has been updated.</p>
RES 501-A-24	Fragrance Regulation	Referred.	<p>A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Science and Public Health Report 6 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee D)</p>
RES 502-A-24	Tribally-Directed Precision Medicine Research	Adopted as Amended.	<p>AMA Policy Database has been updated.</p>

Report/Resolution	Title	House Action	Status
RES 503-A-24	Unregulated Hemp-Derived Intoxicating Cannabinoids, and Derived Psychoactive Cannabis Products (DPCPs)	Referred for Decision.	<p>A Management Report was prepared for the Board and is pending a final decision.</p> <p>The Board considered a report in response to Resolution 503-A-24, and VOTED to APPROVE that:</p> <ol style="list-style-type: none"> 1. Resolution 503-A-24, “Unregulated Hemp-Derived Intoxicating Cannabinoids, and Derived Psychoactive Cannabis Products (DPCP),” be amended by addition and deletion; 2. Policy H-95.952, “Cannabis and Cannabinoid Research,” be amended by addition; 3. Policy D-95.969, “Cannabis Legalization for Medicinal Use,” be amended by addition; 4. Policy H-95.924, “Cannabis Legalization for Adult Use (commonly referred to as recreational use),” be amended by addition; and 5. Policy D-95.958, “Marketing Guardrails for the “Over-Medicalization” of Cannabis Use,” be amended by addition. <p>Recommendation 1 - that Resolution 503-A-24, “Unregulated Hemp-Derived Intoxicating Cannabinoids, and Derived Psychoactive Cannabis Products (DPCP),” be amended by addition and deletion as follows:</p> <p>RESOLVED, that our American Medical Association work with other interested organizations to increase public awareness and promote education on the dangers of Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids (HDICs) (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA work with other interested organizations to advocate to close the loophole in the 2018 Farm bill that support allows a public health focus to the regulation of DPCPs and HDICs to be regulated as hemp (Directive to Take Action New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA work with other interested organizations to for prohibition of Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids (unless and until properly tested in humans) (Directive to Take action); and be it further</p> <p>RESOLVED, that our AMA work with other interested organizations to advocate for further research on the health impacts of DPCPs and HDICs, including the potential dangers of these products to children, pregnant women, and other vulnerable populations (Directive to Take Action).</p> <p>RESOLVED, that our AMA report back on this issue at A-25. (Directive to Take Action)</p>

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			<p>Recommendation 2 - that AMA Policy H-95.952, “Cannabis and Cannabinoid Research,” be amended by addition as follows:</p> <ul style="list-style-type: none"> a. Our American Medical Association calls for further adequate and well-controlled studies of marijuana and related cannabinoids, including Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids (HDICs), in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease. b. Our AMA urges that marijuana's status as a federal schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product. c. Our AMA urges the National Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food and Drug Administration (FDA) to develop a special schedule and implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research involving cannabis and its potential medical utility. This effort should include: <ul style="list-style-type: none"> a. disseminating specific information for researchers on the development of safeguards for cannabis clinical research protocols and the development of a model informed consent form for institutional review board evaluation; b. sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of cannabis for clinical research purposes; c. confirming that cannabis of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the DEA who are conducting bona fide clinical research studies that receive FDA approval, regardless of whether the NIH is the primary source of grant support. d. Our AMA supports research to determine the consequences of long-term cannabis use, as well as the use of Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids, especially among youth, adolescents, pregnant women, and women who are breastfeeding. e. Our AMA urges legislatures to delay initiating the legalization of cannabis for recreational use until further research is completed on the public health, medical, economic, and social consequences of its use. f. Our AMA will advocate for urgent regulatory and legislative changes necessary to fund and perform research related to cannabis and cannabinoids. g. Our AMA will create a Cannabis Task Force to evaluate and disseminate relevant scientific evidence to health care providers and the public. <p>Recommendation 3 - that AMA Policy D-95.969, “Cannabis Legalization for Medicinal Use,” be amended by addition as follows:</p>

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			<ol style="list-style-type: none"> 1. Our American Medical Association believes that scientifically valid and well-controlled clinical trials conducted under federal investigational new drug applications are necessary to assess the safety and effectiveness of all new drugs, including potential cannabis products, Derived Psychoactive Cannabis Products (DPCPs), and Hemp-Derived Intoxicating Cannabinoids for medical use. 2. Our AMA believes that cannabis for medicinal use should not be legalized through the state legislative, ballot initiative, or referendum process. 3. Our AMA will develop model legislation requiring the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: “Marijuana has a high potential for abuse. This product has not been approved by the Food and Drug Administration for preventing or treating any disease process.” 4. Our AMA supports legislation ensuring or providing immunity against federal prosecution for physicians who certify that a patient has an approved medical condition or recommend cannabis in accordance with their state’s laws. 5. Our AMA believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions. 6. Our AMA will, when necessary and prudent, seek clarification from the United States Justice Department (DOJ) about possible federal prosecution of physicians who participate in a state operated marijuana program for medical use and based on that clarification, ask the DOJ to provide federal guidance to physicians. 7. Our AMA encourages hospitals and health systems to: <ol style="list-style-type: none"> a. not recommend patient use of non-FDA approved cannabis or cannabis derived products within healthcare facilities until such time as federal laws or regulations permit its use. b. educate medical staffs on cannabis use, effects and cannabis withdrawal syndrome. <p>Recommendation 4 - that AMA Policy H-95.924, “Cannabis Legalization for Adult Use (commonly referred to as recreational use),” be amended by addition as follows:</p> <ol style="list-style-type: none"> 1. Our American Medical Association believes that cannabis is a dangerous drug and as such is a serious public health concern. 2. Our AMA believes that the sale of cannabis as well as Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids for adult use should not be legalized (with adult defined for these purposes as age 21 and older). 3. Our AMA supports limiting the sale of Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids to individuals 21 years of age and older. 4. Our AMA discourages cannabis use as well as the use of Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids, especially by persons vulnerable to the drug's effects and in high-risk populations

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			<p>such as youth, pregnant women, and women who are breastfeeding.</p> <p>5. Our AMA believes states that have already legalized cannabis (for medical or adult use or both) should be required to take steps to regulate the product effectively in order to protect public health and safety including but not limited to: regulating retail sales, marketing, and promotion intended to encourage use; limiting the potency of cannabis extracts and concentrates; requiring packaging to convey meaningful and easily understood units of consumption, and requiring that for commercially available edibles, packaging must be child-resistant and come with messaging about the hazards about unintentional ingestion in children and youth.</p> <p>6. Our AMA believes laws and regulations related to legalized cannabis use as well as the use of Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids, should consistently be evaluated to determine their effectiveness.</p> <p>7. Our AMA encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis, Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids, especially emergency department visits and hospitalizations, impaired driving, workplace impairment and worker-related injury and safety, and prevalence of psychiatric and addictive disorders, including cannabis use disorder.</p> <p>8. Our AMA supports public health-based strategies, rather than incarceration, in the handling of individuals possessing cannabis or Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids, for personal use.</p> <p>9. Our AMA encourages research on the impact of legalization and decriminalization of cannabis in an effort to promote public health and public safety.</p> <p>10. Our AMA encourages dissemination of information on the public health impact of legalization and decriminalization of cannabis.</p> <p>11. Our AMA will advocate for stronger public health messaging on the health effects of cannabis, Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids, and cannabinoid inhalation and ingestion, with an emphasis on reducing initiation and frequency of cannabis use among adolescents, especially high potency products and Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids; use among women who are pregnant or contemplating pregnancy; and avoiding cannabis-impaired driving.</p> <p>12. Our AMA supports social equity programs to address the impacts of cannabis prohibition and enforcement policies that have disproportionately impacted marginalized and minoritized communities.</p> <p>13. Our AMA will coordinate with other health organizations to develop resources on the impact of cannabis on human health and on methods for counseling and educating patients on the use cannabis cannabinoids, and Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids.</p> <p>Recommendation 5 - that AMA Policy D-95.958, “Marketing Guardrails for the</p>

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			<p>"Over-Medicalization" of Cannabis Use," be amended by addition as follows:</p> <ol style="list-style-type: none"> 1. Our American Medical Association will send a formal letter to the Food and Drug Administration and Federal Trade Commission requesting more direct oversight of the marketing of cannabis for medical use. 2. Our AMA will generate a formal letter for use by state medical societies requesting more direct oversight by state government of the marketing of cannabis and Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids. 3. Our AMA will support and encourage federal, state, and private sector research on the effects of cannabis, and Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids marketing to identify best practices in protecting vulnerable populations, as well as the benefits of safety campaigns such as preventing impaired driving or dangerous use. 4. Our AMA will encourage state regulatory bodies to enforce cannabis-related marketing laws as well as laws related to marketing of Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids and to publicize and make publicly available the results of such enforcement activities. 5. Our AMA will encourage social media platforms to set a threshold age of 21 years for exposure to cannabis, and Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids, advertising and marketing and improve age verification practices on social media platforms. 6. Our AMA will encourage regulatory agencies to research how marketing best practices learned from tobacco and alcohol policies can be adopted or applied to cannabis and Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids, marketing. 7. Our AMA will support using existing AMA channels to educate physicians and the public on the health risks of cannabis and Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids to children and potential health risks of cannabis and Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids to people who are pregnant or lactating.
RES 504-A-24	FDA Regulation of Biosimilars	RRecommendations in CSAPH Report 10-A-24 Adopted as Amended in Lieu of Resolution 504-A-25, Remainder of Report Filed.	See CSAPH Report 05-A-24.
RES 505-A-24	Mitigating the Harms of Colorism and Skin Bleaching Agents	Adopted as Amended.	This resolution has been communicated to AMA staff who directly work with the World Medical Association.

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RES 506-A-24	Screening for Image Manipulation in Research Publications	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. Council on Science and Public Health Report 5 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee E)
RES 507-A-24	Ban on Dual Ownership, Investment, Marketing or Distribution of Adult-Use Cannabis, Psychedelic Agents, or Empathogens by Medical Companies	Adopted as Amended, with Change in Title.	AMA Policy Database has been updated.

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RES 508-A-24	AMA to Support Regulations to Decrease Overdoses in Children Due to Ingestion of Edible Cannabis	Referred for Decision.	<p>At the 2024 Annual Meeting, the House of Delegates Resolution 508 was referred for decision. Resolution 508, introduced by the Mississippi delegation asked that our AMA: work with the Food and Drug Administration to strengthen how marijuana manufacturers can advertise their products, including regulations that ensure the packaging does not appeal to children; propose public awareness campaigns aimed at informing the general population, especially parents and guardians, about the risks associated with edible cannabis and the importance of safe storage and handling; and emphasize the importance of childproof packaging for all cannabis products, along with advocating for stricter regulations to enforce this requirement.</p> <p>The Board considered a report on this subject and VOTED that the following actions be ADOPTED in lieu of Resolution 508:</p> <p>A. That Policy D-95.958, “Marketing Guardrails for the ‘Over-Medicalization’ of Cannabis Use,” be amended by addition to read as follows:</p> <p>D-95.958 Marketing Guardrails for the "Over-Medicalization" of Cannabis Use</p> <ol style="list-style-type: none"> 1. Our American Medical Association will send a formal letter to the Food and Drug Administration and Federal Trade Commission requesting more direct oversight of the marketing of cannabis for medical use. 2. Our AMA will generate a formal letter for use by state medical societies requesting more direct oversight by state government of the marketing of cannabis. 3. Our AMA will support and encourage federal, state, and private sector research on the effects of cannabis marketing to identify best practices in protecting vulnerable populations, as well as the benefits of safety campaigns such as preventing impaired driving or dangerous use. 4. Our AMA will encourage state regulatory bodies to enforce cannabis-related marketing laws and to publicize and make publicly available the results of such enforcement activities. 5. Our AMA will encourage social media platforms to set a threshold age of 21 years for exposure to cannabis advertising and marketing and improve age verification practices on social media platforms. 6. Our AMA will encourage regulatory agencies to research how marketing best practices learned from tobacco and alcohol policies can be adopted or applied to cannabis marketing. 7. Our AMA will support using existing AMA channels to educate physicians and the public on the health risks of cannabis to children and potential health risks of cannabis to people who are pregnant or lactating. 8. Our AMA will work with relevant stakeholders to strengthen cannabis marketing and advertising regulations, including efforts to ensure that packaging does not appeal to youth and marketing is restricted to prevent exposure to young audiences. <p>B. Policy H-95.924, “Cannabis Legalization for Adult Use,” be amended by addition and deletion to read as follows:</p>

Report/Resolution	Title	House Action	Status
			<p>H-95.924 Cannabis Legalization for Adult Use (commonly referred to as recreational use)</p> <ol style="list-style-type: none"> 1. Our American Medical Association believes that cannabis is a dangerous drug and as such is a serious public health concern. 2. Our AMA believes that the sale of cannabis for adult use should not be legalized (with adult defined for these purposes as age 21 and older. 3. Our AMA discourages cannabis use, especially by persons vulnerable to the drug's effects and in high-risk populations such as youth, pregnant women, and women who are breastfeeding. 4. Our AMA believes states that have already legalized cannabis (for medical or adult use or both) should be required to take steps to regulate the product effectively in order to protect public health and safety including but not limited to: regulating retail sales, marketing, and promotion intended to encourage use; limiting the potency of cannabis extracts and concentrates; requiring packaging to convey meaningful and easily understood units of consumption, and requiring that for commercially available edibles, packaging must be child-resistant and come with messaging about the hazards about unintentional ingestion in children and youth. 5. Our AMA believes laws and regulations related to legalized cannabis use should consistently be evaluated to determine their effectiveness. 6. Our AMA encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis, especially emergency department visits and hospitalizations, impaired driving, workplace impairment and worker-related injury and safety, and prevalence of psychiatric and addictive disorders, including cannabis use disorder. 7. Our AMA supports public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis for personal use. 8. Our AMA encourages research on the impact of legalization and decriminalization of cannabis in an effort to promote public health and public safety. 9. Our AMA encourages dissemination of information on the public health impact of legalization and decriminalization of cannabis. 10. Our AMA will advocate for stronger public health messaging on the health effects of cannabis and cannabinoid inhalation and ingestion, with an emphasis on reducing initiation and frequency of cannabis use among adolescents, especially high potency products; use among women who are pregnant or contemplating pregnancy; and avoiding cannabis-impaired driving. 11. Our AMA supports social equity programs to address the impacts of cannabis prohibition and enforcement policies that have disproportionately impacted marginalized and minoritized communities. 12. Our AMA will coordinate with other health organizations to develop resources on the impact of cannabis on human health and on methods for counseling and educating patients on the use cannabis and cannabinoids. 13. Our AMA supports educating the general population, especially parents and guardians, about the risks associated with edible cannabis products and the importance of safe storage and handling. 14. Our AMA recognizes the importance of child-resistant packaging for all cannabis

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			products and supports laws and policies to implement and enforce this requirement.
			C.Policy H-95.952, “Cannabis and Cannabinoid Research” be reaffirmed.
			H-95.952 Cannabis and Cannabinoid Research H-95.952
			<ol style="list-style-type: none"> 1. Our American Medical Association calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease. 2. Our AMA urges that marijuana's status as a federal schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product. 3. Our AMA urges the National Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food and Drug Administration (FDA) to develop a special schedule and implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research involving cannabis and its potential medical utility. This effort should include: <ol style="list-style-type: none"> a. disseminating specific information for researchers on the development of safeguards for cannabis clinical research protocols and the development of a model informed consent form for institutional review board evaluation; b. sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of cannabis for clinical research purposes; c. confirming that cannabis of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the DEA who are conducting bona fide clinical research studies that receive FDA approval, regardless of whether or not the NIH is the primary source of grant support. 4. Our AMA supports research to determine the consequences of long-term cannabis use, especially among youth, adolescents, pregnant women, and women who are breastfeeding. 5. Our AMA urges legislatures to delay initiating the legalization of cannabis for recreational use until further research is completed on the public health, medical, economic, and social consequences of its use. 6. Our AMA will advocate for urgent regulatory and legislative changes necessary to fund and perform research related to cannabis and cannabinoids. 7. Our AMA will create a Cannabis Task Force to evaluate and disseminate relevant scientific evidence to health care providers and the public.

Report/Resolution	Title	House Action	Status
RES 509-A-24	Addressing Sarcopenia and its Impact on Quality of Life	Adopted as Amended.	The AMA is conducting outreach to interested stakeholders and partners to understand current efforts underway to address sarcopenia and its impact on quality of life, including currently available, evidence-based resources for health care professionals and caregivers that can be curated and disseminated via AMA channels.
RES 510-A-24	Study to investigate the validity of claims made by the manufacturers of OTC Vitamins, Supplements and “Natural Cures”	Policy H-150.953 Reaffirmed in Lieu of Resolution 510-A-24.	AMA Policy Database has been updated.
RES 511-A-24	National Penicillin Allergy Day and Penicillin Allergy Evaluation & Appropriate Delabeling	Adopted.	AMA Policy Database has been updated.
RES 512-A-24	Opioid Overdose Reversal Agents Where AED’s Are Located	Adopted.	AMA Policy Database has been updated.
RES 513-A-24	Biotin Supplement Packaging Disclaimer	Adopted.	The AMA issued a press release highlighting the adoption of this new policy to raise awareness among patients and physicians of biotin megadose interference. The release noted that “[w]ith a proliferation of biotin supplements on the market promoting hair and nail growth, it is our duty to ensure all patients, and their physicians, are aware of the potential for these supplements to interfere in a variety of laboratory tests. For example, not recognizing the interaction of biotin with a troponin lab test can have serious health consequences, such as falsely underdetecting an active heart attack.”
RES 514-A-24	Safety With Devices Producing Carbon Monoxide	Adopted.	AMA Policy Database has been updated.
RES 515-A-24	Advocacy for More Stringent Regulations/Restrictions on Distribution of Cannabis	Adopted with Change in Title.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. Board of Trustees Report 21 on this subject appears in the Delegates Handbook for the 2025 Annual Meeting. (Reference Committee B)
RES 517-A-24	Regulation of Nicotine Analogue Products	Adopted as Amended.	A letter has been drafted to the FDA urging them to regulate nicotine analogue products as drugs.

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RES 601-A-24	Holocaust Remembrance	Adopted as Amended, with Change of Title.	Now policy D-295.300, the Med Ed unit is investigating existing resources related to this topic as well as exploring the development of a new educational product. The Med Ed unit is in communication with the Center for Health Equity to determine possible next steps.
RES 602-A-24	Ranked Choice Voting	Adopted.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. Board of Trustees Report 22 on this subject appears in the Delegates Handbook for the 2025 Annual Meeting. (Reference Committee F)
RES 603-A-24	Protection of Healthcare and Humanitarian Aid Workers in All Areas of Armed Conflict	Alternate Resolution 603-A-24 Adopted in Lieu of Resolution 603 and 610, with Change in Title.	AMA Policy Database has been updated.
RES 604-A-24	Confronting Ageism in Medicine	Adopted as Amended.	The AMA communicated with the federation of medicine, including state and national medical specialty societies, of its willingness to work with any interested society to advocate for hospital and regulatory policy changes focused on individual physicians' care quality data rather than their age.
RES 605-A-24	Walking the Walk of Climate Change	Recommendations in BOT Report 25-A-24 Adopted as Amended in Lieu of Resolution 605, Remainder of Report Filed.	See BOT Report 25--A-24.
RES 606-A-24	Creation of an AMA Council with a Focus on Digital Health Technologies and AI	Adopted as Amended.	The Board considered a proposal for executing a newly created AMA Digital Health, AI, and Informatics Task Force which included the goals, composition and budget proposal and VOTED to APPROVE that: the task force will be established by the date of the AMA's 2024 Interim meeting, scheduled to begin on November 9, 2024; that it will remain in effect until the AMA's Interim Meeting in 2026 (a two-year period), at which point a decision will be made on the long-term model for HOD input. A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. A Board Report is in development to be considered for A-25 outlining the establishment and early efforts of the AMA Task Force on AI, Digital Health, and Informatics to assess HOD input, identify policy gaps, and enhance physician engagement in health technology.
RES 608-A-24	The American Medical Association Diversity Mentorship Program	Adopted as Amended.	Now policy D-200.969, the Med Ed unit is evaluating its internal resources to support this effort.

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RES 609-A-24	Standardization of the Endorsement Process	Adopted.	AMA Policy Database has been updated.
RES 610-A-24	Opposition to Collective Punishment	Alternate Resolution 603-A-24 Adopted in Lieu of Resolution 603 and 610, with Change in Title.	See Resolution 603-A-24.
RES 701-A-24	Opposition to the Hospital Readmissions Reduction Program	Adopted.	AMA Policy Database has been updated.
RES 702-A-24	The Corporate Practice of Medicine, Revisited	Adopted as Amended.	A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. Council on Medical Services Report 3 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee G)
RES 703-A-24	Upholding Physician Autonomy in Evidence-Based Off-Label Prescribing	Adopted as Amended, with Change in Title.	AMA Policy Database has been updated.
RES 704-A-24	Pediatric Readiness in Emergency Departments	Adopted as Amended.	The AMA communicated with the federation of medicine, including state and national medical specialty societies, on its willingness to work with any interested society to advocate for the development and implementation of pediatric-ready facility recognition programs.
RES 705-A-24	Time-Limited Direct Patient Care	Adopted with Change in Title.	Council on Medical Services Report 03-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee J) HOD Action: Recommendations in CMS Report 03 Adopted, Remainder of the Report Filed.
RES 706-A-24	Automatic Pharmacy-Generated Prescription Requests	Adopted.	AMA Policy Database has been updated.
RES 707-A-24	Alternative Funding Programs	Adopted.	The AMA communicated with the federation of medicine, including state and national medical specialty societies, of its willingness to work with any interested society to advocate for legislative and regulatory policies that would address negative impacts of Alternative Funding Programs (AFPs). An issue brief will be prepared on the issues raised in Resolution 707, with assistance from ARC staff. An AMA Issue Brief to be completed by June 2025.

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RES 708-A-24	Medicolegal Death Investigations	Adopted as Amended.	The AMA communicated with the federation of medicine, including state and national medical specialty societies, on its willingness to work with any interested society to ensure laws and regulations do not compromise a physician's ability to use their medical judgment in the reporting of postmortem assessments and medicolegal death investigations.
RES 709-A-24	Improvements to Patient Flow in the U.S. Healthcare System	Adopted.	<p>The AMA is engaging with the Federation and will work with other stakeholders such as hospital organizations and health plans to address the complex issues of patient flow and access to care in our fragmented health care system.</p> <p>Efforts are ongoing regarding AMA collaboration with the Federation, hospital organizations, and health plans to improve patient flow and access in our fragmented health care system.</p>
RES 710-A-24	The Regulation of Private Equity in the Healthcare Sector	Adopted as Amended.	<p>A CMS Report will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</p> <p>Council on Medical Services Report 3 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee G)</p>
RES 711-A-24	Insurer Accountability When Prior Authorization Harms Patients	Adopted as Amended, in Lieu of Resolution 720.	AMA Policy Database has been updated.
RES 712-A-24	Full transparency - Explanation of Benefits	Adopted as Amended.	AMA Policy Database has been updated.
RES 713-A-24	Transparency – non-payment for services to patients with ACA exchange plans with unpaid premiums	Current Policy Reaffirmed.	AMA Policy Database has been updated.
RES 714-A-24	Automatic Downcoding of Claims	Adopted as Amended.	<p>The AMA communicated with the federation of medicine, including state and national medical specialty societies, on its willingness to work with any interested society to evaluate what legislative and/or legal action is needed to bar insurers from automatic downcoding and to provide transparency on all methodology of processing claims. Moreover, a model state bill, that addresses the issues raised by Resolution 714, is being prepared for A-25.</p> <p>Legislative template provided to interested state and specialty societies, and a draft model state bill will be reviewed by the Council on Legislation at its June 2025 meeting</p>

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RES 715-A-24	Electronic Medical Records Submission	Current Policy Reaffirmed.	AMA Policy Database has been updated.
RES 716-A-24	Impact of Patient Non-adherence on Quality Scores	Adopted as Amended.	A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting. Council on Medical Services Report 7 on this subject appears in the handbook for the A-25 House of Delegates Meeting. (Reference Committee G)
RES 717-A-24	Mentorship to Combat Prior Authorization	Resolution 721-A-24 Adopted as Amended in Lieu of Resoution 717-A-24.	See Resolution 721-A-24.
RES 718-A-24	Transparency at the Pharmacy Counter	Adopted.	The AMA communicated with the federation of medicine, including state and national medical specialty societies, of its willingness to work with any interested society to advocate for legislation or regulation that mandates that pharmacies, whether physical or mail-order, must inform patients about their prescriptions, to include at a minimum: a) The dosage and schedule of treatments as written by the prescriber; b) Any restriction or alteration of the prescriber's intent due to third party or pharmacy intervention, with the stated justification; c) Details of other avenues to obtain the original prescription, including out of pocket options, with comparative costs. Currently, the AMA is surveying state and specialty societies on their interest in doing so.

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RES 719-A-24	Support Before, During, and After Hospital Closure or Reduction in Services	Adopted as Amended.	<p>The AMA is in discussions with CMS to explore how the agency can better support patients and physicians who are threatened with or have experienced a hospital closure. Further, the AMA communicated with the federation of medicine, including state and national medical specialty societies, on its willingness to work with any interested society in an effort to work with appropriate federal and state bodies to assure that whenever there is a threatened, or actual, hospital closure a process be instituted to safeguard the continuity of patient care and preserve the physician-patient relationship. Such a process should: a) Assure adequate capacity exists in the immediate service area surrounding the hospital closure, including independent health resources, physicians, and support personnel to provide for the citizens of that area; b) Allow that in said circumstances, restrictive covenants, records access, and financial barriers which prevent the movement of physicians and their patients to surrounding hospitals should be waived for an appropriate period of time; c) Ensure financial reserves exist, and are sufficient to cover any previous contractual obligations to physicians, e.g., medical liability tail coverage. The AMA continues to develop ongoing resources to physicians, residents and fellows, and civic leaders around facility closures in their local communities via efforts to support the sustainability of independent practice through its ongoing Private Practice Initiative and the planned Business of Medicine of Medicine curriculum for 2025.</p> <p>The AMA is developing resources to support physicians, residents, fellows, and civic leaders in responding to facility closures, including the upcoming Business of Medicine 101 curriculum and contracting resources, set to launch on AMA Ed Hub in Spring 2025. The AMA continues to advocate for Medicare payment reform through an MEI (Medicare Economic Index)-based update, as well as protecting federal Medicaid funding to help stabilize payments and prevent hospital and practice closures. We also regularly advocate for the adverse impact of burdensome administrative tasks and reimbursement policies on rural clinics, practices, and hospitals, which are disproportionately subject to closure. This includes but is not limited to concerns expressed over the Centers for Medicare & Medicaid Services (CMS) mandatory Transforming Episode Accountability Model (TEAM). The AMA plans to comment in response to TEAM-related proposals included in the recent 2026 IPPS (Inpatient Prospective Payment System) proposed rule.</p>
RES 720-A-24	The Hazards of Prior Authorization	Resolution 711 Adopted as Amended, in Lieu of Resolution 720.	See Resolution 711-A-24.

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RES 721-A-24	Developing Physician Resources to Optimize Practice Sustainability	Resolution 721-A-24 Adopted as Amended in Lieu of Resoution 717-A-24.	The AMA continues to develop resources to optimize practice sustainability, including a planned curriculum on The Business of Medicine for release in 2025. The AMA also has a dedicated webpage that is routinely updated with new resources entitled “What is VBC,” as well numerous resources to address the growing role of value-based care through the AMA Health System Curriculum and modules on the AMA EdHub. The AMA is developing resources to support practice sustainability, including the Business of Medicine 101 curriculum and contracting resources, launching on AMA Ed Hub in Spring 2025.
Speakers Report 01-A-2	Report of the Resolution Modernization Task Force Update	Recommendations in Speakers Report 01-A-24 Adopted as Amended, Remainder of Report Filed.	
Speakers Report 02-A-2	Report of the Election Task Force 2	Filed.	
Speakers Report 03-A-2	Updated Parliamentary Authority	Filed.	