

- 1 levels of complexity related to drug pricing across Medicare, Medicaid, and private plans.
- 2 Your Reference Committee recommends that Resolution 113 be referred.

RECOMMENDED FOR REFERRAL FOR DECISION

1
2 (17) RESOLUTION 117 -- INSURANCE COVERAGE FOR
3 GYNECOLOGIC ONCOLOGY CARE

4
5 **RECOMMENDATION:**

6
7 **Madam Speaker, your Reference Committee**
8 **recommends that Resolution 117 be referred for**
9 **decision.**

10
11 **HOD ACTION: Resolution 117 referred for decision.**

12
13 **RESOLVED**, that our American Medical Association support efforts to include
14 gynecologic oncologists alongside other types of oncologists in network adequacy
15 standards and requirements for public and private plans, including the Centers for
16 Medicare & Medicaid Services standards.

17
18 Testimony on Resolution 117 was mixed. Some speakers wanted to promote gynecologic
19 oncologists in network adequacy while others asked to broaden the scope of the resolution
20 to include additional subspecialties. Testimony also focused on concerns about workforce
21 shortages and highlighted that some counties, and even entire states, have no
22 gynecologic oncologists to participate in a health plan network. Referral was suggested to
23 address these concerns as well as the appropriateness of singling out a single specialty
24 when other specialties may also want to be included in the AMA's network adequacy
25 advocacy. Your Reference Committee agrees that additional work would be beneficial
26 before new AMA policy is adopted but does not believe that a comprehensive study is
27 needed. Accordingly, your Reference Committee recommends that Resolution 117 be
28 referred for decision.

RECOMMENDED FOR NOT ADOPTION

- 1
2 (18) RESOLUTION 107 -- REQUIRING GOVERNMENT
3 AGENCIES TO CONTRACT ONLY WITH NOT-FOR-
4 PROFIT INSURANCE COMPANIES

5
6 **RECOMMENDATION A:**

7
8 **Madam Speaker, your Reference Committee**
9 **recommends that Resolution 107 be not adopted.**

10
11 **HOD ACTION: Resolution 107 not adopted.**

12
13 RESOLVED, that our American Medical Association advocate that government-owned
14 health agencies such as Medicare and Medicaid be required to contract only with not-
15 for-profit insurance companies or cooperatives (Directive to Take Action); and be it
16 further

17
18 RESOLVED, that our AMA support that those not-for-profit insurance companies or
19 cooperatives receiving public revenues must allocate profits to reserves, investments in
20 improving the quality of care in the system, or returned in the form of lower premiums for
21 patients or the health agency. (New HOD Policy)

22
23 A preponderance of the testimony opposed adoption of Resolution 107. Speakers
24 emphasized the lack of data on quality differences between nonprofit and for-profit
25 insurers as well as uncertainties about how the Resolve clauses would impact the millions
26 of people enrolled in for-profit health plans. Additional testimony highlighted complaints
27 about nonprofit insurers and concerns that the resolution favors nonprofit insurers too
28 much and could lead them to increase their market share and power. Although several
29 speakers called for referral, your Reference Committee does not believe a study
30 comparing for-profit and nonprofit insurers would lead to the development of impactful
31 AMA policy and therefore recommends that Resolution 107 be not adopted.

- 32
33 (19) RESOLUTION 108 -- REQUIRING PAYMENT FOR
34 PHYSICIAN SIGNATURES

35
36 **RECOMMENDATION:**

37
38 **Madam Speaker, your Reference Committee**
39 **recommends that Resolution 108 be not adopted.**

40
41 **HOD ACTION: Resolution 108 referred.**

42
43 RESOLVED, that our American Medical Association advocate that insurance companies
44 be required to pay a physician for any required physician signature and/or peer to peer
45 review which is requested or required outside of a patient visit. (Directive to Take Action)

46
47 Testimony on Resolution 108 was mixed. Those who supported it introduced several
48 amendments, including education related to new and existing CPT codes. The testimony

1 opposing Resolution 108 supported the goal of fairly remunerating physicians for work
2 performed but questioned the feasibility of the resolution's ask, noting that the amount
3 physicians might get paid for providing signatures will most likely not be enough to
4 compensate them for the time it takes to advocate for such payment. As it may also
5 increase patient burden for those with high deductible plans, the focus needs to be shifted
6 to reducing the unreasonable demand for physician signatures. Testimony reiterated
7 existing policy that prohibits the House of Delegates from directing the AMA to create new
8 CPT codes. Additionally, the CPT nomenclature already includes codes to describe
9 administrative tasks as well as medical consultative discussion and review. Therefore,
10 your Reference Committee recommends that Resolution 108 be not adopted.

11
12 (20) RESOLUTION 114 -- BREAST CANCER
13 SCREENING/CLINICAL BREAST EXAM COVERAGE

14
15 **RECOMMENDATION:**

16
17 **Madam Speaker, your Reference Committee**
18 **recommends that Resolution 114 be not adopted.**

19
20 **HOD ACTION: Resolution 114 not adopted.**

21
22 RESOLVED, that our AMA advocate for Medicare coverage of clinical breast exams for
23 all female and at-risk male patients during the Medicare Annual Wellness Visit (AWV)
24 and Subsequent Annual Wellness Visit (SAWV) appointments. (Directive to Take Action)

25
26 Your Reference Committee heard mixed testimony on Resolution 114. The testimony
27 raised significant concerns suggesting that the benefit of clinical breast examinations is
28 inconclusive. Several individuals and delegations cited an ACOG bulletin that references
29 the U.S. Preventive Services Task Force (USPSTF) recommendation that there is
30 insufficient evidence to recommend for or against clinical breast examination.

31
32 An individual and a delegation proffered language to the Resolve clause to amend the
33 language to either "at-risk patients" or deleting "female and at-risk male" respectively, to
34 make the resolution language more equitable. Another individual cited the need for access
35 to clinical breast examinations. However, several other individuals and delegations
36 reiterated that the information available from ACOG and USPSTF states that clinical
37 breast exams are not recommended for average risk patients and that the AMA should not
38 recommend policy related to Medicare coverage that is not evidence-based. Given the
39 overwhelming testimony in opposition to the resolution, your Reference Committee
40 recommends that Resolution 114 be not adopted.

1 Madam Speaker, this concludes the report of Reference Committee A . I would like to
2 thank Rebekah Bernard, MD, Jared Buteau, Amish J. Dave, MD, MPH, Robert H. Emmick,
3 Jr, MD, Richard A. Geline, MD, Adam I. Rubin, MD, and all those who testified before the
4 Committee.
5
6

Rebekah Bernard, MD
Florida

Robert H. Emmick, Jr, MD (Alternate)
Texas

Jared Buteau
South Carolina

Richard A. Geline, MD (Alternate)
Illinois

Amish J. Dave, MD, MPH (Alternate)
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Adam I. Rubin, MD
American Academy of Dermatology
Association

Debra Perina, MD
American College of Emergency
Physicians
Chair

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2024 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-24)

Report of Reference Committee B

Peter Rheinstein, MD, JD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2

3

RECOMMENDED FOR ADOPTION

4

- 5 1. Board of Trustees Report 11 — Safe and Effective Overdose Reversal
- 6 Medications in Educational Settings
- 7 2. Board of Trustees Report 19 — Attorneys' Retention of Confidential Medical
- 8 Records and Controlled Medical Expert's Tax Returns After Case Adjudication
- 9 3. Resolution 205 — Medical-Legal Partnerships & Legal Aid Services
- 10 4. Resolution 209 — Native American Voting Rights
- 11 5. Resolution 212 — Advocacy Education Towards a Sustainable Medical Care
- 12 System
- 13 6. Resolution 221 — Reforming Medicare Part B Drug Reimbursement to Promote
- 14 Patient Affordability and Physician Practice Sustainability
- 15 7. Resolution 223 — Increase in Children's Hospital Graduate Medical Education
- 16 Funding
- 17 8. Resolution 227 — Medicare Reimbursement for Telemedicine
- 18 9. Resolution 228 — Waiver of Due Process Clauses
- 19 10. Resolution 230 — Protecting Patients from Inappropriate Dentist and Dental
- 20 Hygienist Scope of Practice Expansion
- 21 11. Resolution 231 — Supporting the Establishment of Rare Disease Advisory
- 22 Councils
- 23 12. Resolution 232 — Medicare Advantage Part B Drug Coverage
- 24 13. Resolution 235 — Establish a Cyber-Security Relief Fund
- 25 14. Resolution 238 — AMA Supports Efforts to Fund Overdose Prevention Sites
- 26 15. Resolution 248 — Sustain Funding for HRSA (Health Resources Services and
- 27 Administration) 340B Grant-Funded Programs
- 28 16. Resolution 250 — Endorsement of the Uniform Health-Care Decisions Act

29

RECOMMENDED FOR ADOPTION AS AMENDED

30

- 31
- 32 17. Board of Trustees Report 09 — Council on Legislation Sunset Review of 2014
- 33 House Policies
- 34 18. Board of Trustees Report 12 — AMA Efforts on Medicare Payment Reform
- 35 19. Board of Trustees Report 14 — Physician Assistant and Nurse Practitioner
- 36 Movement Between Specialties

- 1 20. Board of Trustees Report 16 — Support for Mental Health Courts
- 2 21. Board of Trustees Report 17 — Drug Policy Reform
- 3 22. Board of Trustees Report 18 — Supporting Harm Reduction
- 4 23. Resolution 201 — Research Correcting Political Misinformation and
- 5 Disinformation on Scope of Practice
- 6 24. Resolution 204 — Staffing Ratios in the Emergency Department
- 7 25. Resolution 206 — Indian Health Service Youth Regional Treatment Centers
- 8 26. Resolution 207 — Biosimilar Use Rates and Prevention of Pharmacy Benefit
- 9 Manager Abuse
- 10 27. Resolution 208 — Improving Supplemental Nutrition Programs
- 11 28. Resolution 214 – Support for Paid Sick Leave
- 12 29. Resolution 215 — American Indian and Alaska Native Language Revitalization
- 13 and Elder Care
- 14 30. Resolution 216 — The AMA Supports H.R. 7225, the Bipartisan “Administrative
- 15 Law Judges Competitive Service Restoration Act”
- 16 31. Resolution 219 — Bundling for Maternity Care Services
- 17 32. Resolution 220 — Restorative Justice for the Treatment of Substance Use
- 18 Disorders
- 19 33. Resolution 222 — Studying Avenues for Parity in Mental Health & Substance
- 20 Use Coverage
- 21 34. Resolution 224 — Antidiscrimination Protections for LGBTQ+ Youth in Foster
- 22 Care
- 23 35. Resolution 229 — Opposition to Legalization of Psilocybin
- 24 36. Resolution 233 — Prohibiting Mandatory White Bagging
- 25 37. Resolution 234 — State Prescription Drug Affordability Boards – Study
- 26 38. Resolution 239 — Requiring stores that sell tobacco products to display NYS
- 27 Quitline information
- 28 39. Resolution 242 — Cancer Care in Indian Health Services Facilities
- 29 40. Resolution 247 — Prohibit Health Benefit Plans From Charging Cost Sharing for
- 30 Covered Prostate Cancer Screening
- 31 41. Resolution 249 — Pediatric Specialty Medicaid Reimbursement
- 32 42. Resolution 252 – Model Legislation to Protect the Future of Medicine
- 33 43. Resolution 253 – Addressing the Failed Implementation of the No Surprises Act
- 34 IDR Process

35

36 **RECOMMENDED FOR ADOPTION IN LIEU OF**

37

- 38 44. Board of Trustees Report 13 — Prohibiting Covenants Not-to-Compete
- 39 45. Resolution 210 — Support for Physicians Pursuing Collective Bargaining and
- 40 Unionization
- 41 Resolution 236 — Support of Physicians Pursuing Collective Bargaining and
- 42 Unionization
- 43 46. Resolution 213 — Access to Covered Benefits with an Out of Network Ordering
- 44 Physician
- 45 Resolution 245 — Patient Access to Covered Benefits Ordered by Out-of-
- 46 Network Physicians
- 47 47. Resolution 217 — Protecting Access to IVF Treatment
- 48 Resolution 226 — Protecting Access to IVF Treatment
- 49 48. Resolution 251 — Streamline Payer Quality Metrics
- 50

1 RECOMMENDED FOR REFERRAL

- 2
- 3 49. Board of Trustees Report 15 — Augmented Intelligence Development,
4 Deployment, and Use in Health Care
5 Resolution 202 — Use of Artificial Intelligence and Advanced Technology by
6 Third Party Payors to Deny Health Insurance Claims
7 Resolution 246 — Augmented Intelligence in Health Care
8 50. Resolution 218 — Designation of Descendants of Enslaved Africans in America
9 51. Resolution 243 — Disaggregation of Demographic Data for Individuals of
10 Federally Recognized Tribes
11

12 RECOMMENDED FOR NOT ADOPTION

- 13
- 14 52. Resolution 225 — Humanitarian Efforts to Resettle Refugees
15

16 RECOMMENDED FOR REAFFIRMATION IN LIEU OF

- 17
- 18 53. Resolution 237 — Encouraging the Passage of the Preventive Health Savings
19 Act (S.114)
20 54. Resolution 244 — Graduate Medical Education Opportunities for American
21 Indian and Alaska Native Communities
22
23
24

25 Amendments

26 **If you wish to propose an amendment to an item of business, click here: [Submit](#)**
27 **[New Amendment](#)**

1 **RECOMMENDED FOR ADOPTION**

2
3 (1) BOARD OF TRUSTEES REPORT 11 — SAFE AND
4 EFFECTIVE OVERDOSE REVERSAL MEDICATIONS IN
5 EDUCATIONAL SETTINGS

6
7 RECOMMENDATION:

8
9 Madam Speaker, your Reference Committee recommends
10 that Board of Trustees Report 11 be adopted and that the
11 remainder of the Report be filed.

12
13 **HOD ACTION: Recommendations in Board of Trustees**
14 **Report 11 adopted and the remainder of the Report filed.**

15
16 The Board of Trustees recommends that the following be adopted, and that the remainder
17 of the report be filed:

- 18
19 1. Existing American Medical Association (AMA) policy entitled, “Increasing
20 Availability of Naloxone and Other Safe and Effective Overdose Reversal
21 Medications” (Policy H42 95.932), be reaffirmed, and (Reaffirm HOD Policy)
22 2. The third resolve of Policy H-95.908, “Increase Access to Safe and Effective
23 Overdose Reversal Medications in Educational Settings” be rescinded and that the
24 policy be updated as noted. (Modify Current HOD Policy)

- 25
26 1. Our AMA will encourage states, communities, and educational settings to
27 adopt legislative and regulatory policies that allow schools to make safe and
28 effective overdose reversal medications readily accessible to staff and
29 teachers to prevent opioid overdose deaths in educational settings.
30 2. Our AMA will encourage states, communities, and educational settings to
31 remove barriers to students carrying safe and effective overdose reversal
32 medications.
33 ~~3. Our AMA will study and report back on issues regarding student access to safe~~
34 ~~and effective overdose reversal medications.~~

35
36 Your Reference Committee heard supportive testimony for the recommendations of Board
37 of Trustees Report 11. Your Reference Committee agrees that our AMA must continue
38 efforts to support increased access to naloxone and other overdose reversal medications
39 and reduce the stigma directed toward individuals who use drugs. Therefore, your
40 Reference Committee recommends that Board of Trustees Report 11 be adopted, and
41 that the remainder of the report be filed.

1 (2) BOARD OF TRUSTEES REPORT 19 — ATTORNEYS'
2 RETENTION OF CONFIDENTIAL MEDICAL RECORDS
3 AND CONTROLLED MEDICAL EXPERT'S TAX
4 RETURNS AFTER CASE ADJUDICATION
5

6 RECOMMENDATION:
7

8 Madam Speaker, your Reference Committee recommends
9 that Board of Trustees Report 19 be adopted and the
10 remainder of the Report be filed.
11

12 **HOD ACTION: Recommendations in Board of Trustees**
13 **Report 19 adopted and the remainder of the Report filed.**
14

15 The Board of Trustees recommends that the following be adopted in lieu of Resolution
16 240-A-23 and the remainder of this report be filed:
17

- 18 1. That our American Medical Association advocate that attorneys' discovery
19 requests for the personal tax returns of a medical expert for the opposing party
20 should usually be limited to 1099-MISC forms (miscellaneous income) (New HOD
21 Policy); and
22
- 23 2. RESOLVED, That our AMA support through legislative or other relevant means
24 the proper return or destruction of client medical records and medical expert's
25 personal tax returns by attorneys within sixty days of the conclusion of the litigation
26 (New HOD Policy).
27

28 Your Reference Committee heard supportive testimony on the recommendations of Board
29 of Trustees Report 19. Your Reference Committee heard that seeking a medical expert's
30 entire personal income tax returns is, in most instances, overly broad and unnecessarily
31 invades the expert's privacy. Testimony supported limiting personal tax return discovery
32 of a medical expert to miscellaneous income (1099-MISC forms), as it strikes a reasonable
33 balance between allowing the probing for potential bias and protecting the expert's privacy
34 and burdens. However, there was minimal testimony provided that noted that
35 amendments should be made to the report to reflect that most contract EM physicians
36 only receive a 1099 for all of their professional physician payments which would not
37 adequately protect them from having to disclose the majority of their taxable income when
38 testifying as an expert in a case. Your Reference Committee also heard that during
39 litigation, certain documents that contain sensitive or confidential information, such as
40 client medical records and tax returns, of medical experts are provided for the court and
41 that there should be a reasonable timeframe after which such documents are destroyed.
42 Therefore, your Reference Committee recommends that Board of Trustees Report 19 be
43 adopted, and the remainder of the report be filed.

1 (3) RESOLUTION 205 — MEDICAL-LEGAL PARTNERSHIPS
2 & LEGAL AID SERVICES

3
4 RECOMMENDATION:

5
6 Madam Speaker, your Reference Committee recommends
7 that Resolution 205 be adopted.

8
9 **HOD ACTION: Resolution 205 adopted.**

10
11 RESOLVED, that our American Medical Association support the establishment and
12 funding of medical-legal partnerships and civil legal aid services to meet patients' legal
13 needs. (New HOD Policy)

14
15 Your Reference Committee heard mostly supportive testimony for Resolution 205.
16 Testimony indicated that Medical-Legal Partnerships (MLPs) had a proven track record of
17 success in addressing issues concerning social determinates of health and advancing the
18 goals of health equity. Testimony also noted numerous organizations, including the
19 American Bar Association, that support the growth and effectiveness of Medical-Legal
20 Partnerships. Very minimal testimony opposed the resolution noting a lack of
21 understanding surrounding how these asks would be funded. In response to the testimony
22 noting funding concerns additional testimony stated that this resolution was not intended
23 to require our AMA to fund MLPs, and instead represented an opportunity for a
24 collaboration between our AMA, the American Bar Association, and the Association of
25 American Medical Colleges, as well as other interested organizations in advancing MLPs.
26 Given the predominantly positive testimony, your Reference Committee recommends that
27 Resolution 205 be adopted.

28
29 (4) RESOLUTION 209 — NATIVE AMERICAN VOTING
30 RIGHTS

31
32 RECOMMENDATION:

33
34 Madam Speaker, your Reference Committee recommends
35 that Resolution 209 be adopted.

36
37 **HOD ACTION: Resolution 209 adopted.**

38
39 RESOLVED, that our American Medical Association support Indian Health Service, Tribal,
40 and Urban Indian Health Programs becoming designated voter registration sites to
41 promote nonpartisan civic engagement among the American Indian and Alaska Native
42 population. (New HOD Policy)

43
44 Your Reference Committee heard testimony in support of Resolution 209. Your Reference
45 Committee heard that it is important that our AMA support the designation of Indian Health
46 Service, Tribal, and Urban Indian (ITU) Health Programs as official voter registration sites
47 to promote nonpartisan civic engagement among American Indian and Alaska Native
48 communities. Your Reference Committee further heard that civic engagement via voting
49 can have a significant impact on social/structural determinants of health, and that this
50 resolution is consistent with AMA policy that acknowledges that voting is a social

1 determinant of health. Testimony also stated that medical schools, teaching hospitals, and
 2 other federal agencies such as the Veterans Health Administration are recognized as
 3 designated voter registration sites, therefore, ITU health programs deserve the same
 4 designation to promote increased engagement in voting by Native peoples, especially
 5 given their close proximity to Native communities. Therefore, your Reference Committee
 6 recommends that Resolution 209 be adopted.

7
 8 (5) RESOLUTION 212 — ADVOCACY EDUCATION
 9 TOWARDS A SUSTAINABLE MEDICAL CARE SYSTEM

10
 11 RECOMMENDATION:

12
 13 Madam Speaker, your Reference Committee recommends
 14 that Resolution 212 be adopted.

15
 16 **HOD ACTION: Resolution 212 adopted.**

17
 18 RESOLVED, that our American Medical Association explore innovative opportunities for
 19 engaging the public in advocacy on behalf of an improved healthcare environment.
 20 (Directive to Take Action)

21
 22 Your Reference Committee heard limited but supportive testimony on Resolution 212.
 23 Your Reference Committee heard that AMA policy addresses the education of medical
 24 students and physicians on advocacy techniques and encourages their involvement in
 25 AMA advocacy efforts. Testimony also noted that our AMA believes that better-informed
 26 and more active citizens will result in better legislators, better government, and better
 27 health care. Your Reference Committee further heard that our AMA already has robust
 28 grassroots activities that include outreach to engage patient advocates through its Patient
 29 Advocate Network (PAN), and that PAN has been active on issues including Medicare,
 30 drug pricing, and prior authorization. Your Reference Committee also heard testimony that
 31 greater involvement of the public in AMA advocacy efforts potentially could make our AMA
 32 more effective in its advocacy on behalf of patients and the profession. Therefore, your
 33 Reference Committee recommends that Resolution 212 be adopted.

34
 35 (6) RESOLUTION 221 — REFORMING MEDICARE PART B
 36 DRUG REIMBURSEMENT TO PROMOTE PATIENT
 37 AFFORDABILITY AND PHYSICIAN PRACTICE
 38 SUSTAINABILITY

39
 40 RECOMMENDATION:

41
 42 Madam Speaker, your Reference Committee recommends
 43 that Resolution 221 be adopted.

44
 45 **HOD ACTION: Resolution 221 adopted.**

46
 47 RESOLVED, that our American Medical Association support the creation of a new
 48 reimbursement model for Part B drugs that 1) Disentangles reimbursement from the drug
 49 price, or any weighted market average of the drug price, by reimbursing physicians for the
 50 actual cost of the drug, and 2) Ensures adequate compensation for the cost of acquisition,

1 inventory, storage, and administration of clinically-administered drugs that is based on
 2 physician costs, not a percent of the drug price (New HOD Policy); and be it further
 3

4 RESOLVED, that our AMA maintain the principles that any revised Part B reimbursement
 5 models should promote practice viability, especially for small physician practices,
 6 practices in rural and/or underserved areas, and practices with a significant proportion of
 7 Medicare patients, to promote continued treatment access for patients. (New HOD Policy)
 8

9 Your Reference Committee heard supportive testimony on Resolution 221. Your
 10 Reference Committee heard that Resolution 221 addresses important needs for
 11 restructuring Medicare Part B drug reimbursement to better reflect the actual costs
 12 physicians incur in acquiring, storing, and administering drugs. Your Reference Committee
 13 heard that the resolution emphasizes ensuring adequate compensation for physicians,
 14 particularly focusing on the sustainability of small practices and those in rural or
 15 underserved areas. Therefore, your Reference Committee recommends that Resolution
 16 221 be adopted.
 17

18 (7) RESOLUTION 223 — INCREASE IN CHILDREN'S
 19 HOSPITAL GRADUATE MEDICAL EDUCATION
 20 FUNDING
 21

22 RECOMMENDATION:
 23

24 Madam Speaker, your Reference Committee recommends
 25 that Resolution 223 be adopted.
 26

27 **HOD ACTION: Resolution 223 adopted.**
 28

29 RESOLVED, that our American Medical Association collaborate with other relevant
 30 medical organizations to support and advocate for increased funding for the Children's
 31 Hospitals Graduate Medical Education program, recognizing the vital role it plays in
 32 shaping the future of pediatric healthcare in the United States. (Directive to Take Action)
 33

34 Your Reference Committee heard supportive testimony on Resolution 223. Your
 35 Reference Committee heard about how important consistent, and increased, funding is
 36 for Children's Hospital Graduate Medical Education (CHGME) programs as well as the
 37 important work undertaken by CHGME. Further testimony noted that CHGME is funded
 38 separately from other GME funding and receives considerably less funding than other
 39 GME programs leading to an inability to sustain growth in residency programs. Testimony
 40 also highlighted that our AMA has policy in line with this resolution and noted that our AMA
 41 has signed onto letters this year and last year asking for more CHGME funding, and
 42 consistently advocates for holistic funding increases for GME. Therefore, your Reference
 43 Committee recommends that Resolution 223 be adopted.

1 (8) RESOLUTION 227 — MEDICARE REIMBURSEMENT
2 FOR TELEMEDICINE

3
4 RECOMMENDATION:

5
6 Madam Speaker, your Reference Committee recommends
7 that Resolution 227 be adopted.

8
9 **HOD ACTION: Resolution 227 adopted.**

10
11 RESOLVED, that our American Medical Association support removal of the December 31,
12 2024 “sunset” date currently set for Medicare to cease reimbursement for services
13 provided via telemedicine, such that reimbursement of medical services provided by
14 telemedicine be continued indefinitely into the future, consistent with what would be
15 determined by the Relative Value Update Committee (“RUC”). (New HOD Policy)

16
17 Your Reference Committee heard strong supportive testimony on Resolution 227.
18 Testimony reflected that a permanent telehealth solution is undebated at this juncture as
19 it has provided vast improvement in access to care for both rural, urban, and underserved
20 populations such as the environmental benefits due to decreased travel for medical
21 appointments. An amendment was proposed to adopt more flexible telehealth
22 reimbursement models, suggesting the need for adaptability in valuing these services.
23 However, testimony also overwhelmingly noted that our AMA has been active in its
24 advocacy efforts as part of the AMA Recovery Plan for America’s Physicians and has
25 consistently urged Congress to implement a permanent solution to supplant the flexibility
26 granted by the public health emergency’s waivers. Therefore, given the strong support
27 and compelling benefits discussed, your Reference Committee recommends that
28 Resolution 227 be adopted.

29
30 (9) RESOLUTION 228 — WAIVER OF DUE PROCESS
31 CLAUSES

32
33 RECOMMENDATION:

34
35 Madam Speaker, your Reference Committee recommends
36 that Resolution 228 be adopted.

37
38 **HOD ACTION: Resolution 228 adopted as amended to read**
39 **as follows:**

40
41 **RESOLVED, that our AMA will engage in advocacy for**
42 **adoption of such legislation to eliminate waiver of due**
43 **process clauses at the federal level.**

44
45 RESOLVED, that our American Medical Association advocate that waiver of due process
46 clauses be eliminated from all employment agreements between employed physicians
47 and their non-physician employers, and be declared unenforceable in physicians’
48 previously-executed employment agreements between physicians and their non-
49 physician employers that currently exist (Directive to Take Action); and be it further

1 RESOLVED, that our AMA will engage in advocacy for adoption of such legislation at the
2 federal level. (Directive to Take Action)

3
4 Your Reference Committee heard predominantly supportive testimony on Resolution 228.
5 Testimony noted that most physicians are employed, and because they have little
6 bargaining power with employers, cannot walk away from bad employment deals or
7 negotiate due process clauses in employment or other contracts. Testimony also indicated
8 that many states do not recognize medical staff bylaws as a contract so many physicians
9 have no protections under hospital bylaws against due process waivers. Further
10 testimony revealed that due process waivers harm patients because they discourage
11 physicians from speaking out about patient care concerns and effectively make physicians
12 at-will employees whose employment can be terminated at any time. Your Reference
13 Committee notes that our AMA is already on the record supporting the 2024 “Physician
14 and Patient Safety Act” as requested by the resolution. Therefore, your Reference
15 Committee recommends that Resolution 228 be adopted.

16
17 (10) RESOLUTION 230 — PROTECTING PATIENTS FROM
18 INAPPROPRIATE DENTIST AND DENTAL HYGIENIST
19 SCOPE OF PRACTICE EXPANSION

20
21 RECOMMENDATION:

22
23 Madam Speaker, your Reference Committee recommends
24 that Resolution 230 be adopted.

25
26 **HOD ACTION: Resolution 230 adopted.**

27
28 RESOLVED, that our American Medical Association advocacy efforts recognize the threat
29 posed to patient safety when dentists and dental hygienists are authorized to practice
30 medicine and administer procedures outside their level of education and training (New
31 HOD Policy); and be it further

32
33 RESOLVED, that our AMA actively oppose regulatory and legislative efforts authorizing
34 dentists and dental hygienists to practice outside their level of education and training.
35 (Directive to Take Action)

36
37 Your Reference Committee heard testimony in support of Resolution 230. Testimony
38 emphasized that patient safety is threatened when health care professionals, including
39 dentists and dental hygienists, practice outside the scope of their education and training.
40 Your Reference Committee heard that Resolution 230 aligns with our AMA’s existing
41 campaign supporting physician-led care and opposing inappropriate scope expansions.
42 Therefore, your Reference Committee recommends that Resolution 230 be adopted.

1 (11) RESOLUTION 231 — SUPPORTING THE
2 ESTABLISHMENT OF RARE DISEASE ADVISORY
3 COUNCILS

4
5 RECOMMENDATION:

6
7 Madam Speaker, your Reference Committee recommends
8 that Resolution 231 be adopted.

9
10 **HOD ACTION: Resolution 231 referred.**

11
12 **RESOLVED**, that our American Medical Association will support state legislation for the
13 establishment of Rare Disease Advisory Councils in each state (New HOD Policy).

14
15 Your Reference Committee heard mixed testimony on Resolution 231. Your Reference
16 Committee heard that Rare Disease Advisory Councils give the rare disease community
17 a stronger voice in state government and support patients and their caregivers. Your
18 Reference Committee heard that Rare Disease Advisory Councils are uniquely positioned
19 to add gravitas to the needs of patients with rare diseases and the health care
20 professionals that care for them. Additional testimony noted that Rare Disease Advisory
21 Councils play an important role in filling gaps in knowledge surrounding this patient
22 population and emphasized that it is important that these Councils are given the support
23 they need to expand to all states (27 states already have these Councils), giving rare
24 disease patients across the U.S. a strong and unified voice. However, your Reference
25 Committee also heard testimony in support of referral. Testimony asked for further study
26 on the involvement of specialists and medical specialty associations in Rare Disease
27 Advisory Councils and expressed concern that Rare Disease Advisory Councils can
28 become a mechanism for the pharmaceutical industry – rather than patients and their
29 health care team – to further exert influence on the policymaking process. However, your
30 Reference Committee heard mostly supportive testimony and also notes that adoption of
31 Resolution 231 would not prevent our AMA from working with state and specialty
32 associations to ensure the appropriate design of Rare Disease Advisory Councils.
33 Therefore, your Reference Committee recommends that Resolution 231 be adopted.

34
35 (12) RESOLUTION 232 — MEDICARE ADVANTAGE PART B
36 DRUG COVERAGE

37
38 RECOMMENDATION:

39
40 Madam Speaker, your Reference Committee recommends
41 that Resolution 232 be adopted.

42
43 **HOD ACTION: Resolution 232 adopted.**

44
45 **RESOLVED**, that our American Medical Association will advocate with Congress, through
46 the appropriate oversight committees, and with the Centers for Medicare & Medicaid
47 Services (CMS) to require that Medicare Advantage (MA) plans cover physician-
48 administered drugs and biologicals in such a way that the patient out of pocket cost is the
49 same or less than the amount that a patient with traditional Medicare plus a Medigap plan
50 would pay. (Directive to Take Action)

1 Your Reference Committee heard supportive testimony on Resolution 232. Your
 2 Reference Committee heard that Resolution 232 addresses significant concerns
 3 regarding the equity of drug coverage in Medicare Advantage plans. Your Reference
 4 Committee heard that by supporting this resolution, our AMA would enhance its ability to
 5 advocate for more equitable drug coverage policies within these plans. Testimony noted
 6 that the disparities in out-of-pocket costs for drugs under Medicare Advantage plans lead
 7 to inequitable health outcomes, particularly for less affluent patients. Testimony
 8 highlighted that by advocating for changes to these plans, our AMA is effectively
 9 positioned to influence future Centers for Medicare & Medicaid Services rules. Though
 10 one individual testified that this increased coverage could lead to the erosion of Traditional
 11 Medicare plans, most of the testimony supported this resolution. Therefore, your
 12 Reference Committee recommends that Resolution 232 be adopted.

13
 14 (13) RESOLUTION 235 — ESTABLISH A CYBER-SECURITY
 15 RELIEF FUND

16
 17 RECOMMENDATION A:

18
 19 Madam Speaker, your Reference Committee recommends
 20 that Resolution 235 be adopted.

21
 22 **HOD ACTION: Resolution 235 adopted.**

23
 24 RESOLVED, that our American Medical Association, through appropriate channels,
 25 advocate for a ‘Cyber Security Relief Fund’ to be established by Congress (Directive to
 26 Take Action); and be it further

27
 28 RESOLVED, that the ‘Cyber Security Relief Fund’ be funded through contributions from
 29 health insurance companies and all payers - as a mandated requirement by each of the
 30 payer (Directive to Take Action); and be it further

31
 32 RESOLVED, that the ‘Cyber Security Relief Fund’ only be utilized for ‘uninterrupted’
 33 payments to all providers- in a structured way, in the event of future cyber-attacks affecting
 34 payments. (Directive to Take Action)

35
 36 Your Reference Committee heard mixed but mostly supportive testimony on Resolution
 37 235. Your Reference Committee heard about the importance of having a safety net to
 38 ensure that providers are paid by major insurers even if a cyber-attack should occur.
 39 Testimony also highlighted that cyber-attacks have continued to escalate and become
 40 more complex. Your Reference Committee heard that the recent ransomware attack on
 41 Change Healthcare caused thousands of physician payments to be withheld for weeks or
 42 months, resulting in devastating consequences to thousands of families because of
 43 inability to fulfill the payroll needs of the physicians and their employees. However, your
 44 Reference Committee also heard that this resolution should be referred for study so that
 45 this complex issue can be more thoroughly researched. Nevertheless, your Reference
 46 Committee heard significantly more positive testimony for this resolution than testimony in
 47 support of referral. Therefore, your Reference Committee recommends that Resolution
 48 235 be adopted.

1 (14) RESOLUTION 238 — AMA SUPPORTS EFFORTS TO
2 FUND OVERDOSE PREVENTION SITES
3

4 RECOMMENDATION:
5

6 Madam Speaker, your Reference Committee recommends
7 that Resolution 238 be adopted.
8

9 **HOD ACTION: Resolution 238 adopted.**

10
11 RESOLVED, that our American Medical Association support legislation or regulation that
12 would fund overdose prevention sites. (New HOD Policy)
13

14 Your Reference Committee heard supportive testimony on Resolution 238. Your
15 Reference Committee heard about the benefits of overdose prevention sites (also known
16 as safe injection sites or harm reduction centers) which include providing sterile supplies
17 and administering naloxone in the event of an opioid-related overdose. Your Reference
18 Committee heard testimony that overdose prevention sites have prevented thousands of
19 deaths and have been successful in helping individuals access treatment for their
20 substance use disorder. Your Reference Committee heard clear support for removing
21 barriers to funding for these centers. Therefore, your Reference Committee recommends
22 that Resolution 238 be adopted.
23

24 (15) RESOLUTION 248 — SUSTAIN FUNDING FOR HRSA
25 (HEALTH RESOURCES SERVICES AND
26 ADMINISTRATION) 340B GRANT-FUNDED PROGRAMS
27

28 RECOMMENDATION:
29

30 Madam Speaker, your Reference Committee recommends
31 that Resolution 248 be adopted.
32

33 **HOD ACTION: Resolution 248 referred for decision.**

34
35 RESOLVED, that our American Medical Association amend Policy H-110.985 340B Drug
36 Discount Program by addition as follows:
37

38 Our AMA: (1) will advocate for 340B Drug Discount Program (340B program)
39 transparency, including an accounting of covered entities' 340B savings and the
40 percentage of 340B savings used directly to care for underinsured patients and patients
41 living on low-incomes; (2) will support recommendations to equip the Health Resources
42 and Services Administration (HRSA) with more authority, resources and staff to conduct
43 needed 340B program oversight; (3) recognizes the 340B program does not support the
44 extent of care provided by ineligible physician practices to the medically indigent or
45 underserved, and work with HRSA to establish 340B eligibility for all practices
46 demonstrating a commitment to serving low-income and underserved patients; (4) will
47 support a revised 340B drug discount program covered entity eligibility formula, which
48 appropriately captures the level of outpatient charity care provided by hospitals, as well
49 as standalone community practices; and (5) will confer with national medical specialty
50 societies on providing policymakers with specific recommended covered entity criteria for

1 the 340B drug discount program; and (6) supports 340B programs funded by HRSA
 2 grants in their utilization of the program as legislatively intended. (Modify Current HOD
 3 Policy)

4
 5 Your Reference Committee heard minimal testimony on Resolution 248. Your Reference
 6 Committee heard supportive testimony from the authors of the resolution for the overall
 7 need for support of 340B programs. Your Reference Committee also heard testimony
 8 reflecting concerns about abuses of 340B programs and expressed that our AMA should
 9 not categorically support 340B programs because there are bad actors in this space.
 10 Therefore, your Reference Committee recommends that Resolution 248 be adopted.

11
 12 (16) RESOLUTION 250 — ENDORSEMENT OF THE
 13 UNIFORM HEALTH-CARE DECISIONS ACT

14
 15 RECOMMENDATION:

16
 17 Madam Speaker, your Reference Committee recommends
 18 that Resolution 250 be adopted.

19
 20 **HOD ACTION: Resolution 250 referred.**

21
 22 RESOLVED, that our American Medical Association amend policy D-140.968,
 23 "Standardized Advance Directives," to read as follows:

24
 25 Our AMA will endorse the "Uniform Health-Care Decisions Act," which was drafted and
 26 adopted by the National Conference of Commissioners on Uniform State Laws (NCCUSL)
 27 in 2023, and work with our state medical societies to advocate for its adoption in the states.
 28 (Modify Current HOD Policy)

29
 30 Your Reference Committee heard mixed testimony on Resolution 250. Your Reference
 31 Committee heard that our AMA policy supported the 1993 Uniform Health-Care Decisions
 32 Act and that a new, updated Uniform Health Care Decisions Act was adopted in 2023 by
 33 the Uniform Laws Commission. Your Reference Committee heard that the new Act
 34 modernizes and expands the Act to reflect changes in how health care is delivered. Your
 35 Reference Committee also heard that this updated model legislation tackles complex
 36 issues that will impact medical practice, and that further study is needed as well as
 37 concerns around the separate advance directives specifically for mental health. However,
 38 your Reference Committee heard significantly more supportive testimony that highlighted
 39 all the work that our AMA has already done in this space. Therefore, your Reference
 40 Committee recommends that Resolution 250 be adopted.

1 **RECOMMENDED FOR ADOPTION AS AMENDED**

2
3 (17) BOARD OF TRUSTEES REPORT 09 — COUNCIL ON
4 LEGISLATION SUNSET REVIEW OF 2014 HOUSE
5 POLICIES

6
7 RECOMMENDATION A:

8
9 Madam Speaker, your Reference Committee recommends
10 that the Recommendation of Board of Trustees Report 9 be
11 amended by addition to read as follows:

12
13 The Board of Trustees recommends that the House of
14 Delegates policies listed in Appendix 1 to this report be
15 acted upon in the manner indicated, except for Policy
16 45.975, which should be retained, and the remainder of this
17 report be filed.

18
19 RECOMMENDATION B:

20
21 Madam Speaker, your Reference Committee recommends
22 that the Recommendation of Board of Trustees Report 9 be
23 adopted as amended and that the remainder of the report
24 be filed.

25
26 RECOMMENDATION C:

27
28 Madam Speaker, your Reference Committee recommends
29 that Clause 3 of Policy H-185.951 be amended by addition
30 and deletion to read as follows:

31
32 3. Our AMA will request a change in Centers for Medicare &
33 Medicaid Services' regulations to allow a nurse, under
34 physician supervision, to visit a patient who cannot travel,
35 has no family who can reliably test, or is unable to test on
36 ~~his/her~~ their own to obtain and perform a protime/INR
37 without restrictions.

1 RECOMMENDATION D:
2

3 Madam Speaker, your Reference Committee recommends
4 that Clause 1 of Policy H-355.975 be amended by addition
5 and deletion to read as follows:
6

7 1. Our AMA communicates to legislators the fundamental
8 unfairness of the civil judicial system as it now exists,
9 whereby a jury, rather than a forum of similarly educated
10 peers, determines if a physician has violated the standards
11 of care and such results are communicated to the National
12 Practitioner Data Bank; and impresses on our national
13 legislators that only when a physician has been disciplined
14 by ~~his/her~~ their state licensing agency should ~~his/her~~ their
15 name appear on the National Practitioner Data Bank.
16

17 RECOMMENDATION E:
18

19 Madam Speaker, your Reference Committee recommends
20 that Clause 1 of Policy H-40.967 be amended by addition
21 and deletion to read as follows:
22

23 1. Our AMA endorses voluntary physician participation in
24 the military reserve components' medical programs as a
25 means of actively aiding national defense while preserving
26 the right of the individual physician to practice ~~his/her~~ their
27 profession without interruption in peace time.
28

29 **HOD ACTION: Recommendations in Board of Trustees**
30 **Report 9 adopted as amended and the remainder of the**
31 **Report filed.**
32

33 The Board of Trustees recommends that the House of Delegates policies that are listed in
34 the appendix to this report be acted upon in the manner indicated and the remainder of
35 this report be filed.
36

37 Your Reference Committee heard testimony that Board of Trustees Report 9 should be
38 adopted with two noted amendments. Your Reference Committee heard that some
39 policies recommended to be retained were not updated to comply with AMA Policy H-
40 65.942, which calls for gender-neutral language in AMA policy. Your Reference
41 Committee agrees and therefore recommends that AMA Policies H-185.951, H-355.975,
42 and H-40.967, which include the reference to "his" and "her," be amended accordingly.
43 Your Reference Committee heard additional testimony that H-45.975 includes policy that
44 remains relevant regarding the substitution of third-class medical certificate with a driver's
45 license. Your Reference Committee agrees and therefore recommends that H-45.975
46 should be retained.

1 (18) BOARD OF TRUSTEES REPORT 12 – AMA EFFORTS
2 ON MEDICARE PAYMENT REFORM

3
4 RECOMMENDATION A:

5
6 Madam Speaker, your Reference Committee recommends
7 that Board of Trustees Report 12 be amended by addition
8 of the following Recommendations to read as follows:

9
10 1) Our AMA increase media awareness around the 2024
11 AMA Annual meeting about the need for Medicare Payment
12 Reform, eliminating budget neutrality reductions, and
13 instituting annual cost of living increases.

14 2) Our AMA step up its public relations campaign to get
15 more buy-in from the general public about the need for
16 Medicare payment reform.

17 3) Our AMA increase awareness to all physicians about the
18 efforts of our AMA on Medicare Payment Reform.

19 4) Our AMA advocate for abolition of all MIPS penalties in
20 light of the current inadequacies of Medicare payments.

21
22 RECOMMENDATION B:

23
24 Madam Speaker, your Reference Committee recommends
25 that Board of Trustees Report 12 be adopted as amended
26 and the remainder of the Report be filed.

27
28 **HOD ACTION: Recommendations in Board of Trustees**
29 **Report 12 adopted as amended and the remainder of the**
30 **Report filed.**

31
32 Your Reference Committee heard testimony acknowledging and expressing appreciation
33 for our AMA's strong advocacy activities outlined in BOT Report 12 to fix the broken
34 Medicare physician payment system. Testimony emphasized, however, the need for
35 increased dialogue and public communication about our AMA's ongoing advocacy for
36 Medicare payment reform, a more effective use of social media platforms, and other public
37 engagement strategies to mobilize broad public support and understanding of this
38 pressing issue. Those testifying addressed the challenges physicians face due to
39 inadequate reimbursement rates, a broken Medicare payment system, and highlighted the
40 need for immediate reform to ensure the sustainability of medical practices across the
41 nation. Your Reference Committee heard unanimous and passionate support for adding
42 a recommendation to BOT Report 12 that would call for greater public attention to be
43 generated that clearly articulates and bolsters the urgency of enacting Medicare payment
44 reform. The recommendation calls on our AMA to increase media awareness, step up our
45 AMA's public relations campaign, increase awareness to all physicians about the efforts
46 of our AMA on Medicare payment reform, and advocate for abolition of all MIPS penalties.
47 Your Reference Committees agrees with the unanimous sentiments of those testifying
48 and recommends adding the proffered recommendation to BOT Report 12.

1 (19) BOARD OF TRUSTEES REPORT 14 — PHYSICIAN
2 ASSISTANT AND NURSE PRACTITIONER MOVEMENT
3 BETWEEN SPECIALTIES
4

5 RECOMMENDATION A:
6

7 Madam Speaker, your Reference Committee recommends
8 that the third Recommendation of Board of Trustees Report
9 14 be amended by addition and deletion to read as follows:
10

11 3. That the AMA encourage hospitals and other health care
12 entities employing nurse practitioners and physician
13 assistants to ensure that the ~~nurse-practitioner's~~ certification
14 aligns with the specialty in which they will practice. (New
15 HOD Policy)
16

17 RECOMMENDATION B:
18

19 Madam Speaker, your Reference Committee recommends
20 that Board of Trustees Report 14 be amended by addition
21 of a fifth Recommendation to read as follows:
22

23 5. Our AMA continue to support research into the cost and
24 quality of primary care delivered by nurse practitioners and
25 physician assistants. (New HOD Policy)
26

27 RECOMMENDATION C:
28

29 Madam Speaker, your Reference Committee recommends
30 that Board of Trustees Report 14 be amended by addition
31 of a sixth Recommendation to read as follows:
32

33 6. That our AMA continue to support research into the
34 distribution and impact of nurse practitioners and physician
35 assistants on primary care in underserved areas. (New HOD
36 Policy)
37

38 RECOMMENDATION D:
39

40 Madam Speaker, your Reference Committee recommends
41 that Board of Trustees Report 14 be amended by addition
42 of a seventh Recommendation to read as follows:
43

44 7. That our AMA continue to support expansion of access to
45 physicians in under resourced areas. (New HOD Policy)

1 RECOMMENDATION E:
2

3 Madam Speaker, your Reference Committee recommends
4 that Board of Trustees Report 14 be adopted as amended
5 and the remainder of the Report be filed.
6

7 **HOD ACTION: Recommendations one and two of Board of**
8 **Trustees Report 14 referred.**

9
10 **HOD ACTION: Recommendations in Board of Trustees**
11 **Report 14 adopted as amended and the remainder of the**
12 **Report filed.**
13

14 The Board of Trustees recommends that the following policy be adopted, and the
15 remainder of the report be filed:
16

- 17 1. That the American Medical Association (AMA) support workforce research, including
18 surveys by state medical and nursing boards, that specifically focus on gathering
19 information on nurse practitioners and physician assistants practicing in specialty care,
20 their certification(s), alignment of their certification to their specialty, and whether they
21 have switched specialties during their career. (New HOD Policy)
- 22 2. That the AMA support research that evaluates the impact of specialty switching by
23 nurse practitioners and physician assistants on the cost and quality of patient care.
24 (New HOD Policy)
- 25 3. That the AMA encourage hospitals and other health care entities employing nurse
26 practitioners to ensure that the nurse practitioner's certification aligns with the specialty
27 in which they will practice. (New HOD Policy)
- 28 4. That the AMA continue educating policymakers and lawmakers on the education,
29 training, and certification of nurse practitioners and physician assistants, including the
30 concept of specialty switching. (New HOD Policy)

31
32 Your Reference Committee heard supportive testimony for Board of Trustees Report 14.
33 Your Reference Committee heard that while the concept of specialty switching by nurse
34 practitioners and physician assistants is well known, there are little publicly available data
35 on this issue. The Board Report, therefore, calls on our AMA to support research in this
36 area to fill this knowledge gap, including through workforce surveys and studies, as well
37 as research that evaluates the impact of specialty switching by nurse practitioners and
38 physician assistants on the cost and quality of patient care. Your Reference Committee
39 heard some testimony urging referral of Recommendations 1 and 2 of the Board of
40 Trustees Report which call on our AMA to support such studies. However, your Reference
41 Committee heard, on balance, testimony that favored adoption of all the
42 Recommendations found in the Report instead of referral. Your Reference Committee also
43 received an amendment, supported by others, that calls on our AMA to continue
44 supporting research related to nurse practitioners practicing in primary care. This
45 amendment is consistent with existing AMA policy and AMA's ongoing advocacy related
46 to scope of practice. Therefore, Your Reference Committee recommends that Board of
47 Trustees Report 14 be adopted as amended, and the remainder of the report be filed.

1 (20) BOARD OF TRUSTEES REPORT 16 — SUPPORT FOR
2 MENTAL HEALTH COURTS

3
4 RECOMMENDATION A:

5
6 Madam Speaker, your Reference Committee recommends
7 that the third Recommendation of Board of Trustees Report
8 16 be amended by addition and deletion to read as follows:

9
10 (3) encourages diversion and treatment programs drug
11 courts to that rely upon evidence-based models of care,
12 including all medications used for opioid treatment of
13 substance use disorder, for those who the judge or court
14 determine would benefit from intervention, including
15 treatment, rather than incarceration; and

16
17 RECOMMENDATION B:

18
19 Madam Speaker, your Reference Committee recommends
20 that Board of Trustees Report 16 be adopted as amended
21 and the remainder of the Report be filed.

22
23 **HOD ACTION: Recommendations in Board of Trustees**
24 **Report 16 adopted as amended and the remainder of the**
25 **Report filed.**

26
27 The Board of Trustees recommends that existing policy – Policy H-100.955, entitled,
28 “Support for Drug Courts” – be amended by addition and deletion in lieu of Resolution 202
29 as follows:

30
31 Support for Diversion Programs, Including Drug Courts, Mental Health Courts, Veterans
32 Courts, Sobriety Courts, and Similar Programs

33
34 Our AMA:

- 35
36 1. supports the establishment and use of diversion and treatment programs drug courts,
37 including drug courts, mental health courts, veterans courts, sobriety courts, and other
38 types of similar programs, as an effective method of intervention within a
39 comprehensive system of community-based supports and services for individuals with
40 a mental illness or substance use disorder involved in the justice system ~~addictive~~
41 ~~disease who are convicted of nonviolent crimes;~~
42 2. encourages legislators and court systems to establish diversion and treatment
43 programs drug courts at the state and local level in the United States; and
44 3. encourages diversion and treatment programs drug courts to rely upon evidence-
45 based models of care, including medications for opioid use disorder, for those who the
46 judge or court determine would benefit from intervention, including treatment, rather
47 than incarceration; and
48 4. supports individuals enrolled in diversion or treatment programs not be removed from
49 a program solely because of evidence showing that an individual used illegal drugs
50 while enrolled. (Modify HOD Policy)

1 Your Reference Committee heard supportive testimony for the recommendations of Board
2 of Trustees Report 16. Your Reference Committee heard testimony that our current AMA
3 policy and ongoing advocacy initiatives support increased access to evidence-based
4 treatment for mental illness and substance use disorders. Testimony also encouraged
5 support for access to medication for opioid use disorder and other substance use
6 disorders. Your Reference Committee heard that if there are evidence-based programs
7 for mental health and substance use disorders that can benefit individuals who would
8 otherwise be incarcerated, those diversion programs should be strongly considered. Your
9 Reference Committee received a minor technical amendment to this effect that was widely
10 supported. Therefore, your Reference Committee recommends that the recommendations
11 in Board of Trustees Report 16 be adopted as amended, and the remainder of the report
12 be filed.

13
14 (21) BOARD OF TRUSTEES REPORT 17 — DRUG POLICY
15 REFORM

16
17 RECOMMENDATION A:

18
19 Madam Speaker, your Reference Committee recommends
20 that the first Recommendation of Board of Trustees Report
21 17 amended by addition and deletion to read as follows:

22
23 ~~1. That the American Medical Association (AMA) will~~
24 ~~continue to monitor the legal and public health effects of~~
25 ~~state and federal policies to reclassify criminal offenses for~~
26 ~~drug possession for personal use; (New HOD Policy)~~
27

28 1. That our American Medical Association (AMA) support
29 elimination of criminal penalties for drug possession for
30 personal use as part of a larger set of related public health
31 and legal reforms designed to improve carefully selected
32 outcomes.
33

34 RECOMMENDATION B:

35
36 Madam Speaker, your Reference Committee recommends
37 that the second Recommendation of Board of Trustees
38 Report 17 be amended by addition to read as follows:

39
40 2. That the AMA will support federal and state efforts to
41 automatically expunge, at no cost to the individual, criminal
42 records for drug possession for personal use upon
43 completion of a sentence or penalty; (New HOD Policy) and

1 RECOMMENDATION C:

2
3 Madam Speaker, your Reference Committee recommends
4 that the third Recommendation in Board of Trustees Report
5 17 be amended by addition to read as follows:

6
7 3. That the AMA support programs that provide
8 comprehensive substance use disorder treatment and
9 social support to people who use or possess illicit drugs for
10 personal use as an alternative to incarceration-based
11 penalties, including for persons under parole, probation,
12 pre-trial, or other civic, criminal, or judicial supervision. (New
13 HOD Policy)

14
15 RECOMMENDATION D:

16
17 Madam Speaker, your Reference Committee recommends
18 that Board of Trustee Report 14 be amended by addition of
19 a fourth Recommendation to read as follows:

20
21 4. Concurrently, that our AMA support robust policies and
22 funding that facilitate people's access to evidence-based
23 prevention, early intervention, treatment, harm reduction,
24 and other supportive services – with an emphasis on youth
25 and racially and ethnically minoritized people – based on
26 individualized needs and with availability in all communities.

27
28 RECOMMENDATION E:

29
30 Madam Speaker, your Reference Committee recommends
31 that Board of Trustees Report 17 be adopted as amended
32 and the remainder of the Report be filed.

33
34 **HOD ACTION: Recommendations in Board of Trustees**
35 **Report 17 adopted as amended and the remainder of the**
36 **Report filed.**

37
38 The Board of Trustees recommends that the following recommendations be adopted in
39 lieu of Resolution 203 and the remainder of the report be filed:

- 40
41 1. That the American Medical Association (AMA) will continue to monitor the legal and
42 public health effects of state and federal policies to reclassify criminal offenses for drug
43 possession for personal use; (New HOD Policy)
- 44 2. That the AMA will support federal and state efforts to expunge, at no cost to the
45 individual, criminal records for drug possession for personal use upon completion of a
46 sentence or penalty; (New HOD Policy) and
- 47 3. That the AMA support programs that provide comprehensive substance use disorder
48 treatment and social support to people who use or possess illicit drugs for personal
49 use as an alternative to incarceration-based penalties for persons under parole,
50 probation, pre-trial, or other civic, criminal, or judicial supervision. (New HOD Policy)

1 Your Reference Committee heard supportive testimony on the spirit of Board of Trustees
 2 Report 17. However, your Reference Committee heard limited testimony in support of
 3 continuing to monitor the effects of state and federal policies to decriminalize drug
 4 possession for personal use. Instead, most of the testimony heard by your Reference
 5 Committee called on our AMA to directly support decriminalization of drug possession for
 6 personal use as part of a larger set of public health and legal reforms. Your Reference
 7 Committee also heard wide-ranging concerns about racial and other inequities regarding
 8 Black and Brown individuals who are disproportionately incarcerated in the nation's jails
 9 and prisons for drug possession offenses. Testimony also highlighted that individuals who
 10 served a sentence or experienced other penalties for drug possession for personal use
 11 should have those penalties automatically expunged at the completion of their sentence.
 12 Your Reference Committee received amendments reflecting both concerns. Therefore,
 13 your Reference Committee recommends that Board of Trustees Report 17 be adopted as
 14 amended, and the remainder of the report be filed.

15
 16 (22) BOARD OF TRUSTEES REPORT 18 — SUPPORTING
 17 HARM REDUCTION

18
 19 RECOMMENDATION A:

20
 21 Madam Speaker, your Reference Committee recommends
 22 that Recommendation two of Board of Trustees Report 18 be
 23 amended by addition and deletion to read as follows:

24
 25 ~~2. That the AMA oppose the concept, promotion, or practice~~
 26 ~~of “safe smoking” with respect to inhalation of tobacco,~~
 27 ~~cannabis or any illicit substance; (New HOD Policy)~~

28
 29 2. That the AMA support decriminalization of harm reduction
 30 supplies that reduce the likelihood of injection drug use and
 31 mitigate health risks of all types of drug use, including
 32 injection drug use and smoking.

33
 34 RECOMMENDATION B:

35
 36 Madam Speaker, your Reference Committee recommends
 37 that Board of Trustees Report 18 be adopted as amended
 38 and the remainder of the Report be filed.

39
 40 **HOD ACTION: Recommendations in Board of Trustees**
 41 **Report 18 adopted as amended and the remainder of the**
 42 **Report filed.**

43
 44 The Board of Trustees recommends that the following new policy be adopted in lieu of
 45 Resolution 204, and that the remainder of the report be filed.

- 46
 47 1. That the American Medical Association (AMA) support efforts to decriminalize the
 48 possession of non-prescribed buprenorphine for personal use by individuals who
 49 lack access to a physician for the treatment of opioid use disorder; (New HOD
 50 Policy)

- 1 2. That the AMA oppose the concept, promotion, or practice of “safe smoking” with
 2 respect to inhalation of tobacco, cannabis or any illicit substance; (New HOD
 3 Policy)
- 4 3. That the AMA encourage additional study whether “safer smoking supplies” may
 5 be a potential harm reduction measure to reduce harms from the nation’s overdose
 6 and death epidemic; and (New HOD Policy)
- 7 4. That the AMA reaffirm Policy D-95.987, “Prevention of Drug-Related Overdose.”
 8 (Reaffirm AMA Policy)

9
 10 Your Reference Committee heard supportive testimony on Board of Trustees Report 18.
 11 Your Reference Committee heard supportive testimony on the benefits of increasing
 12 access to buprenorphine for the treatment of opioid use disorder (OUD) through multiple
 13 means, including support for decriminalizing non-prescribed buprenorphine for personal
 14 use. Your Reference Committee also heard significant testimony noting that there is no
 15 such thing as safe smoking. However, your Reference Committee also heard testimony
 16 noting support for access to harm reduction supplies that reduce the likelihood of injection
 17 drug use and mitigate the health risks of all types of drug use and received an amendment
 18 to this effect. Therefore, your Reference Committee recommends that Board of Trustees
 19 Report 18 be adopted as amended, and the remainder of the report be filed.

20
 21 (23) RESOLUTION 201 — RESEARCH CORRECTING
 22 POLITICAL MISINFORMATION AND DISINFORMATION
 23 ON SCOPE OF PRACTICE

24
 25 RECOMMENDATION A:

26
 27 Madam Speaker, your Reference Committee recommends
 28 that the second Resolve of Resolution 201 be amended by
 29 addition and deletion to read as follows:

30
 31 RESOLVED, that our AMA Board of Trustees report its
 32 findings and recommendations by the ~~1-24~~ A-25 meeting to
 33 the HOD on correcting political misinformation and disinformation and that our AMA incorporate these findings
 34 to the extent possible into our AMA’s advocacy efforts on
 35 scope of practice. (Directive to Take Action)

36
 37
 38 RECOMMENDATION B:

39
 40 Madam Speaker, your Reference Committee recommends
 41 that Resolution 201 be adopted as amended.

42
 43 **HOD ACTION: Resolution 201 adopted as amended.**

44
 45 RESOLVED, that our American Medical Association perform a comprehensive literature
 46 review on current research on correcting political misinformation and disinformation and
 47 conduct field research on ways to correct political misinformation and disinformation
 48 amongst policymakers as it pertains to scope of practice (Directive to Take Action); and
 49 be it further

1 RESOLVED, that our AMA Board of Trustees report its findings and recommendations by
 2 the I-24 meeting to the HOD on correcting political misinformation and disinformation and
 3 that our AMA incorporate these findings to the extent possible into our AMA's advocacy
 4 efforts on scope of practice. (Directive to Take Action)
 5

6 Your Reference Committee heard overwhelmingly supportive testimony on Resolution
 7 201. There was consensus that our AMA's existing scope of practice campaign would
 8 benefit from targeted research on political misinformation and effective messaging in
 9 scope of practice advocacy. Your Reference Committee also heard that, to ensure there
 10 is enough time to pursue the research sought by this Resolution and prepare a report, the
 11 Board of Trustees report on the findings of this research should be due at the 2025 AMA
 12 Annual Meeting rather than the 2024 AMA Interim Meeting. Therefore, your Reference
 13 Committee recommends that Resolution 201 be adopted as amended.
 14

15 (24) RESOLUTION 204 — STAFFING RATIOS IN THE
 16 EMERGENCY DEPARTMENT
 17

18 RECOMMENDATION A:
 19

20 Madam Speaker, your Reference Committee recommends
 21 that the first Resolve of Resolution 204 be amended by
 22 addition and deletion to read as follows:
 23

24 RESOLVED, that our American Medical Association seek
 25 federal legislation or regulation prohibiting staffing ratios
 26 that do not allow for proper physician supervision of non-
 27 physician practitioners NPPs in the Emergency
 28 Department (Directive to Take Action); and be it further
 29

30 RECOMMENDATION B:
 31

32 Madam Speaker, your Reference Committee recommends
 33 that the second Resolve of Resolution 204 be amended by
 34 addition and deletion to read as follows:
 35

36 ~~RESOLVED, that our AMA seek federal legislation or~~
 37 ~~regulation that would require all Emergency Departments to~~
 38 ~~be staffed 24-7 by a qualified physician. (Directive to Take~~
 39 ~~Action)~~
 40

41 **RESOLVED, that our AMA support that all Emergency**
 42 **Departments be staffed 24-7 by a qualified physician.**
 43 **(New HOD policy)**
 44

45 RECOMMENDATION C:
 46

47 Madam Speaker, your Reference Committee recommends
 48 that Resolution 204 be adopted as amended.
 49

50 **HOD ACTION: Resolution 204 adopted as amended.**

1 RESOLVED, that our American Medical Association seek federal legislation or regulation
 2 prohibiting staffing ratios that do not allow for proper supervision of NPPs in the
 3 Emergency Department (Directive to Take Action); and be it further

4
 5 RESOLVED, that our AMA seek federal legislation or regulation that would require all
 6 Emergency Departments to be staffed 24-7 by a qualified physician. (Directive to Take
 7 Action)

8
 9 Your Reference Committee heard mixed testimony on Resolution 204. Your Reference
 10 Committee heard significant testimony in support of federal law prohibiting staffing ratios
 11 that do not allow for proper supervision of non-physicians in the emergency department;
 12 this included an amendment to clarify that such supervision must be done by a physician.
 13 Regarding the second Resolved clause, your Reference Committee heard testimony
 14 opposing the independent practice of non-physicians and promoting physician-led, team-
 15 based, care in the emergency department. While some testimony indicated that there is
 16 no shortage of emergency medicine physicians and that it would not be a hardship on the
 17 profession to ensure that a physician was onsite to ensure proper supervision of
 18 emergency care services, other testimony indicated that a 24/7 physician supervision
 19 requirement would be impossible for some rural and underserved hospitals and could lead
 20 to hospital closures. Your Reference Committee also heard significant testimony noting
 21 that a Board of Trustees report is currently being drafted for the AMA 2024 Interim Meeting
 22 and that this report will directly address the issue of possible rural exceptions to
 23 requirements for 24/7 physician supervision in emergency departments. Your Reference
 24 Committee understands that this pending Board report will be influential in the
 25 development of AMA policy when it comes to physician supervision in emergency
 26 departments. Therefore, your Reference Committee recommends that the first Resolved
 27 clause be adopted as amended and the second Resolved clause be referred.

28
 29 (25) RESOLUTION 206 — INDIAN HEALTH SERVICE YOUTH
 30 REGIONAL TREATMENT CENTERS

31
 32 RECOMMENDATION A:

33
 34 Madam Speaker, your Reference Committee recommends
 35 that Resolution 206 be amended by addition and deletion to
 36 read as follows:

37
 38 RESOLVED, that our American Medical Association
 39 support the expansion of Indian Health Service Youth
 40 Regional Treatment Centers, recognizing them as ~~a model~~
 41 ~~for~~ culturally-rooted, evidence-based behavioral health and
 42 substance use disorder treatment centers for, and prompt
 43 referral of eligible American Indian/Alaskan Native (AI/AN)
 44 youth to Youth Regional Treatment Centers (YRTCs) for
 45 community directed care. (New HOD Policy)

1 RECOMMENDATION B:

2
3 Madam Speaker, your Reference Committee recommends
4 that Resolution 206 be adopted as amended.

5
6 **HOD ACTION: Resolution 206 adopted as amended.**

7
8 **RESOLVED**, that our American Medical Association support the expansion of Indian
9 Health Service Youth Regional Treatment Centers, recognizing them as a model for
10 culturally-rooted, evidence-based behavioral health treatment, and prompt referral of
11 eligible AI/AN youth to Youth Regional Treatment Centers (YRTC) for community-
12 directed care. (New HOD Policy)

13
14 Your Reference Committee heard supportive testimony on Resolution 206. Your
15 Reference Committee heard that American Indian/Alaskan Native (AI/AN) populations
16 benefit from culturally rooted care for mental illness and substance use disorders.
17 Testimony also stated that the AI/AN population would benefit from greater access to
18 evidence-based care for mental illness and substance use disorders. Your Reference
19 Committee also heard testimony concerning whether the programs supported by the
20 Indian Health Service all are “models,” and received multiple amendments suggesting the
21 removal of this language in the resolution, but heard nothing to suggest any hesitation
22 surrounding supporting the treatment programs in general. Therefore, your Reference
23 Committee recommends that Resolution 206 be adopted as amended.

24
25 (26) RESOLUTION 207 — BIOSIMILAR USE RATES AND
26 PREVENTION OF PHARMACY BENEFIT MANAGER
27 ABUSE

28
29 RECOMMENDATION A:

30
31 Madam Speaker, your Reference Committee recommends
32 that the first Resolve of Resolution 207 be deleted.

33
34 RECOMMENDATION B:

35
36 Madam Speaker, your Reference Committee recommends
37 that Resolution 207 be adopted as amended.

38
39 **HOD ACTION: A new Resolve added to Resolution 207 to
40 read as follows:**

41
42 **RESOLVED, that our AMA supports coverage structures
43 that: increase use of lower cost biosimilars when clinically
44 appropriate, share savings between payers and patients
45 physicians, and reduce patient costs.**

46
47 **HOD ACTION: The new Resolve of Resolution 207 referred.**

48 **HOD ACTION: Resolution 207 adopted as amended.**

1
2 RESOLVED, that our American Medical Association support economic incentives to
3 increase physician use of less expensive biosimilars instead of their reference biologics
4 (New HOD Policy); and be it further

5
6 RESOLVED, that our AMA encourage the Federal Trade Commission (FTC) and
7 Department of Justice (DOJ) Antitrust Division to closely scrutinize long-term exclusive
8 contracts signed between biologics originators and PBMs to ensure they do not impede
9 biosimilar development and uptake. (New HOD Policy)

10
11 Your Reference Committee heard mixed testimony on Resolution 207. Your Reference
12 Committee heard support for the concept of decreasing patient cost by prescribing less
13 expensive medication and ensuring fair competition for biosimilars. However, your
14 Reference Committee also heard that financial compensation for physicians should not be
15 a factor in what physicians ultimately prescribe, rather the patient's health should be the
16 only determining factor. Further testimony suggested that removing the reference to
17 economic incentives would strengthen the resolution. Therefore, your Reference
18 Committee recommends that Resolution 207 be adopted as amended.

19
20 (27) RESOLUTION 208 — IMPROVING SUPPLEMENTAL
21 NUTRITION PROGRAMS

22
23 RECOMMENDATION A:

24
25 Madam Speaker, your Reference Committee recommends
26 that Resolution 208 be amended by addition and deletion
27 to read as follows:

28
29 RESOLVED, that our American Medical Association
30 supports regulatory and legal reforms to extending
31 multieligibility for USDA Food Assistance to enrolled
32 members of federally-recognized American Indian and
33 Alaska Native Tribes and Villages to all federal feeding
34 programs, such as, but not limited to, Supplemental
35 Nutrition Assistance Program (SNAP) and Food Distribution
36 Program on Indian Reservations (FDPIR). (New HOD
37 Policy)

38
39 RECOMMENDATION B:

40
41 Madam Speaker, your Reference Committee recommends
42 that Resolution 208 be adopted as amended.

43
44 **HOD ACTION: Resolution 208 adopted as amended.**

45
46 RESOLVED, that our American Medical Association support regulatory and legal reforms
to extend multieligibility for USDA Food Assistance to enrolled members of federally-

1 recognized American Indian and Alaska Native Tribes and Villages to all federal feeding
2 programs, such as, but not limited to, Supplemental Nutrition Assistance Program (SNAP)
3 and Food Distribution Program on Indian Reservations (FDPIR). (New HOD Policy)
4

5 Your Reference Committee heard testimony in favor of Resolution 208. Your Reference
6 Committee heard that food insecurity is a public health crisis, especially among American
7 Indian and Alaska Native (AI/AN) persons, and that such individuals experience food
8 insecurity at twice the rate of their white counterparts. Your Reference Committee further
9 heard that US nutrition programs for AI/AN persons, including the Food Distribution
10 Program on Indian Reservations (FDPIR) and the recently launched Indian Health Service
11 (IHS) Produce Prescription Pilot Program, differ from other nutrition programs because
12 they include staple foods and ingredients commonly used in pre-contact AI/AN societies
13 and food systems. Moreover, your Reference Committee heard that federally recognized
14 AI/AN Tribes and Villages without a reservation or land base, and the 2.8 million AI/AN
15 persons in urban areas (greater than the population on Tribal lands), are all ineligible for
16 federal nutrition assistance programs for AI/AN persons. However, your Reference
17 Committee heard that amendments to the resolution would help clarify its intent and
18 implementation. Specifically, your Reference Committee heard that the language in the
19 resolution, referring to “multieligibility” for all United States Department of Agriculture food
20 programs, is not clear and that amended language is needed to make the resolution’s
21 intent and its implementation stronger. Therefore, your Reference Committee
22 recommends that Resolution 208 be adopted as amended.

1 (28) RESOLUTION 214 — SUPPORT FOR PAID SICK LEAVE

2
3 RECOMMENDATION A:

4
5 Madam Speaker, your Reference Committee recommends
6 that Resolution 214 be amended by addition to read as
7 follows:

8
9 RESOLVED, that our American Medical Association amend
10 Policy H-440.823, "Paid Sick Leave," as follows:

11
12 Paid Sick Leave H-440.823

13
14 Our AMA: (1) recognizes the public health benefits of paid
15 sick leave and other discretionary paid time off; (2) supports
16 employer policies that allow employees to accrue paid time
17 off and to use such time to care for themselves or a family
18 member; ~~and~~ (3) supports employer policies that provide
19 employees with unpaid sick days to use to care for
20 themselves or a family member where providing paid leave
21 is overly burdensome; and (4) advocates for federal and
22 state policies that guarantee employee access to protected
23 paid sick leave without unduly burdening small businesses.
24 (Modify Current HOD Policy)

25
26 RECOMMENDATION B:

27
28 Madam Speaker, your Reference Committee recommends
29 that Resolution 214 be adopted as amended.

30
31 **HOD ACTION: Resolution 214 adopted as amended.**

32
33 RESOLVED, that our American Medical Association amend Policy H-440.823, "Paid Sick
34 Leave," as follows:

35
36 Paid Sick Leave H-440.823

37
38 Our AMA: (1) recognizes the public health benefits of paid sick leave and other
39 discretionary paid time off; (2) supports employer policies that allow employees to accrue
40 paid time off and to use such time to care for themselves or a family member; ~~and~~ (3)
41 supports employer policies that provide employees with unpaid sick days to use to care
42 for themselves or a family member where providing paid leave is overly burdensome; and
43 (4) advocates for federal and state policies that guarantee employee access to protected
44 paid sick leave. (Modify Current HOD Policy)

45
46 Your Reference Committee heard mixed testimony on Resolution 214. Your Reference
47 Committee heard that paid leave is a matter of public health and that it is necessary for
48 patients to have reasonable periods of leave to care for themselves and immediate family
49 members. Testimony also noted that that more than half of the lowest-paid workers cannot
50 get time off for an illness. However, your Reference Committee also heard that it can be

1 extremely difficult for small physician practices, and small businesses in general, to
 2 provide paid sick leave for their employees. Therefore, your Reference Committee
 3 recommends that Resolution 214 be adopted as amended.

4
 5 (29) RESOLUTION 215 — AMERICAN INDIAN AND ALASKA
 6 NATIVE LANGUAGE REVITALIZATION AND ELDER
 7 CARE

8
 9 RECOMMENDATION A:

10
 11 Madam Speaker, your Reference Committee recommends
 12 that the first Resolve of Resolution 215 be amended by
 13 addition and deletion to read as follows:

14
 15 RESOLVED, that our American Medical Association
 16 recognize that access to language concordant services for
 17 American Indian and Alaska Native (AI/AN) patients will
 18 require ~~targeted~~ investment as in Indigenous languages in
 19 North America ~~are threatened due to a complex history of~~
 20 ~~removal and assimilation by state and federal actors~~ (New
 21 HOD Policy); and be it further

22
 23 RECOMMENDATION B:

24
 25 Madam Speaker, your Reference Committee recommends
 26 that the third Resolve of Resolution 215 be amended by
 27 addition and deletion to read as follows:

28
 29 RESOLVED, that our AMA ~~collaborate with stakeholders,~~
 30 ~~including but not limited to the National Indian Council on~~
 31 ~~Aging and Association of American Indian Physicians,~~ to
 32 identify support the development of best practices for AI/AN
 33 elder care to ensure this group is provided culturally-
 34 competent healthcare outside of the umbrella of the Indian
 35 Health Service. (Directive to Take Action)

36
 37 RECOMMENDATION C:

38
 39 Madam Speaker, your Reference Committee recommends
 40 that Resolution 215 be adopted as amended.

41
 42 **HOD ACTION: Resolution 215 adopted as amended.**

43
 44 RESOLVED, that our American Medical Association recognize that access to language
 45 concordant services for AI/AN patients will require targeted investment as Indigenous
 46 languages in North America are threatened due to a complex history of removal and
 47 assimilation by state and federal actors (New HOD Policy); and be it further

48
 49 RESOLVED, that our AMA support federal-tribal funding opportunities for American Indian
 50 and Alaska Native language revitalization efforts, especially those that increase health

1 necessary services for patients under their commercial insurance, even if it is an HMO or
2 point of service plan (Directive to Take Action); and be it further

3
4 RESOLVED, that our AMA develop resources, tool kits, education, and internal experts to
5 support direct primary care and other out-of-network models. (Directive to Take Action)

6
7 **RESOLUTION 245**

8
9 RESOLVED, that our American Medical Association develop model legislation to protect
10 patients managed by out-of-network physicians by prohibiting insurance plans from
11 denying payment for covered services, based solely on the network participation of the
12 ordering physician (Directive to Take Action); and be it further

13
14 RESOLVED, that our AMA develop resources, toolkits, and education to support out-of-
15 network care models. (Directive to Take Action)

16
17 Your Reference Committee heard testimony largely in support of Resolutions 245 and
18 213, both which have the goal of ensuring that patients being cared for by out-of-network
19 physicians, including those in direct primary care practices, can access insurance
20 coverage for care ordered by their out-of-network physicians. Testimony noted that such
21 services could include imaging, laboratory testing, referrals, medications, and other
22 medically necessary services. Your Reference Committee heard that such coverage
23 would provide needed autonomy to physicians and patients from insurance companies in
24 determining the best care and treatment for their patients. Your Reference Committee also
25 heard some concerns about risks and nuances in value-based care models that the
26 Committee believes should be considered in the development of model legislation. Your
27 Reference Committee was offered an amendment, which was supported by the
28 Resolution's authors, that would clarify that the goal of the resolution is the development
29 of state model legislation and provide the opportunity for our AMA to support federal
30 efforts. Therefore, your Reference Committee recommends that Resolution 245 be
31 adopted as amended in lieu of Resolution 213.

- 1 (47) RESOLUTION 217 — PROTECTING ACCESS TO IVF
 2 TREATMENT
 3 RESOLUTION 226 — PROTECTING ACCESS TO IVF
 4 TREATMENT

5
 6 RECOMMENDATION A:

7
 8 Madam Speaker, your Reference Committee recommends
 9 that the second Resolve of Resolution 217 be amended by
 10 addition to read as follows:

11
 12 RESOLVED, that our AMA work with other interested
 13 organizations to oppose any civil or criminal legislation or
 14 ballot measures or court rulings that (a) would equate
 15 gametes (oocytes and sperm) or embryos with children,
 16 and/or (b) would otherwise restrict or interfere with
 17 evidence-based care for Assisted Reproductive Technology
 18 (ART) (New HOD Policy); and be it further

19
 20 RECOMMENDATION B:

21
 22 Madam Speaker, your Reference Committee recommends
 23 that the third Resolve of Resolution 217 be amended by
 24 addition and deletion to read as follows:

25
 26 RESOLVED, that our AMA, through the AMA Task Force to
 27 Preserve the Patient-Physician Relationship, report back at
 28 I-24—A-25, on the status of, and AMA's activities
 29 surrounding, proposed ballot measures or legislation, and
 30 pending court rulings, ~~and legislation~~ that (a) would equate
 31 gametes or embryos with children and/or (b) would
 32 otherwise restrict or interfere with evidence-based care for
 33 Assisted Reproductive Technology (ART). (Directive to
 34 Take Action)

35
 36 RECOMMENDATION C:

37
 38 Madam Speaker, your Reference Committee recommends
 39 that amended Resolution 217 be adopted in lieu of
 40 Resolution 226.

41
 42 **HOD ACTION: Amended Resolution 217 adopted in lieu of**
 43 **Resolution 226.**

44
 45 **RESOLUTION 217**

46
 47 RESOLVED, that our American Medical Association oppose any legislation or ballot
 48 measures that could criminalize in-vitro fertilization (New HOD Policy); and be it further

1 RESOLVED, that our AMA work with other interested organizations to oppose any
2 legislation or ballot measures or court rulings that equate gametes (oocytes and sperm)
3 or embryos with children (New HOD Policy); and be it further

4
5 RESOLVED, that our AMA report back at A-25, on the status of, and AMA's activities
6 surrounding, ballot measures, court rulings, and legislation that equate embryos with
7 children. (Directive to Take Action)

8
9 **RESOLUTION 226**

10 RESOLVED, that our American Medical Association oppose any legislation that could
11 criminalize in-vitro fertilization (New HOD Policy); and be it further

12
13 RESOLVED, that our AMA work with other interested organizations to oppose Court
14 rulings that equate gametes (oocytes and sperm) or embryos with children. (Directive to
15 Take Action)

16
17 Your Reference Committee heard strong and unanimous testimony supporting the first
18 and second resolved clauses of Resolution 217 and in support of an amendment to
19 broaden the scope of the Resolution. Your Reference Committee heard about the
20 importance of our AMA opposing legislation, ballot measures, and court rulings that could
21 criminalize in-vitro fertilization (IVF) or equate gametes or embryos with children. Your
22 Reference Committee also heard that a recent state Supreme Court decision that
23 recognized embryos as children sets a dangerous precedent and threatens access to
24 evidence-based reproductive care. Your Reference Committee also heard limited
25 testimony suggesting that the resolution should be expanded to include opposing the
26 "personhood" of fetuses as well as embryos and gametes, but alternative testimony noted
27 that this was beyond the scope of the evidence presented in the resolution. Your
28 Reference Committee notes that our AMA has strong and extensive policy opposing
29 limitations and bans on access to evidence-based reproductive health services, including
30 abortion, that already enables our AMA to oppose governmental interference in the
31 practice of medicine due to legal recognition of fetal "personhood." Your Reference
32 Committee also heard testimony that the third resolved clause requiring a report back is
33 duplicative of existing policy and activities. Your Reference Committee heard that
34 monitoring governmental interference in IVF is being already being undertaken by the
35 AMA Task Force to Preserve the Patient-Physician Relationship, which was formed by the
36 House of Delegates in 2022 and has 20 representatives from state and specialty medical
37 associations and ten representatives from AMA Councils. Testimony in support of the third
38 resolved emphasized the need for a report on Task Force's activities. Your Reference
39 Committee notes that existing AMA policy already directs the Task Force to report back
40 on its activities on an annual basis. Testimony also noted that Resolutions 217 and 226
41 were very similar and as such, only one of the resolutions was needed. Therefore, your
42 Reference Committee recommends that Resolution 217 be adopted as amended in lieu
43 of Resolution 226.

1 (48) RESOLUTION 251 — STREAMLINE PAYER QUALITY
2 METRICS
3

4 RECOMMENDATION:
5

6 Madam Speaker, your Reference Committee recommends
7 that Alternate Resolution 251 be adopted in lieu of
8 Resolution 251.
9

10 RESOLVED, that our American Medical Association will
11 continue to advocate for improvements in private payers'
12 quality programs.
13

14 **HOD ACTION: Alternate Resolution 251 adopted in lieu of**
15 **Resolution 251.**
16

17 RESOLVED, that our American Medical Association work with the Centers for Medicare
18 and Medicaid Services and major national insurance carriers to align each year's patient
19 quality metrics across their respective programs. (Directive to Take Action)
20

21 Your Reference Committee heard mixed testimony on Resolution 251. Your Reference
22 Committee heard that this resolution seeks to address the inconsistencies in quality
23 benchmarks set by Medicare and various third-party insurance carriers, which create
24 challenges for primary care physicians in tracking, analyzing, and meeting these
25 measures. Your Reference Committee heard that while the Centers for Medicare and
26 Medicaid Services (CMS) does not control the quality metrics set by private payers, it is
27 crucial for our AMA to advocate for alignment in these quality programs to reduce
28 administrative burdens and ensure fair evaluation of physician performance. However,
29 your Reference Committee heard that alternatives needed to be made to this resolution
30 so that the spirit of the resolution is maintained while at same time appropriately shifting
31 the focus towards advocating for improvements in private payers' quality programs without
32 placing the onus on CMS. Testimony noted that these alternatives would allow our AMA
33 to effectively work towards consistency, compliance, communication, and access in quality
34 measurement standards, enhancing both physician practice sustainability and patient care
35 outcomes. Therefore, your Reference Committee recommends that Alternate Resolution
36 251 be adopted in lieu of Resolution 251.

1 **RECOMMENDED FOR REFERRAL**

2
 3 (49) BOARD OF TRUSTEES REPORT 15 — AUGMENTED
 4 INTELLIGENCE DEVELOPMENT, DEPLOYMENT, AND
 5 USE IN HEALTH CARE
 6 RESOLUTION 202 — USE OF ARTIFICIAL
 7 INTELLIGENCE AND ADVANCED TECHNOLOGY BY
 8 THIRD PARTY PAYORS TO DENY HEALTH
 9 INSURANCE CLAIMS
 10 RESOLUTION 246 — AUGMENTED INTELLIGENCE IN
 11 HEALTH CARE

12
 13 RECOMMENDATION:

14
 15 Madam Speaker, your Reference Committee recommends
 16 that Board of Trustees Report 15, Resolution 202, and
 17 Resolution 246 be referred for report back at the 2024
 18 Interim Meeting of the House of Delegates.

19
 20 **HOD ACTION: Board of Trustees Report 15, Resolution**
 21 **202, and Resolution 246 referred for report back at the**
 22 **2024 Interim Meeting of the House of Delegates.**

23
 24 **BOARD OF TRUSTEES REPORT 15**

25
 26 The Board of Trustees recommends that the following be adopted in lieu of Resolution
 27 206-I-23 and that the remainder of the report be filed:

28
 29 **AUGMENTED INTELLIGENCE DEVELOPMENT, DEPLOYMENT, AND USE IN**
 30 **HEALTH CARE**

31
 32 General Governance

- 33 • Health care AI must be designed, developed, and deployed in a manner which is
 34 ethical, equitable, responsible, and transparent.
- 35 • Use of AI in health care delivery requires clear national governance policies to
 36 regulate its adoption and utilization, ensuring patient safety, and mitigating
 37 inequities. Development of national governance policies should include
 38 interdepartmental and interagency collaboration.
- 39 • Compliance with national governance policies is necessary to develop AI in an
 40 ethical and responsible manner to ensure patient safety, quality, and continued
 41 access to care. Voluntary agreements or voluntary compliance is not sufficient.
- 42 • Health care AI requires a risk-based approach where the level of scrutiny,
 43 validation, and oversight should be proportionate to the potential overall of
 44 disparate harm and consequences the AI system might introduce. [See also
 45 Augmented Intelligence in [Health Care H-480.939](#) at (1)]
- 46 • Clinical decisions influenced by AI must be made with specified human intervention
 47 points during the decision-making process. As the potential for patient harm
 48 increases, the point in time when a physician should utilize their clinical judgment
 49 to interpret or act on an AI recommendation should occur earlier in the care plan.

- 1 • Health care practices and institutions should not utilize AI systems or technologies
2 that introduce overall or disparate risk that is beyond their capabilities to mitigate.
3 Implementation and utilization of AI should avoid exacerbating clinician burden and
4 should be designed and deployed in harmony with the clinical workflow.
- 5 • Medical specialty societies, clinical experts, and informaticists are best positioned
6 and should identify the most appropriate uses of AI-enabled technologies relevant
7 to their clinical expertise and set the standards for AI use in their specific domain.
8 [See Augmented Intelligence in Health Care [H-480.940](#) at (2)]
9

10 When to Disclose: Transparency in Use of Augmented Intelligence-Enabled Systems and 11 Technologies

- 12
- 13 • When AI is used in a manner which directly impacts patient care, access to care,
14 or medical decision making, that use of AI should be disclosed and documented
15 to both physicians and/or patients in a culturally and linguistically appropriate
16 manner. The opportunity for a patient or their caregiver to request additional review
17 from a licensed clinician should be made available upon request.
- 18 • When AI is used in a manner which directly impacts patient care, access to care,
19 medical decision making, or the medical record, that use of AI should be
20 documented in the medical record.
- 21 • AI tools or systems cannot augment, create, or otherwise generate records,
22 communications, or other content on behalf of a physician without that physician's
23 consent and final review.
- 24 • When health care content is generated by generative AI, including by large
25 language models, it should be clearly disclosed within the content that was
26 generated by an AI enabled technology.
- 27 • When AI or other algorithmic-based systems or programs are utilized in ways that
28 impact patient access to care, such as by payors to make claims determinations
29 or set coverage limitations, use of those systems or programs must be disclosed
30 to impacted parties.
- 31 • The use of AI-enabled technologies by hospitals, health systems, physician
32 practices, or other entities, where patients engage directly with AI should be clearly
33 disclosed to patients at the beginning of the encounter or interaction with the AI-
34 enabled technology.
35

36 What to Disclose: Required Disclosures by Health Care Augmented Intelligence-Enabled 37 Systems and Technologies

- 38
- 39 • When AI-enabled systems and technologies are utilized in health care, the
40 following information should be disclosed by the AI developer to allow the
41 purchaser and/or user (physician) to appropriately evaluate the system or
42 technology prior to purchase or utilization:
 - 43 ○ Regulatory approval status
 - 44 ○ Applicable consensus standards and clinical guidelines utilized in design,
45 development, deployment, and continued use of the technology
 - 46 ○ Clear description of problem formulation and intended use accompanied
47 by clear and detailed instructions for use
 - 48 ○ Intended population and intended practice setting

- 1 ○ Clear description of any limitations or risks for use, including possible
- 2 disparate impact
- 3 ○ Description of how impacted populations were engaged during the AI
- 4 lifecycle
- 5 ○ Detailed information regarding data used to train the model:
- 6 ▪ Data provenance
- 7 ▪ Data size and completeness
- 8 ▪ Data timeframes
- 9 ▪ Data diversity
- 10 ▪ Data labeling accuracy
- 11 ○ Validation Data/Information and evidence of:
- 12 ▪ Clinical expert validation in intended population and practice setting
- 13 and intended clinical outcomes
- 14 ▪ Constraint to evidence-based outcomes and mitigation of
- 15 “hallucination” or other output error
- 16 ▪ Algorithmic validation
- 17 ▪ External validation processes for ongoing evaluation of the model
- 18 performance, e.g., accounting for AI model drift and degradation
- 19 ▪ Comprehensiveness of data and steps taken to mitigate biased
- 20 outcomes
- 21 ▪ Other relevant performance characteristics, including but not limited
- 22 to performance characteristics at peer institutions/similar practice
- 23 settings
- 24 ▪ Post-market surveillance activities aimed at ensuring continued
- 25 safety, performance, and equity
- 26 ○ Data Use Policy
- 27 ▪ Privacy
- 28 ▪ Security
- 29 ▪ Special considerations for protected populations or groups put at
- 30 increased risk
- 31 ○ Information regarding maintenance of the algorithm, including any use of
- 32 active patient data for ongoing training
- 33 ○ Disclosures regarding the composition of design and development team,
- 34 including diversity and conflicts of interest, and points of physician
- 35 involvement and review
- 36
- 37 • Purchasers and/or users (physicians) should carefully consider whether or not to
- 38 engage with AI-enabled health care technologies if this information is not disclosed
- 39 by the developer. As the risk of AI being incorrect increases risks to patients (such
- 40 as with clinical applications of AI that impact medical decision making), disclosure
- 41 of this information becomes increasingly important. [See also Augmented
- 42 Intelligence in Health Care [H-480.939](#)]
- 43
- 44 Generative Augmented Intelligence
- 45
- 46 • Generative AI should: (a) only be used where appropriate policies are in place
- 47 within the practice or other health care organization to govern its use and help
- 48 mitigate associated risks; and (b) follow applicable state and federal laws and
- 49 regulations (e.g., HIPAA41 compliant Business Associate Agreement).

- 1 • Appropriate governance policies should be developed by health care organizations
2 and account for and mitigate risks of:
- 3 ○ Incorrect or falsified responses; lack of ability to readily verify the accuracy
4 of responses or the sources used to generate the response
- 5 ○ Training data set limitations that could result in responses that are out of
6 date or otherwise incomplete or inaccurate for all patients or specific
7 populations
- 8 ○ Lack of regulatory or clinical oversight to ensure performance of the tool
- 9 ○ Bias, discrimination, promotion of stereotypes, and disparate impacts on
10 access or outcomes
- 11 ○ Data privacy
- 12 ○ Cybersecurity
- 13 ○ Physician liability associated with the use of generative AI tools
- 14 • Health care organizations should work with their AI and other health information
15 technology (health IT) system developers to implement rigorous data validation
16 and verification protocols to ensure that only accurate, comprehensive, and bias
17 managed datasets inform generative AI models, thereby safeguarding equitable
18 patient care and medical outcomes. [See Augmented Intelligence in Health Care
19 [H-480.940](#) at (3)(d)]
- 20 • Use of generative AI should incorporate physician and staff education about the
21 appropriate use, risks, and benefits of engaging with generative AI. Additionally,
22 physicians should engage with generative AI tools only when adequate information
23 regarding the product is provided to physicians and other users by the developers
24 of those tools.
- 25 • Clinicians should be aware of the risks of patients engaging with generative AI
26 products that produce inaccurate or harmful medical information (e.g., patients
27 asking chatbots about symptoms) and should be prepared to counsel patients on
28 the limitations of AI driven medical advice.
- 29 • Governance policies should prohibit the use of confidential, regulated, or
30 proprietary information as prompts for generative AI to generate content.
- 31 • Data and prompts contributed by users should primarily be used by developers to
32 improve the user experience and AI tool quality and not simply increase the AI
33 tool's market value or revenue generating potential.

34 35 Physician Liability for Use of Augmented Intelligence-Enabled Technologies

- 37 • Current AMA policy states that liability and incentives should be aligned so that the
38 individual(s) or entity(ies) best positioned to know the AI system risks and best
39 positioned to avert or mitigate harm do so through design, development, validation,
40 and implementation. [See Augmented Intelligence in Health Care [H-480.939](#)]
- 41 ○ Where a mandated use of AI systems prevents mitigation of risk and harm,
42 the individual or entity issuing the mandate must be assigned all applicable
43 liability.
- 44 ○ Developers of autonomous AI systems with clinical applications (screening,
45 diagnosis, treatment) are in the best position to manage issues of liability
46 arising directly from system failure or misdiagnosis and must accept this
47 liability with measures such as maintaining appropriate medical liability
48 insurance and in their agreements with users.

- 1 ○ Health care AI systems that are subject to non-disclosure agreements
- 2 concerning flaws, malfunctions, or patient harm (referred to as gag clauses)
- 3 must not be covered or paid and the party initiating or enforcing the gag
- 4 clause assumes liability for any harm.
- 5 ● When physicians do not know or have reason to know that there are concerns
- 6 about the quality and safety of an AI-enabled technology, they should not be held
- 7 liable for the performance of the technology in question.

8 9 Data Privacy and Augmented Intelligence

- 10 ● Entity Responsibility:
- 11 ○ Entities should make information available about the intended use of
- 12 generative AI in health care and identify the purpose of its use. Individuals
- 13 should know how their data will be used or reused, and the potential risks
- 14 and benefits.
- 15 ○ Individuals should have the right to opt-out, update, or forget use of their
- 16 data in generative AI tools. These rights should encompass AI training data
- 17 and disclosure to other users of the tool.
- 18 ○ Generative AI tools should not reverse engineer, reconstruct, or reidentify
- 19 an individual's originally identifiable data or use identifiable data for
- 20 nonpermitted uses, e.g., when data are permitted to conduct quality and
- 21 safety evaluations. Preventive measures should include both legal
- 22 frameworks and data model protections, e.g., secure enclaves, federated
- 23 learning, and differential privacy.
- 24
- 25
- 26 ● User Education:
- 27 ○ Users should be provided with training specifically on generative AI.
- 28 Education should address:
- 29 ■ legal, ethical, and equity considerations;
- 30 ■ risks such as data breaches and re-identification;
- 31 ■ potential pitfalls of inputting sensitive and personal data; and
- 32 ■ the importance of transparency with patients regarding the use of
- 33 generative AI and their data.

34 [See [H-480.940](#), Augmented Intelligence in Health Care, at (4) and (5)]

35 36 Augmented Intelligence Cybersecurity

- 37
- 38 ● AI systems must have strong protections against input manipulation and malicious
- 39 attacks.
- 40 ● Entities developing or deploying health care AI should regularly monitor for
- 41 anomalies or performance deviations, comparing AI outputs against known and
- 42 normal behavior.
- 43 ● Independent of an entity's legal responsibility to notify a health care provider or
- 44 organization of a data breach, that entity should also act diligently in identifying
- 45 and notifying the individuals themselves of breaches that impact their personal
- 46 information.
- 47 ● Users should be provided education on AI cybersecurity fundamentals, including
- 48 specific cybersecurity risks that AI systems can face, evolving tactics of AI cyber

1 attackers, and the user's role in mitigating threats and reporting suspicious AI
2 behavior or outputs.

3 4 Payor Use of Augmented Intelligence and Automated Decision-Making Systems 5

- 6 • Use of automated decision-making systems that determine coverage limits, make
7 claim determinations, and engage in benefit design should be publicly reported,
8 based on easily accessible evidence-based clinical guidelines (as opposed to
9 proprietary payor criteria), and disclosed to both patients and their physician in a
10 way that is easy to understand.
- 11 • Payors should only use automated decision-making systems to improve or
12 enhance efficiencies in coverage and payment automation, facilitate administrative
13 simplification, and reduce workflow burdens. Automated decision-making systems
14 should never create or exacerbate overall or disparate access barriers to needed
15 benefits by increasing denials, coverage limitations, or limiting benefit offerings.
16 Use of automated decision-making systems should not replace the individualized
17 assessment of a patient's specific medical and social circumstances and payors'
18 use of such systems should allow for flexibility to override automated decisions.
19 Payors should always make determinations based on particular patient care needs
20 and not base decisions on algorithms developed on "similar" or "like" patients.
- 21 • Payors using automated decision-making systems should disclose information
22 about any algorithm training and reference data, including where data were
23 sourced and attributes about individuals contained within the training data set (e.g.,
24 age, race, gender). Payors should provide clear evidence that their systems do not
25 discriminate, increase inequities, and that protections are in place to mitigate bias.
- 26 • Payors using automated decision-making systems should identify and cite peer-
27 reviewed studies assessing the system's accuracy measured against the
28 outcomes of patients and the validity of the system's predictions.
- 29 • Any automated decision-making system recommendation that indicates limitations
30 or denials of care, at both the initial review and appeal levels, should be
31 automatically referred for review to a physician (a) possessing a current and valid
32 non-restricted license to practice medicine in the state in which the proposed
33 services would be provided if authorized and (b) be of the same specialty as the
34 physician who typically manages the medical condition or disease or provides the
35 health care service involved in the request prior to issuance of any final
36 determination. Prior to issuing an adverse determination, the treating physician
37 must have the opportunity to discuss the medical necessity of the care directly with
38 the physician who will be responsible for determining if the care is authorized.
- 39 • Individuals impacted by a payor's automated decision-making system, including
40 patients and their physicians, must have access to all relevant information
41 (including the coverage criteria, results that led to the coverage determination, and
42 clinical guidelines used).
- 43 • Payors using automated decision-making systems should be required to engage
44 in regular system audits to ensure use of the system is not increasing overall or
45 disparate claims denials or coverage limitations, or otherwise decreasing access
46 to care. Payors using automated decision-making systems should make statistics
47 regarding systems' approval, denial, and appeal rates available on their website
48 (or another publicly available website) in a readily accessible format with patient
49 population demographics to report and contextualize equity implications of

1 automated decisions. Insurance regulators should consider requiring reporting of
2 payor use of automated decision-making systems so that they can be monitored
3 for negative and disparate impacts on access to care. Payor use of automated
4 decision-making systems must conform to all relevant state and federal laws.

- 5 • (New HOD Policy)

6 7 **RESOLUTION 202**

8
9 RESOLVED, that our American Medical Association adopt as policy that Commercial
10 third-party payors, Medicare, Medicaid, Workers Compensation, Medicare Advantage and
11 other health plans ensure they are making medical necessity determinations based on the
12 circumstances of the specific patient rather than by using an algorithm, software, or
13 Artificial Intelligence (AI) that does not account for an individual's circumstances (New
14 HOD Policy); and be it further

15
16 RESOLVED, that our AMA adopt as policy that coverage denials based on a medical
17 necessity determination must be reviewed by a physician in the same specialty or by
18 another appropriate health care professional for non-physician health care providers.
19 (New HOD Policy)

20 21 **RESOLUTION 246**

22
23 RESOLVED, that our American Medical Association amend its augmented intelligence
24 policy to align with the following:

25 26 **Augmented Intelligence in Health Care**

27
28 The American Medical Association supports the use of augmented intelligence (AI) when
29 used appropriately to support physician decision-making, enhance patient care, improve
30 administrative functions, and improve public health without reducing the importance of
31 physician decision-making. Augmented intelligence also should be used in ways that
32 reduce physician burden and increase professional satisfaction. Sufficient safeguards
33 should be in place to assign appropriate liability inherent in augmented intelligence to the
34 software developers and not to those with no control over the software content and
35 integrity, such as physicians and other users. Ultimately, it is the physician's responsibility
36 to uphold the standard of care.

37
38 The American Medical Association adopts the following principles for augmented
39 intelligence in health care:

- 40
41 1. Augmented intelligence should be the preferred health care term over artificial
42 intelligence as it should be used to augment care by providing information for
43 consideration. Augmented intelligence, whether assistive or fully autonomous, is
44 intended to co-exist with human decision-making and should not be used to replace
45 physician reasoning and knowledge.
- 46 2. Physicians should not be mandated to use augmented intelligence without having
47 input or feedback into how the tool is used either individually or as a medical staff.
- 48 3. Augmented intelligence must not replace or diminish the patient-physician
49 relationship.

- 1 4. Algorithms developed to augment user intelligence must be designed for the benefit,
2 safety, and privacy of the patient. The AMA should research opportunities to place
3 practicing physicians on public and private panels, work groups, and committees that
4 will evaluate products as they are developed.
- 5 5. Sellers and distributors of augmented intelligence should disclose that it has met all
6 state and federal legal and regulatory compliance with regulations such as, but not
7 limited to, those of HIPAA, the U.S. Department of Health and Human Services, and
8 the U.S. Food and Drug Administration.
- 9 6. Use of augmented intelligence, machine learning, and clinical decision support has
10 inherent known risks. These risks should be recognized, and legal and ethical
11 responsibility for the use and output of these products must be assumed by, including
12 but not limited to, developers, distributors, and users with each entity owning
13 responsibility for its respective role in the development, dissemination,
14 implementation, and use of products used in clinical care.
- 15 7. Users should have clear guidelines for how and where to report any identified
16 anomalies. Additionally, as with all technology, there should be a national database
17 for reporting errors that holds developers accountable for correcting identified issues.
- 18 8. Before using augmented intelligence, physicians and all users should receive
19 adequate training and have educational materials available for reference, especially
20 in instances where the technology is not intuitive and there are periods of nonuse.
- 21 9. Physicians should inquire about whether the AI used is a “continuously learning
22 system” versus a “locked system.” A locked system is more appropriate for clinical
23 care, although a hybrid system may be appropriate as long as the clinical output is
24 based on locked training sets. A locked system gives a predictable output, whereas a
25 continuous learning system will change over time.
- 26 10. Algorithms and other information used to derive the information presented as
27 augmented intelligence to physicians and other clinicians should:
28
 - 29 a. Be developed transparently in a way that is accessible, explainable, and
30 understandable to clinicians and patients and details the benefits and limitations
31 of the clinical decision support, and/or augmented intelligence
 - 32 b. Have reproducible and explainable outputs
 - 33 c. Function in a way that promotes health equities while eliminating potential biases
34 that exacerbate health disparities
 - 35 d. Use best practices for user-centered design that allows for efficient and
36 satisfactory use of the technology;
 - 37 e. Safeguard patient information by employing privacy and security standards that
38 comply with HIPAA and state privacy regulations
 - 39 f. Have a feedback loop that allows users who identify potential safety hazards to
40 easily report problems and malfunctions as well as opportunities to report methods
41 for improvements; and
 - 42 g. Contain a level of compatibility to allow use of information between hardware and
43 software made by different manufacturers.
- 44
- 45 11. Medical students and residents need to learn about the opportunities and limitations
46 of augmented intelligence as they are prepared for future medical practice.
- 47 12. The AMA will advocate, through legislation or regulation, for payment to physicians for
48 utilization of artificial intelligence tools that have additional cost or require additional
49 time.

1 13. Recognizing the rapid pace of change in augmented intelligence, it is important to
 2 continually assess and update the AMA's principles at regular intervals. (Modify
 3 Current HOD Policy)
 4

5 Your Reference Committee heard mixed testimony on the recommendations in BOT
 6 Report 15. Your Reference Committee heard testimony acknowledging the extensive
 7 vetting process the recommendations in BOT Report 15 underwent by the Board, Council
 8 on Legislation, various AMA business units, multiple specialty societies with expertise in
 9 AI, and external AI experts. Testimony also acknowledged that the recommendations were
 10 carefully drafted to supplement and build upon existing AMA AI policy, notably H-480.940
 11 and H-480.939 on Augmented Intelligence in Health Care, and D-480.956 on the Use of
 12 Augmented Intelligence for Prior Authorization, along with our AMA's Privacy
 13 Principles. Testimony further commended the Board for its thoughtful analysis but
 14 expressed concerns over omissions in the report regarding the use of AI in the
 15 development of scientific literature and the feasibility of some of the transparency and
 16 disclosures recommendations. Testimony expressed concerns that the disclosure and
 17 transparency recommendations would pose additional burdens on physicians. Your
 18 Reference Committee heard testimony regarding Resolutions 202 and 246, as well as
 19 considered the substantive on-line comments, which noted that BOT 15 did not address
 20 some of the issues raised in these resolutions and comments. Testimony was further
 21 heard recommending that BOT 15 should be referred along with Resolutions 202 and 246
 22 for further consideration. Your Reference Committees agrees and recommends referral of
 23 BOT 15 and Resolutions 202 and 246 as well as the online forum comments for report
 24 back at I-24.
 25

26 (50) RESOLUTION 218 — DESIGNATION OF
 27 DESCENDANTS OF ENSLAVED AFRICANS IN
 28 AMERICA
 29

30 RECOMMENDATION:
 31

32 Madam Speaker, your Reference Committee recommends
 33 that Resolution 218 be referred.
 34

35 **HOD ACTION: Resolution 218 referred.**
 36

37 **RESOLVED**, that our American Medical Association work with appropriate organizations
 38 including, but not limited to, the Association of American Medical Colleges to adopt and
 39 define the term Descendants of Enslaved Africans in America and separate it from the
 40 generic terms African American and Black in glossaries and on medical school
 41 applications. (Directive to Take Action)
 42

43 Your Reference Committee heard mixed testimony on Resolution 218. Your Reference
 44 Committee heard that descendants of Enslaved Africans in America are a unique
 45 population and that it is important to disaggregate data to make sure everyone is
 46 recognized and that the data influencing policies, programs, and solutions are accurate.
 47 However, testimony also highlighted that over the last four years our AMA has been
 48 working with the Association of American Medical Colleges and the Accreditation Council
 49 for Graduate Medical Education through the Physician Data Collaborative (PDC) to
 50 establish best practices for data sharing and standards for sociodemographic data,

1 including race, ethnicity, and more. Your Reference Committee heard that these efforts
 2 will enable meaningful, collaborative research to better understand the dynamics of the
 3 physician workforce continuum. Your Reference Committee also heard that the Office of
 4 Management and Budget recently concluded an extensive national consultation process
 5 concerning updating race and ethnicity standards, which our AMA provided comments on,
 6 and which found that further research is needed to fully understand the implications of a
 7 designation for “descendants of enslaved Africans in America” because individuals and
 8 civil rights groups disagreed on whether or how to implement this potential revision. Your
 9 Reference Committee heard that although the resolution has merit, our AMA needs more
 10 time to understand its nuances and implications and to collaborate with our partners
 11 through the PDC to discuss and fully consider the short and long-term implications of these
 12 changes. Therefore, your Reference Committee recommends that Resolution 218 be
 13 referred.

14
 15 (51) RESOLUTION 243 — DISAGGREGATION OF
 16 DEMOGRAPHIC DATA FOR INDIVIDUALS OF
 17 FEDERALLY RECOGNIZED TRIBES

18
 19 RECOMMENDATION:

20
 21 Madam Speaker, your Reference Committee recommends
 22 that Resolution 243 be referred.

23
 24 **HOD ACTION: Resolution 243 referred.**

25
 26 RESOLVED, that our American Medical Association add “Enrolled Member of a Federally
 27 Recognized Tribe” on all AMA demographic forms (Directive to Take Action); and be it further
 28 further

29
 30 RESOLVED, that our AMA advocate for the use of “Enrolled Member of a Federally
 31 Recognized Tribe” as an additional category in all uses of demographic data including but
 32 not limited to medical records, government data collection and research, and within
 33 medical education (Directive to Take Action); and be it further

34
 35 RESOLVED, that our AMA support the Association of American Medical Colleges (AAMC)
 36 inclusion of “Enrolled Member of a Federally Recognized Tribe” on all AAMC demographic
 37 forms (New HOD Policy); and be it further

38
 39 RESOLVED, that our AMA advocate for the Accreditation Council for Graduate Medical
 40 Education (ACGME) to include “Enrolled Member of a Federally Recognized Tribe” on all
 41 ACGME demographic forms. (Directive to Take Action)

42
 43
 44 Your Reference Committee heard mixed testimony on Resolution 243. Your Reference
 45 Committee heard that over the last four years our AMA has been working with the
 46 Association of American Medical Colleges and the Accreditation Council for Graduate
 47 Medical Education through the Physician Data Collaborative (PDC) to establish best
 48 practices for data sharing and standards for sociodemographic data, including race,
 49 ethnicity, and more. Your Reference Committee heard that these efforts will enable
 50 meaningful, collaborative research to better understand the dynamics of the physician

1 workforce continuum. Your Reference Committee also heard that the Office of
2 Management and Budget (OMB) recently concluded an extensive national consultation
3 process concerning updating race and ethnicity standards, which our AMA commented
4 on. Testimony highlighted that the OMB ultimately decided to “remove the phrase ‘who
5 maintains tribal affiliation or community attachment’ in the American Indian/Alaska Native
6 (AI/AN) definition....to improve estimates of the AI/AN population in Federal
7 statistics.” However, your Reference Committee also heard that there may be value in
8 collecting data of members of a federally recognized tribe because it is a legal designation
9 and not a racial category and therefore not subject to the recent U.S. Supreme Court
10 decisions banning the use of race in holistic college admissions processes. Your
11 Reference Committee heard that a potential disadvantage is that there are state
12 recognized tribes and tribes which have lost their federal recognition who would be
13 excluded from this data category. Your Reference Committee also heard that our AMA
14 believed it would be beneficial to study the implications of this designation to ensure that
15 our policy is more comprehensive and does not exclude AI/AN individuals because their
16 tribe is not federally recognized. Testimony also noted that more time is needed to
17 understand the nuances and implications of this resolution and to collaborate with our
18 partners through the PDC to discuss and fully consider the short and long-term
19 implications of these changes. Therefore, your Reference Committee recommends that
20 Resolution 243 be referred.

1 **RECOMMENDED FOR NOT ADOPTION**

2
3 (52) RESOLUTION 225 — HUMANITARIAN EFFORTS TO
4 RESETTLE REFUGEES

5
6 RECOMMENDATION:

7
8 Madam Speaker, your Reference Committee recommends
9 that Resolution 225 not be adopted.

10
11 **HOD ACTION: Resolution 225 not adopted.**

12
13 **RESOLVED**, that our American Medical Association support increases and oppose
14 decreases to the annual refugee admissions cap in the United States. (New HOD Policy)

15
16 Your Reference Committee heard mixed testimony on Resolution 225. Your Reference
17 Committee heard that increasing refugee admission caps is an important social justice
18 issue that will allow more individuals to enter into the United States and begin a new life
19 here. Testimony stated that the United States should be doing more to ensure the
20 wellbeing and safety of refugees all around the world and that this was one small step to
21 help. However, your Reference Committee also heard that the United States is struggling
22 to find adequate funding for necessities for citizens of the United States and that we do
23 not have the ability to provide further monetary assistance to additional asylum seekers at
24 this time. Additionally, testimony stated that our AMA is not an organization that focuses
25 on immigration and does not have the background, expertise, or bandwidth to handle
26 advocacy in this space. Furthermore, your Reference Committee heard that engaging with
27 immigration policy at this time could be politically turbulent and could endanger our AMA's
28 advocacy on other issues. Therefore, your Reference Committee recommends that
29 Resolution 225 not be adopted.

1 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

2
3 (53) RESOLUTION 237 — ENCOURAGING THE PASSAGE
4 OF THE PREVENTIVE HEALTH SAVINGS ACT (S.114)

5
6 RECOMMENDATION:

7
8 Madam Speaker, your Reference Committee recommends
9 that AMA Policies D-155.994, H-425.988, H-460.894, and
10 H-425.987 be reaffirmed in lieu of Resolution 237.

11
12 **HOD ACTION: AMA Policies D-155.994, H-425.988, H-**
13 **460.894, and H-425.987 reaffirmed in lieu of Resolution 237.**

14
15 RESOLVED, that our American Medical Association encourages continued advocacy to
16 federal and state legislatures of the importance of more accurately and effectively
17 measuring the health and economic impacts of investing in preventive health services to
18 improve health and reduce healthcare spending costs in the long term. (Directive to Take
19 Action); and be it further

20
21 RESOLVED, that our AMA reaffirm the following policy: D-155.994, “Value-Based
22 Decision Making in the Health Care System” to encourage legislation and efforts to allow
23 the Congressional Budget Office to more effectively project long-term budget deficit
24 reductions and costs associated with legislation related to preventive health services.
25 (Reaffirm HOD Policy)

26
27 Your Reference Committee heard mixed testimony on Resolution 237. Your Reference
28 Committee heard that the Congressional Budget Office (CBO) was established to provide
29 objective, nonpartisan information to support the U.S. budget process and aid Congress
30 in making effective budget and economic policy and that the CBO is directed to estimate
31 and project the cost of legislation approved by Congressional committees for a specified
32 period of time, usually 10 years. In addition, your Reference Committee heard that 70
33 percent of U.S. health care expenditures is spent on the management and treatment of
34 chronic disease, and that while much of the political debate around health care in the
35 United States has focused primarily on insurance coverage and access, there has been
36 little discussion around a true transformation of the health system, beginning with
37 measurements of the impacts of preventive health policy. Your Reference Committee also
38 heard an amendment offered to add a reference to “primary care” in the resolution which
39 did not receive much support. Your Reference Committee also heard that the House of
40 Representatives passed legislation, in a bipartisan vote, to direct the CBO to expand the
41 scoring window to estimate the budgetary effects of legislation related to preventive health
42 care services and that our AMA already sent a letter in support of this legislation to House
43 leadership. Your Reference Committee further heard that our AMA already has policy, as
44 noted in the resolution, that recognizes the value and importance of preventive services,
45 and supports legislation and efforts that allow the CBO to more effectively project long-
46 term budget deficit reductions and costs associated with preventive health services. Your
47 Reference Committee heard testimony in favor of reaffirmation of these policies in lieu of
48 adoption. Therefore, your Reference Committee recommends that existing AMA policies
49 D-155.994, H-425.988, H-460.894, and H-425.987 be reaffirmed in lieu of Resolution 237.

Value-Based Decision-Making in the Health Care System D-155.994

1. Our AMA will advocate for third-party payers and purchasers to make cost data available to physicians in a useable form at the point of service and decision-making, including the cost of each alternate intervention, and the insurance coverage and cost-sharing requirements of the respective patient.

2. Our AMA encourages efforts by the Congressional Budget Office to more comprehensively measure the long-term as well as short-term budget deficit reductions and costs associated with legislation related to the prevention of health conditions and effects as a key step in improving and promoting value-based decision-making by Congress.

The US Preventive Services Task Force Guide to Clinical Preventive Services H-425.988

It is the policy of the AMA: (1) to continue to work with the federal government, specialty societies, and others, to develop guidelines for, and effective means of delivery of, clinical preventive services; and (2) to continue our efforts to develop and encourage continuing medical education programs in preventive medicine.

Value of Preventive Services H-460.894

Our AMA: (1) encourages committees that make preventive services recommendations to: (a) follow processes that promote transparency and clarity among their methods; (b) develop evidence reviews and recommendations with enough specificity to inform cost-effectiveness analyses; (c) rely on the very best evidence available, with consideration of expert consensus only when other evidence is not available; (d) work together to identify preventive services that are not supported by evidence or are not cost-effective, with the goal of prioritizing preventive services; and (e) consider the development of recommendations on both primary and secondary prevention; (2) encourages relevant national medical specialty societies to provide input during the preventive services recommendation development process; (3) encourages comparative-effectiveness research on secondary prevention to provide data that could support evidence-based decision making; and (4) encourages public and private payers to cover preventive services for which consensus has emerged in the recommendations of multiple guidelines-making groups.

Preventive Medicine Services H-425.987

1. Our AMA supports (A) continuing to work with the appropriate national medical specialty societies in evaluating and coordinating the development of practice parameters, including those for preventive services; (B) continuing to actively encourage the insurance industry to offer products that include coverage for general preventive services; and (C) appropriate reimbursement and coding for established preventive services.

2. Our AMA will seek legislation or regulation so that evidence-based screenings are paid for separately when provided as part of a comprehensive well-patient examination/review.

1 (54) RESOLUTION 244 — GRADUATE MEDICAL
 2 EDUCATION OPPORTUNITIES FOR AMERICAN INDIAN
 3 AND ALASKA NATIVE COMMUNITIES
 4

5 RECOMMENDATION:
 6

7 Madam Speaker, your Reference Committee recommends
 8 that AMA Policies H-350.977, H-350.976, and D-305.967 be
 9 reaffirmed in lieu of Resolution 244.

10
 11 **HOD ACTION: AMA Policies H-350.977, H-350.976, and D-
 12 305.967 reaffirmed in lieu of Resolution 244.**
 13

14 RESOLVED, that our American Medical Association supports policy and communication
 15 efforts to (1) advance legislative and regulatory policies and actions that establish,
 16 authorize, fund, and incentivize the creation of graduate medical education opportunities
 17 in IHS, Tribal-administered, and urban Indian health organizations and facilities and (2)
 18 establish associated partnerships with accredited medical schools and teaching hospitals
 19 (New HOD Policy); and be it further
 20

21 RESOLVED, that our AMA supports collaboratively working with Tribal nations, Tribal
 22 organizations, academic medical centers, policy professionals, medical schools, teaching
 23 hospitals, coalition builders, and other stakeholders to advocate to Congress, The White
 24 House, the Department of Health and Human Services, and other government entities to
 25 establish dedicated graduate medical education funding and programs that benefit Tribal
 26 communities, increase physician training sites, and reduce physician shortages,
 27 particularly among underserved populations. (New HOD Policy)
 28

29 Your Reference Committee heard mixed testimony on Resolution 244. Your Reference
 30 Committee heard about the importance of graduate medical education (GME) funding and
 31 the need for increased support of GME within the Indian Health Service (IHS). Testimony
 32 noted the increased health needs of the American Indian and Alaska Native (AI/AN)
 33 population and the serious need for more physician providers within these communities.
 34 However, your Reference Committee also heard that our AMA already has existing policy
 35 that guides our AMA to advance legislative and regulatory policies that bolster and fund
 36 graduate medical education opportunities in IHS, Tribal-administered, and urban Indian
 37 health organizations and facilities. Furthermore, testimony noted that our current policy
 38 also already addresses the importance of the creation and maintenance of partnerships
 39 in this space. Your Reference Committee also heard that our AMA is already engaged in
 40 this work and has signed onto multiple letters requesting more funding for IHS GME.
 41 Testimony also highlighted that our AMA has supported bills like the IHS Workforce Parity
 42 Act and asked for additional IHS GME funding and support in Statements for the Record,
 43 letters to the Administration, and comment letters. Your Reference Committee also heard
 44 that our AMA is consistently advocating for more holistic GME funding, including IHS GME
 45 funding. Your Reference Committee also notes that duplicative policy would potentially
 46 cause confusion. Therefore, your Reference Committee recommends that existing AMA
 47 policies H-350.977, H-350.976, and D-305-967 be reaffirmed in lieu of Resolution 244.

Indian Health Service H-350.977

The policy of the AMA is to support efforts in Congress to enable the Indian Health Service to meet its obligation to bring American Indian health up to the general population level. The AMA specifically recommends: (1) Indian Population: (a) In current education programs, and in the expansion of educational activities suggested below, special consideration be given to involving the American Indian and Alaska native population in training for the various health professions, in the expectation that such professionals, if provided with adequate professional resources, facilities, and income, will be more likely to serve the tribal areas permanently; (b) Exploration with American Indian leaders of the possibility of increased numbers of nonfederal American Indian health centers, under tribal sponsorship, to expand the American Indian role in its own health care; (c) Increased involvement of private practitioners and facilities in American Indian care, through such mechanisms as agreements with tribal leaders or Indian Health Service contracts, as well as normal private practice relationships; and (d) Improvement in transportation to make access to existing private care easier for the American Indian population.

(2) Federal Facilities: Based on the distribution of the eligible population, transportation facilities and roads, and the availability of alternative nonfederal resources, the AMA recommends that those Indian Health Service facilities currently necessary for American Indian care be identified and that an immediate construction and modernization program be initiated to bring these facilities up to current standards of practice and accreditation.

(3) Manpower: (a) Compensation for Indian Health Service physicians be increased to a level competitive with other Federal agencies and nongovernmental service; (b) Consideration should be given to increased compensation for service in remote areas; (c) In conjunction with improvement of Service facilities, efforts should be made to establish closer ties with teaching centers, thus increasing both the available manpower and the level of professional expertise available for consultation; (d) Allied health professional staffing of Service facilities should be maintained at a level appropriate to the special needs of the population served; (e) Continuing education opportunities should be provided for those health professionals serving these communities, and especially those in remote areas, and, increased peer contact, both to maintain the quality of care and to avert professional isolation; and (f) Consideration should be given to a federal statement of policy supporting continuation of the Public Health Service to reduce the great uncertainty now felt by many career officers of the corps.

(4) Medical Societies: In those states where Indian Health Service facilities are located, and in counties containing or adjacent to Service facilities, that the appropriate medical societies should explore the possibility of increased formal liaison with local Indian Health Service physicians. Increased support from organized medicine for improvement of health care provided under their direction, including professional consultation and involvement in society activities should be pursued.

(5) Our AMA also support the removal of any requirement for competitive bidding in the Indian Health Service that compromises proper care for the American Indian population.

(6) Our AMA will advocate that the Indian Health Service (IHS) establish an Office of Academic Affiliations responsible for coordinating partnerships with LCME- and COCA-accredited medical schools and ACGME-accredited residency programs.

1 (7) Our AMA will encourage the development of funding streams to promote
 2 rotations and learning opportunities at Indian Health Service, Tribal, and Urban
 3 Indian Health Programs.
 4

5 **Improving Health Care of American Indians H-350.976**

6 Our AMA recommends that: (1) All individuals, special interest groups, and levels
 7 of government recognize the American Indian people as full citizens of the U.S.,
 8 entitled to the same equal rights and privileges as other U.S. citizens.

9 (2) The federal government provide sufficient funds to support needed health
 10 services for American Indians.

11 (3) State and local governments give special attention to the health and health-
 12 related needs of nonreservation American Indians in an effort to improve their
 13 quality of life.

14 (4) American Indian religions and cultural beliefs be recognized and respected by
 15 those responsible for planning and providing services in Indian health programs.

16 (5) Our AMA recognize the "medicine man" as an integral and culturally necessary
 17 individual in delivering health care to American Indians.

18 (6) Strong emphasis be given to mental health programs for American Indians in
 19 an effort to reduce the high incidence of alcoholism, homicide, suicide, and
 20 accidents.

21 (7) A team approach drawing from traditional health providers supplemented by
 22 psychiatric social workers, health aides, visiting nurses, and health educators be
 23 utilized in solving these problems.

24 (8) Our AMA continue its liaison with the Indian Health Service and the National
 25 Indian Health Board and establish a liaison with the Association of American Indian
 26 Physicians.

27 (9) State and county medical associations establish liaisons with intertribal health
 28 councils in those states where American Indians reside.

29 (10) Our AMA supports and encourages further development and use of innovative
 30 delivery systems and staffing configurations to meet American Indian health needs
 31 but opposes overemphasis on research for the sake of research, particularly if
 32 needed federal funds are diverted from direct services for American Indians.

33 (11) Our AMA strongly supports those bills before Congressional committees that
 34 aim to improve the health of and health-related services provided to American
 35 Indians and further recommends that members of appropriate AMA councils and
 36 committees provide testimony in favor of effective legislation and proposed
 37 regulations.
 38

39 **The Preservation, Stability and Expansion of Full Funding for Graduate 40 Medical Education D-305.967**

41 1. Our AMA will actively collaborate with appropriate stakeholder organizations,
 42 (including Association of American Medical Colleges, American Hospital
 43 Association, state medical societies, medical specialty societies/associations) to
 44 advocate for the preservation, stability and expansion of full funding for the direct
 45 and indirect costs of graduate medical education (GME) positions from all existing
 46 sources (e.g. Medicare, Medicaid, Veterans Administration, CDC and others).

47 2. Our AMA will actively advocate for the stable provision of matching federal funds
 48 for state Medicaid programs that fund GME positions.

- 1 3. Our AMA will actively seek congressional action to remove the caps on Medicare
2 funding of GME positions for resident physicians that were imposed by the
3 Balanced Budget Amendment of 1997 (BBA-1997).
- 4 4. Our AMA will strenuously advocate for increasing the number of GME positions
5 to address the future physician workforce needs of the nation.
- 6 5. Our AMA will oppose efforts to move federal funding of GME positions to the
7 annual appropriations process that is subject to instability and uncertainty.
- 8 6. Our AMA will oppose regulatory and legislative efforts that reduce funding for
9 GME from the full scope of resident educational activities that are designated by
10 residency programs for accreditation and the board certification of their graduates
11 (e.g. didactic teaching, community service, off-site ambulatory rotations, etc.).
- 12 7. Our AMA will actively explore additional sources of GME funding and their
13 potential impact on the quality of residency training and on patient care.
- 14 8. Our AMA will vigorously advocate for the continued and expanded contribution
15 by all payers for health care (including the federal government, the states, and
16 local and private sources) to fund both the direct and indirect costs of GME.
- 17 9. Our AMA will work, in collaboration with other stakeholders, to improve the
18 awareness of the general public that GME is a public good that provides essential
19 services as part of the training process and serves as a necessary component of
20 physician preparation to provide patient care that is safe, effective and of high
21 quality.
- 22 10. Our AMA staff and governance will continuously monitor federal, state and
23 private proposals for health care reform for their potential impact on the
24 preservation, stability and expansion of full funding for the direct and indirect costs
25 of GME.
- 26 11. Our AMA: (a) recognizes that funding for and distribution of positions for GME
27 are in crisis in the United States and that meaningful and comprehensive reform is
28 urgently needed; (b) will immediately work with Congress to expand medical
29 residencies in a balanced fashion based on expected specialty needs throughout
30 our nation to produce a geographically distributed and appropriately sized
31 physician workforce; and to make increasing support and funding for GME
32 programs and residencies a top priority of the AMA in its national political agenda;
33 and (c) will continue to work closely with the Accreditation Council for Graduate
34 Medical Education, Association of American Medical Colleges, American
35 Osteopathic Association, and other key stakeholders to raise awareness among
36 policymakers and the public about the importance of expanded GME funding to
37 meet the nation's current and anticipated medical workforce needs.
- 38 12. Our AMA will collaborate with other organizations to explore evidence-based
39 approaches to quality and accountability in residency education to support
40 enhanced funding of GME.
- 41 13. Our AMA will continue to strongly advocate that Congress fund additional
42 graduate medical education (GME) positions for the most critical workforce needs,
43 especially considering the current and worsening maldistribution of physicians.
- 44 14. Our AMA will advocate that the Centers for Medicare and Medicaid Services
45 allow for rural and other underserved rotations in Accreditation Council for
46 Graduate Medical Education (ACGME)-accredited residency programs, in
47 disciplines of particular local/regional need, to occur in the offices of physicians
48 who meet the qualifications for adjunct faculty of the residency program's
49 sponsoring institution.

1 15. Our AMA encourages the ACGME to reduce barriers to rural and other
2 underserved community experiences for graduate medical education programs
3 that choose to provide such training, by adjusting as needed its program
4 requirements, such as continuity requirements or limitations on time spent away
5 from the primary residency site.

6 16. Our AMA encourages the ACGME and the American Osteopathic Association
7 (AOA) to continue to develop and disseminate innovative methods of training
8 physicians efficiently that foster the skills and inclinations to practice in a health
9 care system that rewards team-based care and social accountability.

10 17. Our AMA will work with interested state and national medical specialty societies
11 and other appropriate stakeholders to share and support legislation to increase
12 GME funding, enabling a state to accomplish one or more of the following: (a) train
13 more physicians to meet state and regional workforce needs; (b) train physicians
14 who will practice in physician shortage/underserved areas; or (c) train physicians
15 in undersupplied specialties and subspecialties in the state/region.

16 18. Our AMA supports the ongoing efforts by states to identify and address
17 changing physician workforce needs within the GME landscape and continue to
18 broadly advocate for innovative pilot programs that will increase the number of
19 positions and create enhanced accountability of GME programs for quality
20 outcomes.

21 19. Our AMA will continue to work with stakeholders such as Association of
22 American Medical Colleges (AAMC), ACGME, AOA, American Academy of Family
23 Physicians, American College of Physicians, and other specialty organizations to
24 analyze the changing landscape of future physician workforce needs as well as
25 the number and variety of GME positions necessary to provide that workforce.

26 20. Our AMA will explore innovative funding models for incremental increases in
27 funded residency positions related to quality of resident education and provision of
28 patient care as evaluated by appropriate medical education organizations such as
29 the Accreditation Council for Graduate Medical Education.

30 21. Our AMA will utilize its resources to share its content expertise with
31 policymakers and the public to ensure greater awareness of the significant societal
32 value of graduate medical education (GME) in terms of patient care, particularly
33 for underserved and at-risk populations, as well as global health, research and
34 education.

35 22. Our AMA will advocate for the appropriation of Congressional funding in
36 support of the National Healthcare Workforce Commission, established under
37 section 5101 of the Affordable Care Act, to provide data and healthcare workforce
38 policy and advice to the nation and provide data that support the value of GME to
39 the nation.

40 23. Our AMA supports recommendations to increase the accountability for and
41 transparency of GME funding and continue to monitor data and peer-reviewed
42 studies that contribute to further assess the value of GME.

43 24. Our AMA will explore various models of all-payer funding for GME, especially
44 as the Institute of Medicine (now a program unit of the National Academy of
45 Medicine) did not examine those options in its 2014 report on GME governance
46 and financing.

47 25. Our AMA encourages organizations with successful existing models to
48 publicize and share strategies, outcomes and costs.

- 1 26. Our AMA encourages insurance payers and foundations to enter into
2 partnerships with state and local agencies as well as academic medical centers
3 and community hospitals seeking to expand GME.
- 4 27. Our AMA will develop, along with other interested stakeholders, a national
5 campaign to educate the public on the definition and importance of graduate
6 medical education, student debt and the state of the medical profession today and
7 in the future.
- 8 28. Our AMA will collaborate with other stakeholder organizations to evaluate and
9 work to establish consensus regarding the appropriate economic value of resident
10 and fellow services.
- 11 29. Our AMA will monitor ongoing pilots and demonstration projects, and explore
12 the feasibility of broader implementation of proposals that show promise as
13 alternative means for funding physician education and training while providing
14 appropriate compensation for residents and fellows.
- 15 30. Our AMA will monitor the status of the House Energy and Commerce
16 Committee's response to public comments solicited regarding the 2014 IOM
17 report, Graduate Medical Education That Meets the Nation's Health Needs, as well
18 as results of ongoing studies, including that requested of the GAO, in order to
19 formulate new advocacy strategy for GME funding, and will report back to the
20 House of Delegates regularly on important changes in the landscape of GME
21 funding.
- 22 31. Our AMA will advocate to the Centers for Medicare & Medicaid Services to
23 adopt the concept of "Cap-Flexibility" and allow new and current Graduate Medical
24 Education teaching institutions to extend their cap-building window for up to an
25 additional five years beyond the current window (for a total of up to ten years),
26 giving priority to new residency programs in underserved areas and/or
27 economically depressed areas.
- 28 32. Our AMA will: (a) encourage all existing and planned allopathic and osteopathic
29 medical schools to thoroughly research match statistics and other career
30 placement metrics when developing career guidance plans; (b) strongly advocate
31 for and work with legislators, private sector partnerships, and existing and planned
32 osteopathic and allopathic medical schools to create and fund graduate medical
33 education (GME) programs that can accommodate the equivalent number of
34 additional medical school graduates consistent with the workforce needs of our
35 nation; and (c) encourage the Liaison Committee on Medical Education (LCME),
36 the Commission on Osteopathic College Accreditation (COCA), and other
37 accrediting bodies, as part of accreditation of allopathic and osteopathic medical
38 schools, to prospectively and retrospectively monitor medical school graduates'
39 rates of placement into GME as well as GME completion.
- 40 33. Our AMA encourages the Secretary of the U.S. Department of Health and
41 Human Services to coordinate with federal agencies that fund GME training to
42 identify and collect information needed to effectively evaluate how hospitals, health
43 systems, and health centers with residency programs are utilizing these financial
44 resources to meet the nation's health care workforce needs. This includes
45 information on payment amounts by the type of training programs supported,
46 resident training costs and revenue generation, output or outcomes related to
47 health workforce planning (i.e., percentage of primary care residents that went on
48 to practice in rural or medically underserved areas), and measures related to
49 resident competency and educational quality offered by GME training programs.

- 1 34. Our AMA will publicize best practice examples of state-funded Graduate
- 2 Medical Education positions and develop model state legislation where
- 3 appropriate.

1 Madam Speaker, this concludes the report of Reference Committee B. I would like to
2 thank Landon Combs, MD, Cheryl Gibson Fountain, MD, Tilden Childs III, MD, Matthew
3 Burday, DO, Jennifer Hone, MD, Dayna Isaacs, MD, and all those who testified before the
4 Committee.

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DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2024 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-24)

Report of Reference Committee C

Cheryl Hurd, MD, MA, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 31 - The Morrill Act and its Impact on the Diversity of the Physician Workforce
2. Council on Medical Education Report 01 - Council on Medical Education Sunset Review of 2014 House of Delegates' Policies

RECOMMENDED FOR ADOPTION AS AMENDED

3. Council on Medical Education Report 02 - The Current Match Process and Alternatives
4. Resolution 304 - Spirituality in Medical Education and Practice
5. Resolution 305 - Public Service Loan Forgiveness Reform
6. Resolution 308 - Transforming the USMLE Step 3 Examination to Alleviate Housestaff Financial Burden, Facilitate High-Quality Patient Care, and Promote Housestaff Well-Being
7. Resolution 310 - Accountability & Transparency in GME Funding with Annual Report
8. Resolution 312 - AMA Collaboration with FSMB to Assist in Licensing Reentrant Physicians
9. Resolution 313 - CME for Rural Preceptorship
10. Resolution 314 - Reducing the Lifetime Earnings Gap in the U.S. with Similar Educational Attainment by Employing the Gainful Employment Rule

RECOMMENDED FOR ADOPTION IN LIEU OF

11. Resolution 307 - Access to Reproductive Health Services When Completing Physician Certification Exams
12. Resolution 319 - AMA Support of U.S. Pathway Programs

RECOMMENDED FOR REFERRAL

13. Resolution 301 - Fairness for International Medical Students

RECOMMENDED FOR REFERRAL FOR DECISION

14. Resolution 303 - 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

RECOMMENDED FOR NOT ADOPTION

15. Resolution 306 - Unmatched Graduating Physicians
16. Resolution 315 - Cease Reporting of Total Attempts of USMLE STEP1 and COMLEX-USA Level 1 Examinations
17. Resolution 317 - Physician Participation in the Planning and Development of Accredited Continuing Education for Physicians
18. Resolution 318 - Variation in Board Certification and Licensure Requirements for Internationally-Trained Physicians and Access to Care

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

19. Resolution 302 - The Role of Maintenance of Certification
20. Resolution 309 - Disaffiliation from the Alpha Omega Alpha Honor Medical Society due to Perpetuation of Racial Inequities in Medicine
21. Resolution 316 - Reassessment of Continuing Board Certification Process
22. Resolution 320 - Anti-Racism Training for Medical Students and Medical Residents

Resolution handled via the Reaffirmation Consent Calendar:

Resolution 311 – Physician Participation in Healthcare Organizations

Amendments: If you wish to propose an amendment to an item of business, click here: [Submit New Amendment](#)

RECOMMENDED FOR ADOPTION

- (1) BOARD OF TRUSTEES REPORT 31 – THE MORRILL ACT AND ITS IMPACT ON THE DIVERSITY OF THE PHYSICIAN WORKFORCE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Board of Trustees Report 31 be adopted and the remainder of the report be filed.

HOD ACTION: Recommendations in Board of Trustees Report 31 adopted and the remainder of the report filed.

1. Amend AMA Support of American Indian Health Career Opportunities H-350.981 by addition to read:

(4) Our AMA will continue to support the concept of American Indian self-determination as imperative to the success of American Indian programs and recognize that enduring acceptable solutions to American Indian health problems can only result from program and project beneficiaries having initial and continued contributions in planning and program operations to include training a workforce from and for these tribal nations.

(6) Our AMA acknowledges the significance of the Morrill Act of 1862, the resulting land-grant university system, and the federal trust responsibility related to tribal nations.

2. Amend AMA Support of American Indian Health Career Opportunities D-350.976 by deletion of clause (2) as having been accomplished by this report.

~~(2) study the historical and economic significance of the Morrill Act as it relates to its impact on diversity of the physician workforce.~~

3. Amend AMA Support of American Indian Health Career Opportunities D-350.976 by addition of a new clause to read:

Convene key parties, including but not limited to the Association of American Indian Physicians (AAIP) and American Indian/Alaska Native (AI/AN) tribes/entities such as Indian Health Service and National Indian Health Board, to discuss the representation of AI/AN physicians in medicine and promotion of effective practices in recruitment, matriculation, retention, and graduation of medical students.

4. Reaffirm the following policies:

- a. Indian Health Service H-350.977
- b. Underrepresented Student Access to US Medical Schools H-350.960
- c. Strategies for Enhancing Diversity in the Physician Workforce H-200.951
- d. Continued Support for Diversity in Medical Education D-295.963
- e. AMA Support of American Indian Health Career Opportunities D-350.976

1 The recommendations in Board of Trustees Report 31-A-24 received supportive online
2 testimony. Following the close of the online member forum, the report was reconsidered
3 by the Board to add language to the body of the report to include information about AI/AN
4 students at osteopathic medical schools; the recommendations of the report were not
5 changed. Language was approved and the revised report was included in the Meeting
6 Tote. The report received supportive in-person testimony. Your Reference Committee
7 recommends that BOT 31-A-24 be adopted.

8
9 (2) COUNCIL ON MEDICAL EDUCATION REPORT 1 -
10 COUNCIL ON MEDICAL EDUCATION SUNSET REVIEW
11 OF 2014 HOUSE OF DELEGATES' POLICIES
12

13 **RECOMMENDATION:**

14
15 **Madam Speaker, your Reference Committee**
16 **recommends that Council on Medical Education Report**
17 **1 be adopted and the remainder of the report be filed.**

18
19 **HOD ACTION: Recommendations in Council on Medical**
20 **Education Report 1 adopted and the remainder of the**
21 **report filed.**

22
23 The Council on Medical Education recommends that the House of Delegates policies
24 listed in the appendix to this report be acted upon in the manner indicated and the
25 remainder of this report be filed. (Directive to Take Action)

26
27 The recommendations in Council on Medical Education Report 1-A-24 did not receive any
28 testimony. Your Reference Committee appreciates the Council's thorough review of these
29 policies and recommends that CME 1-A-24 be adopted.

RECOMMEND FOR ADOPTION AS AMENDED

- (3) COUNCIL ON MEDICAL EDUCATION REPORT 2 - THE CURRENT MATCH PROCESS AND ALTERNATIVES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Council on Medical Education Report 2 be amended by addition to read as follows:

(20) Encourages the piloting of innovations to the residency application process with aims to reduce application numbers per applicant, focus applicants on programs with reciprocal interest, and maximize residency placement. With support from the medical education community, successful pilots should be expanded to enhance the standardized process;

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Council on Medical Education Report 2 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Education 2 adopted as amended and the remainder of the report filed.

1. AMA Policy D-310.977, "National Resident Matching Program Reform" be amended by addition to read as follows. Our AMA:

(20) Encourages the piloting of innovations to the residency application process with aims to reduce application numbers, focus applicants on programs with reciprocal interest, and maximize residency placement. With support from the medical education community, successful pilots should be expanded to enhance the standardized process;

(21) Continues to engage the National Resident Matching Program® (NRMP®) and other matching organizations on behalf of residents and medical students to further develop ongoing relationships, improve communications, and seek additional opportunities to collaborate including the submission of suitable nominees for their governing bodies as appropriate. (Modify Current HOD Policy)

2. Reaffirm AMA Policies H-310.900 "Resident and Fellow Physicians Seeking to Transfer GME Program" and H-310.912 "Residents and Fellows' Bill of Rights." (Reaffirm HOD Policy)

3. Rescind AMA policy D-310.944, "Study of the Current Match Process and Alternatives," as having been accomplished by this report. (Rescind HOD Policy)

1 The recommendations in Council on Medical Education Report 2-A-24 received supportive
 2 online and in-person testimony as well as online commentary from the National Resident
 3 Matching Program® (NRMP®). Testimony included two recommendations to amend by
 4 addition. One amendment suggested language clarifying the intention of reducing the
 5 number of applications “per applicant,” rather than overall reduction of applications. This
 6 was unanimously supported. Another amendment suggested language promoting
 7 negotiation power, applicant preferences, and transparency, as well as changing “on
 8 behalf of residents and medical students” language to “including residents and medical
 9 students”. The author and a Section Council testified against the latter amendment
 10 because, while the NRMP® oversees the Match, issues related to negotiations and
 11 preference signaling are outside of their purview, and transparency is already in clauses
 12 4 and 19 of [D-310.977](#). Your Reference Committee also noted that “on behalf of” language
 13 is intentional and appropriate, as medical students and residents are included within “our
 14 AMA” and noted the necessity of acting in unity as our AMA. Your Reference Committee
 15 appreciates the history and context provided in this report and recommends that CME 2-
 16 A-24 be adopted as amended.

17
 18 (4) RESOLUTION 304 - SPIRITUALITY IN MEDICAL EDUCATION AND
 19 PRACTICE

20
 21 **RECOMMENDATION A:**

22
 23 **Madam Speaker, your Reference Committee**
 24 **recommends that the second clause of Resolution 304**
 25 **be amended by addition and deletion to read as follows:**

26
 27 **RESOLVED, that our American Medical Association**
 28 **amend Policy H-160.900 to read as follows:**

29
 30 **Addressing Patient Spirituality in Medicine Medical**
 31 **Education and Practice**

32
 33 **(1) Our AMA recognizes the importance of individual**
 34 **patient spirituality and its impact on health and**
 35 **encourages patient access to spiritual care services.**

36
 37 **(2) Our AMA encourages the availability of education**
 38 **about spiritual health, defined as meaning, purpose,**
 39 **and connectedness, in curricula in medical school,**
 40 **graduate medical education, and continuing physician**
 41 **professional development as an integral part of whole**
 42 **person care, which could include:**

43 **(a) assessing spiritual health as part of the history and**
 44 **physical;**

45 **(b) addressing treatment of spiritual distress by the**
 46 **clinician, with appropriate referral to spiritual care**
 47 **professionals;**

48 **(c) acknowledging patients’ spiritual resources;**

49 **(d) developing compassionate listening skills;**

1 ~~(e) ensuring ongoing follow-up of patients' spiritual~~
 2 ~~health by clinicians as appropriate;~~
 3 ~~(f) describing respect for the spiritual, religious,~~
 4 ~~existential, and cultural value of those they serve and~~
 5 ~~understanding why it is important to not impose their~~
 6 ~~own personal values and beliefs on those served; and~~
 7 ~~(g) self-reflection on one's own spirituality within~~
 8 ~~professional development courses, especially as~~
 9 ~~related to their vocation and wellbeing. (Modify Current~~
 10 ~~HOD Policy)~~

11
 12 (2) That our AMA supports promotion of medical
 13 education curricula on spiritual health.

14
 15 **RECOMMENDATION B:**

16
 17 **Madam Speaker, your Reference Committee**
 18 **recommends that Resolution 304 be adopted as**
 19 **amended.**

20
 21 **HOD ACTION: Resolution 304 adopted as amended.**

22
 23 RESOLVED, that our American Medical Association amend Policy H-160.900 to
 24 read as follows:

25
 26 Addressing Patient Spirituality in Medicine Medical Education and Practice

27
 28 (1) Our AMA recognizes the importance of individual patient spirituality and its
 29 impact on health and encourages patient access to spiritual care services.

30
 31 (2) Our AMA encourages the availability of education about spiritual health, defined
 32 as meaning, purpose, and connectedness, in curricula in medical school, graduate
 33 medical education, and continuing physician professional development as an
 34 integral part of whole person care, which could include:

35 (a) assessing spiritual health as part of the history and physical;

36 (b) addressing treatment of spiritual distress by the clinician, with
 37 appropriate referral to spiritual care professionals;

38 (c) acknowledging patients' spiritual resources;

39 (d) developing compassionate listening skills;

40 (e) ensuring ongoing follow-up of patients' spiritual health by clinicians as
 41 appropriate;

42 (f) describing respect for the spiritual, religious, existential, and cultural
 43 value of those they serve and understanding why it is important to not
 44 impose their own personal values and beliefs on those served; and

45 (g) self-reflection on one's own spirituality within professional development
 46 courses, especially as related to their vocation and wellbeing. (Modify
 47 Current HOD Policy)

48
 49 Resolution 304 received mixed online and in-person testimony. The Council on Medical
 50 Education expressed support for the concept but noted concern about the lack of

1 actionable steps in this resolution. To address the Council's concerns, the author offered
 2 an amendment that recommended the AMA promote a resource entitled "Spiritual Care
 3 Training for Doctors, Nurses, Chaplains, Social Workers, Psychologists—All Types of
 4 Practitioners Clinician Spiritual Care Education," which was developed and implemented
 5 since 2018 by the George Washington University Institute for Spirituality and Health's
 6 Interprofessional Spiritual Care Education Curriculum[®]. Further, the author recommended
 7 this resource be made available on the AMA Ed Hub™ or other appropriate place on the
 8 website. Testimony from the Council and others was supportive of this amendment.
 9 However, your Reference Committee noted concern about naming a specific curriculum
 10 in policy as opposed to the curricular topic. Therefore, your Reference Committee
 11 recommends that Resolution 304 be adopted as amended.

12
 13 (5) RESOLUTION 305 - PUBLIC SERVICE LOAN
 14 FORGIVENESS REFORM

15
 16 **RECOMMENDATION A:**

17
 18 **Madam Speaker, your Reference Committee**
 19 **recommends that the Resolution 305 be amended by**
 20 **addition and deletion in the third subpoint of Policy H-**
 21 **350.977 to read as follows:**

22
 23 **(3) ~~Personnel-Manpower~~: (a) Compensation scales for**
 24 **Indian Health Service physicians be increased to a level**
 25 **competitive with other Federal agencies and**
 26 **nongovernmental service; (b) Consideration should be**
 27 **given to increased compensation for specialty and**
 28 **primary care service in remote areas; (c) In conjunction**
 29 **with improvement of Service facilities, efforts should be**
 30 **made to establish closer ties with teaching centers and**
 31 **other federal health agencies, thus increasing both the**
 32 **available staffing manpower—and the level of**
 33 **professional expertise available for consultation; (d)**
 34 **Allied health professional staffing of Service facilities**
 35 **should be maintained at a level appropriate to the**
 36 **special needs of the population served without**
 37 **detracting from physician compensation; (e)**
 38 **Continuing education opportunities should be provided**
 39 **for those health professionals serving these**
 40 **communities, and especially those in remote areas,**
 41 **and, increased peer contact, both to maintain the**
 42 **quality of care and to avert professional isolation and**
 43 **burnout; and (f) Consideration should be given to a**
 44 **federal statement of policy supporting continuation of**
 45 **the Public Health Service to reduce the great**
 46 **uncertainty now felt by many career officers of the**
 47 **corps.**

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the Resolution 305 be amended by addition of an eighth subpoint to Policy H-350.977 to read as follows:

(8) Our AMA will call 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. (Modify Current HOD Policy)

RECOMMENDATION C:

Madam Speaker, Resolution 305 be amended by addition of a ninth subpoint to Policy H-350.977 to read as follows:

(9) Our AMA supports reform of the Indian Health Service (IHS) Loan Repayment Program eligibility for repayment with either a part-time or full-time employment commitment to IHS and Tribal Health Programs.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 305 be adopted as amended.

HOD ACTION: Resolution 305 adopted as amended.

RESOLVED, that our American Medical Association amend Indian Health Service H-350.977 by addition and deletion as follows:

Indian Health Service H-350.977

The policy of the AMA is to support efforts in Congress to enable the Indian Health Service to meet its obligation to bring American Indian health up to the general population level. The AMA specifically recommends:

(1) Indian Population: (a) In current education programs, and in the expansion of educational activities suggested below, special consideration be given to involving the American Indian and Alaska native population in training for the various health professions, in the expectation that such professionals, if provided with adequate professional resources, facilities, and income, will be more likely to serve the tribal areas permanently; (b) Exploration with American Indian leaders of the possibility of increased numbers of nonfederal American Indian health centers, under tribal

1 sponsorship, to expand the American Indian role in its own health care; (c)
2 Increased involvement of private practitioners and facilities in American Indian
3 care, through such mechanisms as agreements with tribal leaders or Indian Health
4 Service contracts, as well as normal private practice relationships; and (d)
5 Improvement in transportation to make access to existing private care easier for
6 the American Indian population.

7 (2) Federal Facilities: Based on the distribution of the eligible population,
8 transportation facilities and roads, and the availability of alternative nonfederal
9 resources, the AMA recommends that those Indian Health Service facilities
10 currently necessary for American Indian care be identified and that an immediate
11 construction and modernization program be initiated to bring these facilities up to
12 current standards of practice and accreditation.

13 (3) Personnel Manpower: (a) Compensation scales for Indian Health Service
14 physicians be increased to a level competitive with other Federal agencies and
15 nongovernmental service; (b) Consideration should be given to increased
16 compensation for specialty and primary care service in remote areas; (c) In
17 conjunction with improvement of Service facilities, efforts should be made to
18 establish closer ties with teaching centers and other federal health agencies, thus
19 increasing both the available staffing manpower and the level of professional
20 expertise available for consultation; (d) Allied health professional staffing of
21 Service facilities should be maintained at a level appropriate to the special needs
22 of the population served without detracting from physician compensation; (e)
23 Continuing education opportunities should be provided for those health
24 professionals serving these communities, and especially those in remote areas,
25 and, increased peer contact, both to maintain the quality of care and to avert
26 professional isolation and burnout; and (f) Consideration should be given to a
27 federal statement of policy supporting continuation of the Public Health Service to
28 reduce the great uncertainty now felt by many career officers of the corps.
29

30 (4) Medical Societies: In those states where Indian Health Service facilities are
31 located, and in counties containing or adjacent to Service facilities, that the
32 appropriate medical societies should explore the possibility of increased formal
33 liaison with local Indian Health Service physicians. Increased support from
34 organized medicine for improvement of health care provided under their direction,
35 including professional consultation and involvement in society activities should be
36 pursued.
37

38 (5) Our AMA also support the removal of any requirement for competitive bidding
39 in the Indian Health Service that compromises proper care for the American Indian
40 population.
41

42 (6) Our AMA will advocate that the Indian Health Service (IHS) establish an Office
43 of Academic Affiliations responsible for coordinating partnerships with LCME- and
44 COCA-accredited medical schools and ACGME-accredited residency programs.
45

46 (7) Our AMA will encourage the development of funding streams to promote
47 rotations and learning opportunities at Indian Health Service, Tribal, and Urban
48 Indian Health Programs.
49

1 (8) Our AMA will call for an immediate change in the Public Service Loan
 2 Forgiveness Program to allow physicians to receive immediate loan forgiveness
 3 when they practice in an Indian Health Service, Tribal, or Urban Indian Health
 4 Program. (Modify Current HOD Policy)
 5

6 Resolution 305 received supportive online and in-person testimony. A friendly
 7 amendment was offered to the third clause of Policy H-350.977 as the author
 8 intended to strike the word “manpower” that appears twice in the third clause.
 9 Other testimony cited concern for the immediacy proposed in the eighth clause,
 10 noting it could cause unintended consequences for the Public Service Loan
 11 Forgiveness program and Indian Health Service (IHS) (e.g., if a physician receives
 12 immediate forgiveness and then leaves the position) and offered an amendment
 13 to address this concern. The testimony also expressed concern of underfunding
 14 for IHS facilities and offered an amendment to address this concern. Hearing no
 15 opposition to the proposed amendments, your Reference Committee recommends
 16 adoption of the proposed amended language with a slight modification to align with
 17 the intent of improving access to care through IHS. Thus, your Reference
 18 Committee recommends that Resolution 305 be adopted as amended.
 19

- 20 (6) RESOLUTION 308 - TRANSFORMING THE USMLE
 21 STEP 3 EXAMINATION TO ALLEVIATE HOUSESTAFF
 22 FINANCIAL BURDEN, FACILITATE HIGH-QUALITY
 23 PATIENT CARE, AND PROMOTE HOUSESTAFF WELL-
 24 BEING
 25

26 **RECOMMENDATION A:**

27
 28 **Madam Speaker, your Reference Committee**
 29 **recommends that Resolution 308 be amended by**
 30 **addition to read as follows:**
 31

32 **RESOLVED, that our American Medical Association**
 33 **supports changing the United States Medical Licensing**
 34 **Examination (USMLE) Step 3 and Comprehensive**
 35 **Osteopathic Medical Licensing Examination of the**
 36 **United States (COMLEX-USA) Level 3 from a**
 37 **numerically-scored examination to a pass/fail**
 38 **examination (New HOD Policy); and be it further**
 39

40 **RESOLVED, that our AMA supports changing USMLE**
 41 **Step 3 and COMLEX-USA Level 3 from a two-day**
 42 **examination to a one-day examination (New HOD**
 43 **Policy)**
 44

45 **RESOLVED, that our AMA supports the option to take**
 46 **USMLE Step 3 after passing Step 2-Clinical Knowledge**
 47 **(CK) or take COMLEX-USA Level 3 after passing Level**
 48 **2-Cognitive Evaluation (CE) during medical school**
 49 **(New HOD Policy)**
 50

1 **RESOLVED, that our AMA advocates that residents**
 2 **taking the USMLE Step 3 or COMLEX-USA Level 3 exam**
 3 **be allowed days off to take the exam without having this**
 4 **time counted for paid time off (PTO) or vacation**
 5 **balance. (Directive to Take Action)**

6 **RECOMMENDATION B:**

7
 8 **Madam Speaker, your Reference Committee**
 9 **recommends that Resolution 308 be adopted as**
 10 **amended.**

11
 12 **HOD ACTION: Resolution 308 adopted as amended.**

13
 14 RESOLVED, that our American Medical Association supports changing the United States
 15 Medical Licensing Examination (USMLE) Step 3 from a numerically-scored examination
 16 to a pass/fail examination (New HOD Policy); and be it further

17
 18 RESOLVED, that our AMA supports changing USMLE Step 3 from a two-day examination
 19 to a one-day examination (New HOD Policy)

20
 21 RESOLVED, that our AMA supports the option to take USMLE Step 3 after passing Step
 22 2-Clinical Knowledge (CK) during medical school (New HOD Policy)

23
 24 RESOLVED, that our AMA advocates that residents taking the USMLE Step 3 exam be
 25 allowed days off to take the exam without having this time counted for PTO or vacation
 26 balance. (Directive to Take Action)

27
 28 Resolution 308 received supportive online and in-person testimony as well as
 29 amendments from both the Council on Medical Education and one section to include the
 30 Comprehensive Osteopathic Medical Licensing Examination of the United States
 31 (COMLEX-USA) Level 3. While testimony from the Federation of State Medical Boards
 32 opposed the first three resolves, supportive testimony noted the merits of all four resolves.
 33 Your Reference Committee concurs with the inclusion of COMLEX-USA in the resolves.
 34 Your Reference Committee therefore recommends that Resolution 308 be adopted as
 35 amended.

36
 37 (7) **RESOLUTION 310 - ACCOUNTABILITY &**
 38 **TRANSPARENCY IN GME FUNDING WITH ANNUAL**
 39 **REPORT**

40
 41 **RECOMMENDATION A:**

42
 43 **Madam Speaker, your Reference Committee**
 44 **recommends that the first resolve of Resolution 310 be**
 45 **amended by addition and deletion to read as follows:**

46
 47 **RESOLVED, that our American Medical**
 48 **Association ~~work with interested parties~~ ask federal**
 49 **agencies that fund graduate medical**
 50 **education (including but not limited to the ~~CMS, VA,~~**

1 **DOD, Centers for Medicare and Medicaid Services, the**
 2 **Department of Veterans Affairs, the Department of**
 3 **Defense, the Health Resources and Services**
 4 **Administration, and others)** to issue an annual report
 5 detailing the quantity of total GME funding for each year
 6 including how Direct GME ~~these~~ funds are allocated on
 7 a per resident or fellow basis, for a ~~minimum~~ of the
 8 previous 5 years ~~and be it further,~~

9 **RECOMMENDATION B:**

10
 11 **Madam Speaker, your Reference Committee**
 12 **recommends that the second resolve of Resolution 310**
 13 **be amended by deletion to read as follows:**

14
 15 **RESOLVED, that our AMA reaffirm policy H-**
 16 **305.929 ~~(Last modified 2016).~~"**

17 **RECOMMENDATION C:**

18
 19 **Madam Speaker, your Reference Committee**
 20 **recommends that Resolution 310 be adopted as**
 21 **amended.**

22
 23 **HOD ACTION: Resolution 310 adopted as amended.**

24
 25 **RESOLVED, that our American Medical Association work with interested parties (including**
 26 **but not limited to the CMS, VA, DOD and others) to issue an annual report detailing the**
 27 **quantity of GME funding for each year including how those funds are allocated on a per**
 28 **resident or fellow basis, for a minimum of the previous 5 years (Directive to Take Action)**
 29

30 **RESOLVED, that our AMA reaffirm policy H 305.929 (Last modified 2016). (Reaffirm HOD**
 31 **Policy)**

32
 33 Resolution 310 received supportive online and in-person testimony. The Council on
 34 Medical Education noted the challenges in being able to study this issue and offered an
 35 amendment to the first resolve to clarify the agencies best poised to author such a report
 36 to ensure more robust data. The author testified that the amendment offered by the
 37 Council is acceptable. Other testimony supported this amendment. Your Reference
 38 Committee concurs and recommends that Resolution 310 be adopted as amended.

39
 40 (8) **RESOLUTION 312 - AMA COLLABORATION WITH FSMB**
 41 **TO ASSIST IN LICENSING REENTRANT PHYSICIANS**

1 **RECOMMENDATION A:**

2
3 **Madam Speaker, your Reference Committee**
4 **recommends that Resolution 312 be amended by**
5 **addition of a second Resolve to read as follows:**

6
7 **RESOLVED, that our AMA supports legislative and**
8 **other efforts to help offset the direct costs to physicians**
9 **of participating in re-entry processes.**

10 **RECOMMENDATION B:**

11
12 **Madam Speaker, your Reference Committee**
13 **recommends that Resolution 312 be adopted as**
14 **amended.**

15
16 **HOD ACTION: Resolution 312 adopted as amended.**

17
18 RESOLVED, that our American Medical Association work with the FSMB, specialty and
19 subspecialty societies, and other relevant stakeholders to study and develop evidence-
20 based criteria for determining a physician's readiness to reenter practice and identify
21 resources for the evaluation and retraining of physicians seeking to reenter active practice.
22 (Directive to Take Action)

23
24 Resolution 312 received mixed online testimony and supportive in-person testimony,
25 including the relevance of this resolution to reducing mental health stigma and supporting
26 physicians with disabilities. One delegation opposed this resolution in online testimony but
27 did not provide a rationale. The Federation of State Medical Boards also offered support
28 for this resolution. One individual provided an amendment by addition of a second resolve
29 supporting efforts to offset physicians' direct costs of re-entry. The authors were
30 supportive of this amendment. All subsequent testimony was also supportive, citing
31 prohibitive re-entry costs. Your Reference Committee appreciates the near-unanimous
32 supportive testimony and recommends that Resolution 312 be adopted as amended.

33
34 (9) **RESOLUTION 313 - CME FOR RURAL PRECEPTORSHIP**

35
36 **RECOMMENDATION A:**

37
38 **Madam Speaker, your Reference Committee**
39 **recommends that Resolution 313 be amended by**
40 **addition and deletion of the first resolve to read as**
41 **follows:**

42
43 **RESOLVED, that our American Medical Association**
44 **along with the Council of Medical Education, formulate**
45 **a "toolkit" to teach physicians who serve as preceptors,**
46 **especially in rural and underserved areas, how to be**
47 **better preceptors and the process on claiming AMA**
48 **Category 1 credits for preparation and teaching medical**
49 **students, residents, fellows, and other allied health**

1 **professional students training in Liaison Committee on**
 2 **Medical Education, Commission on Osteopathic**
 3 **College Accreditation, and Accreditation Council for**
 4 **Graduate Medical Education accredited institutions,**
 5 **thereby making them a more effective preceptor; and be**
 6 **it further**

7
8
9 **RECOMMENDATION B:**

10
11 **Madam Speaker, your Reference Committee**
 12 **recommends that Resolution 313 be amended by**
 13 **deletion of the second and third resolves.**

14
15 **RECOMMENDATION C:**

16
17 **Madam Speaker, your Reference Committee**
 18 **recommends that Resolution 313 be adopted as**
 19 **amended.**

20
21 **RECOMMENDATION D:**

22
23 **Madam Speaker, your Reference Committee**
 24 **recommends that the title of Resolution 313 be changed**
 25 **to read as follows:**

26
27 **CME FOR RURAL CONTINUING MEDICAL EDUCATION**
 28 **RESOURCES FOR PRECEPTORSHIP**

29
30 **HOD ACTION: Resolution 313 adopted as amended.**

31
32 **RESOLVED, that our American Medical Association along with the Council of Medical**
 33 **Education, formulate a “toolkit” to teach physicians who serve as preceptors, especially in**
 34 **rural and underserved areas, how to be better preceptors and the process on claiming**
 35 **AMA Category 1 credits for preparation and teaching medical students, residents, fellows,**
 36 **and other allied health professional students training in Liaison Committee on Medical**
 37 **Education/Accreditation Council for Graduate Medical Education accredited institutions,**
 38 **thereby making them a more effective preceptor; and be it further**

39
40 **RESOLVED, that our AMA study formulating a plan, in collaboration with other interested**
 41 **bodies, to award AMA Category 1 credits to physicians who serve as preceptors in rural**
 42 **and underserved areas teaching medical students, residents, fellows, and other allied**
 43 **health professional students training in Liaison Committee on Medical**
 44 **Education/Accreditation Council for Graduate Medical Education accredited institutions**
 45 **thereby improving the rural healthcare workforce shortage; and be it further**

46
47 **RESOLVED, that our AMA devise a method of converting those credits awarded by other**
 48 **organizations into AMA recognized credits for the purpose of CME.**

1 Resolution 313 received mixed online and in-person testimony. Your Reference
 2 Committee noted there may be confusion about the claiming of credit for precepting (all
 3 preceptorships including rural), which is addressed in the AMA PRA Booklet and related
 4 AMA resources. The Council testified that physicians can already earn *AMA PRA*
 5 *Category 1 Credit*[™] for learning associated with teaching medical students and
 6 residents/fellows, including preceptorship, when certified as a continuing medical
 7 education (CME) activity by an accredited CME provider. Thus, study would not be
 8 necessary. Your Reference Committee observed that while the first two resolves focus on
 9 CME for preceptors, the third resolve addresses conversion of credits. Your Reference
 10 Committee noted there are three major CME credit systems for physicians, each
 11 representing its own standards for granting credit. As defined in Policy H-300.988, CME
 12 should be focused on learning. The author proposed amending their resolution to keep
 13 the first resolve, and strike the second and third resolve. Testimony was supportive of the
 14 author's amendment. Your Reference Committee agrees that information is needed to
 15 help physician preceptors better understand how to claim CME credit. Since the resolution
 16 calls upon LCME, your Reference Committee recommended adding the Commission on
 17 Osteopathic College Accreditation as well. Thus, your Reference Committee recommends
 18 that Resolution 313 be adopted as amended.

- 19
 20 (10) RESOLUTION 314 - REDUCING THE LIFETIME
 21 EARNINGS GAP IN THE U.S. WITH SIMILAR
 22 EDUCATIONAL ATTAINMENT BY EMPLOYING THE
 23 GAINFUL EMPLOYMENT RULE
 24

25 **RECOMMENDATION A:**

26
 27 **Madam Speaker, your Reference Committee**
 28 **recommends that the first resolve of Resolution 314 be**
 29 **amended by addition and deletion to read as follows:**
 30

31 **RESOLVED, that our American Medical Association**
 32 **promote awareness of the work of our AMA and**
 33 **American Association of Medical Colleges related to**
 34 **collaborate with higher education authorities to research**
 35 **physician career outcomes and explore financial value**
 36 **transparency among higher educational institutional**
 37 **programs that grant professional and doctoral degrees**
 38 **beyond six years following graduation in light of the new**
 39 **federal gainful employment regulations and**
 40 **transparency provisions that will take effect July 1, 2024.**
 41 **(Directive to Take Action)**
 42

43 **RECOMMENDATION B:**

44
 45 **Madam Speaker, your Reference Committee**
 46 **recommends that Policy H-305.925 be reaffirmed in lieu**
 47 **of the second resolve.**

1 **RECOMMENDATION C:**

2
3 **Madam Speaker, your Reference Committee**
4 **recommends that Resolution 314 be adopted as**
5 **amended.**

6
7 **RECOMMENDATION D:**

8
9 **Madam Speaker, your Reference Committee**
10 **recommends a change in title of Resolution 314 to read**
11 **as follows:**

12 ~~**REDUCING THE LIFETIME EARNINGS GAP IN THE U.S.**~~
13 ~~**WITH SIMILAR EDUCATIONAL ATTAINMENT BY**~~
14 ~~**EMPLOYING THE GAINFUL EMPLOYMENT RULE**~~

15
16 **PROMOTE AWARENESS OF FEDERAL GAINFUL**
17 **EMPLOYMENT REGULATIONS AND TRANSPARENCY**
18 **PROVISIONS**

19
20 **HOD ACTION: Resolution 314 adopted as amended.**

21
22 RESOLVED, that our American Medical Association collaborate with higher education
23 authorities to research physician career outcomes and explore financial value
24 transparency among higher educational institutional programs that grant professional and
25 doctoral degrees beyond six years following graduation in light of the new gainful
26 employment regulations and transparency provisions that will take effect July 1, 2024
27 (Directive to Take Action)

28
29 RESOLVED, that our AMA continue to work with key stakeholders and advocate for the
30 resolution of the student loan crisis to protect physicians from unaffordable student debt
31 and poor earning outcomes. (Directive to Take Action)

32
33 Resolution 314 received mixed online and in-person testimony. The Council on Medical
34 Education's testimony noted that the Association of American Medical Colleges has been
35 actively addressing gainful employment and related regulations, and the intent of the
36 second resolve is represented in policy H-305.925.

37
38 Your Reference Committee recommends that the first resolve be amended to amplify
39 awareness of ongoing efforts and to reaffirm policy H-305.925 in lieu of the second
40 resolve. Thus, your Reference Committee recommends that Resolution 314 be adopted
41 as amended.

Recommended by Adoption In Lieu Of

- 1
2
3 (11) RESOLUTION 307 - ACCESS TO REPRODUCTIVE
4 HEALTH SERVICES WHEN COMPLETING PHYSICIAN
5 CERTIFICATION EXAMS
6

7 **RECOMMENDATION:**
8

9 **Madam Speaker, your Reference Committee**
10 **recommends that Alternate Resolution 307 be adopted**
11 **in lieu of Resolution 307 to read as follows:**
12

13 **RESOLVED that our American Medical Association**
14 **encourage national specialty boards who hold in-**
15 **person centralized mandatory exams for board**
16 **certification to provide alternate options when those**
17 **exams take place in states with laws banning or**
18 **restricting abortion, gender-affirming care, or**
19 **reproductive healthcare services such that travel to**
20 **those states would present either a limitation in access**
21 **to necessary medical care, or threat of civil or criminal**
22 **penalty against the examinees and examiners.**
23

24 **RESOLVED that our American Medical Association**
25 **study the impact of laws restricting reproductive**
26 **healthcare and gender-affirming care on examinees and**
27 **examiners of national specialty board exams and**
28 **existing alternatives to in-person board examinations.**
29

30 **HOD ACTION: Alternate Resolution 307 adopted in lieu of**
31 **Resolution 307.**
32

33 RESOLVED, that our American Medical Association encourage national specialty boards
34 who hold in-person centralized mandatory exams for board certification to offer alternative
35 methods of taking mandatory board certification examinations, such as virtual boards
36 examinations, or to locate them outside of states that are in the process of banning or
37 restricting or that have banned or restricted abortion, gender affirming care or reproductive
38 healthcare services. (New HOD Policy)
39

40 Resolution 307 received supportive online and in-person testimony. The Council on
41 Medical Education agreed with the concept and noted that while the issue is timely, it is
42 also fraught with nuances that, as written, may have negative unintended consequences.
43 The Council offered alternate language to uphold the intent of the resolution and address
44 the points raised about risk to one's personal health when traveling to such states as well
45 as one's legal risk as a physician when traveling to such states. Additional testimony
46 favored the Council's alternate language and offered amendments to it, which the Council
47 accepted as friendly. Your Reference Committee acknowledged this is a challenging,
48 important, and urgent issue. Your Reference Committee believes the alternate language
49 provided by the Council and others adequately summarizes the points raised in the

1 resolution and in testimony while also addressing the author's desire to establish AMA
 2 policy at this meeting and allowing the Council to study the issue further. Thus, your
 3 Reference Committee recommends that Alternate Resolution 307 be adopted in lieu of
 4 Resolution 307.

5
 6 (12) RESOLUTION 319 - AMA SUPPORT OF U.S. PATHWAY
 7 PROGRAMS

8
 9 **RECOMMENDATION:**

10
 11 **Madam Speaker, your Reference Committee**
 12 **recommends that Alternate Resolution 319 be adopted**
 13 **in lieu of Resolution 319 to read as follows:**

14
 15 **RESOLVED, that our American Medical Association**
 16 **supports development of pilot grant programs advised**
 17 **by a diverse body of AMA member physicians, trainees,**
 18 **staff, and allied organization representatives in**
 19 **medicine and public health (i.e., administration; grantee**
 20 **criteria and selection; periodic reporting) that will a)**
 21 **support existing and new pre-K-16 pathway, Science,**
 22 **Technology, Engineering, Math, and Medicine**
 23 **(STEMM), and pre-med programs; b) include program**
 24 **goals of scaling organizational grantees' ability to**
 25 **expand their reach among youth, increasing diversity in**
 26 **medicine, achieving health equity, and improving**
 27 **medical education; and c) convene a summit among**
 28 **pathway and STEMM programs regarding best**
 29 **practices, collaboration, and strategic planning.**

30
 31 **HOD ACTION: Alternate Resolution 319 adopted in lieu of**
 32 **Resolution 319.**

33
 34 RESOLVED, that our American Medical Association establish a grant program to support
 35 existing and new K-16 pathway, STEMM and pre-med programs whose goals include,
 36 scaling organizational grantees' ability to expand their reach among youth; increasing
 37 diversity in medicine; achieving health equity; improving medical education (Directive to
 38 Take Action)

39
 40 RESOLVED, that our AMA establish a diverse advisory body comprised of AMA member
 41 physicians and trainees, staff, and allied organization representatives in medicine and
 42 public health to co-develop the grant program (i.e., administration; grantee criteria and
 43 selection; periodic reporting) (Directive to Take Action)

44
 45 RESOLVED, that our AMA convene a summit among pathway and STEMM programs
 46 regarding best practices, collaboration and strategic planning. (Directive to Take Action)

47
 48 Resolution 319 received supportive online and in-person testimony. The Council on
 49 Medical Education proposed alternate language to combine the asks into one resolve
 50 while also clarifying the duties of an advisory body and highlighting the importance of

1 scaling success. One delegation proposed an amendment to include “pre-“ in front of K-
2 16 to emphasize the importance of early intervention. The authors and all subsequent
3 testimony supported the alternate language with amendment. Your Reference Committee
4 appreciates the unanimous support of efforts to bolster early pathways to medical
5 education and improve patient care through diversity, and therefore recommends that
6 Alternate Resolution 319 be adopted in lieu of Resolution 319.

RECOMMENDED FOR REFERRAL

(13) RESOLUTION 301 - FAIRNESS FOR INTERNATIONAL MEDICAL STUDENTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 301 be referred.

HOD ACTION: Resolution 301 referred.

RESOLVED, that our American Medical Association encourage additional medical schools to consider applications from and to admit international students to their programs alongside domestic students; and be it further

RESOLVED, that our AMA amend policy H-255.968 "Advance Tuition Payment Requirements for International Students Enrolled in US Medical Schools" by addition and deletion to read as follows; and be it further

Advance Tuition Payment Requirements for International Students Enrolled in US Medical Schools [H-255.968](#)

Our AMA:

1. supports the autonomy of medical schools to determine optimal tuition requirements for international students;
2. encourages medical schools and undergraduate institutions to fully inform international students interested in medical education in the US of the limited options available to them for tuition assistance;
3. supports the Association of American Medical Colleges (AAMC) in its efforts to increase transparency in the medical school application process for international students by including school policy on tuition requirements in the Medical School Admission Requirements (MSAR); ~~and~~
4. supports efforts to re-evaluate and minimize the use of pre-payment requirements specific to international medical students;
- and
5. encourages medical schools to explore alternative means of prepayment, such as a letter of credit, ~~for four years~~ for covering the costs of medical school.

RESOLVED, that our AMA advocate for increased scholarship and funding opportunities for international students accepted to or currently attending United States medical schools.

Resolution 301 received mixed online and in-person testimony. Your Reference Committee acknowledges the value of international students given the diversity and experience they bring to the U.S. health care system. The Council on Medical Education testimony noted the intent of the resolution may run in conflict with the federal visa process, whereby visa applicants must explain and provide documentation on how they

1 will pay for all educational, travel and living costs to a consular officer for student visa
2 approval. Testimony noted that universities could provide a Form I-20 "Certificate of
3 Eligibility for Nonimmigrant Student Status" without requiring tuition payment for the
4 entirety of medical school. However, concern was also expressed about the potential
5 impact on a school's Title IV federal financial aid funding for all students, should an
6 international student be unable to fulfill their financial obligations and be in default.
7 Testimony was offered to amend the resolution to include language to encourage schools
8 to enroll in the Student and Exchange Visitor Program; however, additional testimony
9 questioned whether a medical school may enroll independent of their parent institution.
10 Other testimony recommended that the American Association of Colleges of Osteopathic
11 Medicine be included. Testimony from the Council and several delegations recommended
12 referral; however, the author felt that the proposed resolutions were sufficient as offered.
13 Your Reference Committee appreciates the author's perspective but has concerns about
14 the complexities raised in testimony. Referral would include examination of increased
15 funding opportunities inclusive of scholarships for international students accepted to U.S.
16 medical schools and land grant institution limitations. Thus, your Reference Committee
17 recommends that Resolution 301 be referred so that the HOD may become better
18 informed on this issue.

RECOMMENDED FOR REFERRAL FOR DECISION

- (14) RESOLUTION 303 - 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.

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 303 be referred for decision.

HOD ACTION: Resolution 303 referred for decision.

RESOLVED, that our American Medical Association 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 (Modify Current HOD Policy)

RESOLVED, that our AMA 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 (Directive to Take Action)

RESOLVED, that our AMA 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. (Directive to Take Action)

Resolution 303 received mixed online and in-person testimony. The Council on Medical Education and the Board of Trustees testified to the vital relationships the AMA has with organizations who may be led by non-physicians at varying points in time. Both testified in favor of referral for decision. The Federation of State Medical Boards testified in opposition that licensing boards have public members who are equal members and can serve in leadership. Given those relationships are imperative to the work and credibility of the AMA, your Reference Committee expressed concern for the possibility of unintended consequences of this resolution. Thus, your Reference Committee recommends that

1 Resolution 303 be referred for decision to allow the Board of Trustees to determine the
2 best path forward with this sensitive matter.

3
4 **RECOMMENDED FOR NOT ADOPTION**

5
6 (15) RESOLUTION 306 - UNMATCHED GRADUATING
7 PHYSICIANS

8
9 **RECOMMENDATION:**

10
11 **Madam Speaker, your Reference Committee**
12 **recommends that Resolution 306 be not adopted.**

13
14 **HOD ACTION: Resolution 306 referred.**

15
16 **RESOLVED**, that our American Medical Association Board of Trustees study the role
17 these unmatched physicians can play in providing care to our patients, their impact of
18 lessening the impact of physician shortages, and provide recommendations on how to
19 enroll these graduating physicians with a uniform title, privileges, geographic restrictions,
20 and collaboration choices, and report to the House of Delegates at the next Interim
21 meeting. (Directive to Take Action)

22
23 Resolution 306 received mixed online testimony including opposition from the Council on
24 Medical Education, citing concerns about the multifactorial and nuanced problem of the
25 physician shortage as well as variances in state laws related to non-physician providers.
26 The Council also cited their report, "Addressing the Increasing Number of Unmatched
27 Medical Students" ([CME 3-A-16](#)) resulting in Policy [D-310.997](#) that "(15) encourages the
28 Association of American Medical Colleges to work with U.S. medical schools to identify
29 best practices, including career counseling, used by medical schools to facilitate
30 successful matches for medical school seniors, and reduce the number who do not
31 match." The Council also testified that alternate pathways are deeply problematic when it
32 comes to patient safety and physician education as these pathways circumvent ACGME
33 standards which are for the benefit of patient safety. These concerns were echoed by
34 multiple delegations. These alternative pathways, which have already been studied by this
35 Council, have great potential to undermine both the education and training of thousands
36 of other physicians, and our AMA's current efforts to stop scope creep.

37
38 The purported impetus for many of these pathways is to ameliorate physician shortages,
39 but this is once again very concerning as this effectively creates a two-tiered healthcare
40 system where one set of patients have the potential to receive significantly lower quality
41 care. Some delegations testified that legislation has been introduced to create alternative
42 pathways to licensure in their states. One delegation testified that they are about to launch
43 a bridge program that will provide a permit to unmatched medical graduates while still
44 requiring them to reapply for residency and would like time to be able to report back on
45 the outcomes of that program. Another delegation testified in opposition stating the
46 average age of a physician in rural communities is 59 years, with one in three physicians
47 planning to retire in the next five years, and that there are not sufficient mentors available
48 for the unmatched medical graduates in rural areas resulting in subquality training of these
49 unmatched medical graduates. Several individuals testified in opposition calling out the

1 existential threat to our system of education and risk of reducing the distinction between
2 physicians and non-physician providers.

3
4 Your Reference Committee is sympathetic to the concerns raised during testimony and
5 acknowledges that there are a myriad of reasons why medical graduates do not match,
6 which are also referenced in report [CME 3-A-21](#). Thus, your Reference Committee
7 recommends that Resolution 306 be not adopted.

8
9 (16) RESOLUTION 315 - CEASE REPORTING OF TOTAL
10 ATTEMPTS OF USMLE STEP1 AND COMLEX-USA
11 LEVEL 1 EXAMINATIONS

12
13 **RECOMMENDATION:**

14
15 **Madam Speaker, your Reference Committee**
16 **recommends Resolution 315 be not adopted.**

17
18 **HOD ACTION: Resolution 315 referred.**

19
20 RESOLVED, that our American Medical Association advocate that NBME and NBOME
21 cease reporting the total number of attempts of the STEP1 and COMLEX-USA Level 1
22 examinations to residency and fellowship programs and licensure. (Directive to Take
23 Action)

24
25 Resolution 315 received mixed online and in-person testimony as well as commentary
26 from the National Board of Osteopathic Medical Examiners. Your Reference Committee
27 heard testimony of personal stories related to failing USMLE Step 1 and is sensitive to
28 reports of stress and the perceived possible impact on career advancement. However,
29 many others testified about the importance of transparency, as the number of exam
30 failures is often not used as a screening tool but rather informs holistic review and
31 precision education, and determines residency program resource needs when supporting
32 learners in their programs. In addition, due to evidence-based correlation of USMLE Step
33 1 with passing board exams, absence of remediation for residents could also impact
34 residency program accreditation. Your Reference Committee also heard testimony
35 regarding current state laws requiring the reporting of exam attempts. One section offered
36 an amendment by addition to eliminate use of the number of attempts on licensure exams
37 to impact licensure. Your Reference Committee heard concerns regarding public safety
38 perceptions and scope of practice concerns when advocating for increased numbers of
39 exam attempts. Your Reference Committee appreciates the perspectives offered on both
40 sides of this issue and emphasizes that our AMA has existing policy, such as Policy [D-](#)
41 [200.985](#), recommending the use of holistic review processes, of which exam results are
42 one of a constellation of information used in the review process. Your Reference
43 Committee also expressed concerns of unintended consequences to minoritized groups
44 where lack of attempts reported may lead to inappropriate assumptions of multiple failures
45 or redirect bias to other areas. Your Reference Committee recommends that Resolution
46 315 not be adopted.

1 (17) RESOLUTION 317 - PHYSICIAN PARTICIPATION IN
 2 THE PLANNING AND DEVELOPMENT OF ACCREDITED
 3 CONTINUING EDUCATION FOR PHYSICIANS
 4

5 **RECOMMENDATION:**
 6

7 **Madam Speaker, your Reference Committee**
 8 **recommends that Resolution 317 be not adopted.**
 9

10 **HOD ACTION: Resolution 317 not adopted.**
 11

12 RESOLVED, that our American Medical Association petition the Accredited Continuing
 13 Medical Education to develop policies which require physician participation in the planning
 14 and development of accredited continuing education for physicians. (Directive to Take
 15 Action)
 16

17 Resolution 317 received mixed online and in-person testimony. Supportive testimony
 18 emphasized scope of practice concerns, while opposing testimony noted unintended
 19 consequences such as enforcement challenges, requirements of increased
 20 documentation, and work by CME providers and physician faculty. The Council on Medical
 21 Education proposed an amendment changing language from “require” to “encourage,” and
 22 noted the occasional possibility where physician involvement may not be necessary or
 23 desirable. The authors opposed this amendment. Your Reference Committee
 24 acknowledged that the Accreditation Council for Continuing Medical Education already
 25 requires CME to align with appropriate physician competencies and noted examples
 26 where curricula developed by specialized non-physicians, such as PhDs, law
 27 enforcement, and other experts, proved to be useful for physicians. In these cases, this
 28 resolution could prevent physicians from obtaining CME credit for their learning. Your
 29 Reference Committee also discussed concerns that the language of the resolution may
 30 not necessarily ensure significant physician engagement beyond cursory approval, nor
 31 ensure quality content, and may disproportionately affect smaller-budget CME providers.
 32 Your Reference Committee strongly supports physician involvement in CME planning and
 33 development, but does not believe it should be a universal requirement. Thus, your
 34 Reference Committee recommends that Resolution 317 be not adopted.
 35

36 (18) RESOLUTION 318 - VARIATION IN BOARD
 37 CERTIFICATION AND LICENSURE REQUIREMENTS
 38 FOR INTERNATIONALLY-TRAINED PHYSICIANS AND
 39 ACCESS TO CARE
 40

41 **RECOMMENDATION:**
 42

43 **Madam Speaker, your Reference Committee**
 44 **recommends that Resolution 318 be not adopted.**
 45

46 **HOD ACTION: Resolution 318 not adopted.**
 47

48 RESOLVED, that our American Medical Association work with the American Board of
 49 Medical Specialties to study the variation in board certification requirements for

1 internationally trained physicians as well as the impact this may have on physician
2 practices and addressing physician shortages including the impact of these pathways on
3 maintaining public assurance of a well-trained physician workforce (Directive to Take
4 Action)

5 RESOLVED, that our AMA study the potential effects of increasing access to board
6 certification for internationally-trained physicians on projected physician workforce
7 shortages (Directive to Take Action)

8
9 RESOLVED, that our AMA work with the Federation of State Medical Boards to study the
10 existing alternate pathways to licensure for physicians who have not completed an
11 ACGME-accredited post-graduate training program and the positive and negative impacts
12 of these pathways on addressing physician shortages. (Directive to Take Action)

13
14 Resolution 318 received opposing online testimony from the Council on Medical Education
15 and received mixed in-person testimony. The Federation of State Medical Boards (FSMB)
16 offered conceptual support of Resolve 3. The authors, one delegation, and an individual
17 expressed support, while the Council noted a study is already underway by the recently
18 formed Advisory Commission on Alternate Licensing Models, of which the AMA is an
19 active member with FSMB, American Board of Medical Specialties, Accreditation Council
20 for Graduate Medical Education and Intealth (formerly Educational Commission for
21 Foreign Medical Graduates). One delegation concurred with the Council regarding the
22 need for adequate time to allow for deliberation and emphasized medical education's
23 responsibility to the public regarding ensuring high professional standards. One caucus
24 proposed an amendment modifying language to generally state AMA's work with relevant
25 organizations but sought a report back by I-24. Your Reference Committee appreciates
26 the importance of these issues, particularly for IMGs as well as the physician workforce,
27 and notes the AMA is a key member of the Advisory Commission, which is already
28 conducting the desired work. Your Reference Committee was informed that this Advisory
29 Commission is expected to release recommendations, guidance, and resources in
30 approximately a year, and that a Council report at I-24 would not be informative as we wait
31 for the Advisory Commission report. Thus, your Reference Committee recommends that
32 Resolution 318 be not adopted.

1 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

2
3 (19) RESOLUTION 302 - THE ROLE OF MAINTENANCE OF
4 CERTIFICATION

5
6 **RECOMMENDATION:**

7
8 **Madam Speaker, your Reference Committee**
9 **recommends that Policies D-275.954, H-275.924, and H-**
10 **275.926 be reaffirmed in lieu of Resolution 302.**

11
12 **HOD ACTION: Policies D-275.954, H-275.924, and H-**
13 **275.926 reaffirmed in lieu of Resolution 302.**

14
15 RESOLVED, that our American Medical Association adopt a policy that states that
16 maintenance of certification requirements should not be duplicative of continuing medical
17 education requirements and not be used to determine or dictate hospital privileges,
18 insurance network credentialing, or hiring practices (New HOD Policy)

19
20 RESOLVED, that our AMA recognizes the importance of fostering competition in the
21 market for board certification, allowing physicians to have the autonomy to choose the
22 most suitable pathway for their individual learning and professional development needs
23 (New HOD Policy)

24
25 RESOLVED, that our AMA undertake a comprehensive review of the available evidence
26 concerning the impact of maintenance of certification on the quality and safety of patient
27 care and report the findings of this investigation to its members and stakeholders,
28 including policymakers and legislators, to inform future healthcare policy with a report back
29 to the House of Delegates by Annual 2025 (Directive to Take Action)

30
31 Resolution 302 received mixed online and in-person testimony. The Council on Medical
32 Education noted that Policies D-275.954, H-275.924, and H-275.926 address the points
33 raised in this resolution. Your Reference Committee acknowledges the author's concerns
34 regarding continuing board certification (CBC; formerly MOC) and appreciates the
35 Council's ongoing monitoring of CBC and collaboration with related external organizations
36 in order to participate in its evolution. The Council and others noted in testimony that
37 MOC/CBC has been studied annually for many years, most recently at I-23. Your
38 Reference Committee was informed that those reports are available on the Council's
39 webpage as well as in the AMA's Council Report Finder search engine. Testimony also
40 noted that AMA actively participated in the American Board of Medical Specialties (ABMS)
41 Vision Commission, charged with reviewing continuing certification within the current
42 context of the medical profession. In [CME 2-I-23](#), the Council concluded that "in the event
43 of significant changes to CBC impacting practicing physicians, the Council will consider
44 initiating a report to the House of Delegates." Your Reference Committee agrees with the
45 Council and therefore recommends that Policies D-275.954, H-275.924, and H-275.926
46 be reaffirmed in lieu of Resolution 302.

1 (20) RESOLUTION 309 - DISAFFILIATION FROM THE ALPHA
 2 OMEGA ALPHA HONOR MEDICAL SOCIETY DUE TO
 3 PERPETUATION OF RACIAL INEQUITIES IN MEDICINE
 4

5 **RECOMMENDATION:**
 6

7 **Madam Speaker, your Reference Committee**
 8 **recommends that Policy D-310.945 be reaffirmed in lieu**
 9 **of Resolution 309.**

10
 11 **HOD ACTION: Resolution 309 referred.**
 12

13 RESOLVED, that our American Medical Association recognizes that the Alpha Omega
 14 Alpha Honor Medical Society disproportionately benefits privileged trainees (New HOD
 15 Policy)
 16

17 RESOLVED, that our AMA supports institutional disaffiliation from the Alpha Omega Alpha
 18 Honor Medical Society due to its perpetuation of racial inequities in medicine (New HOD
 19 Policy)
 20

21 RESOLVED, that our AMA recognizes that the Alpha Omega Alpha Honor Medical Society
 22 perpetuates and accentuates discrimination against trainees of color that is inherent in
 23 medical training. (New HOD Policy)
 24

25 Resolution 309 received mixed online and in-person testimony. Your Reference
 26 Committee heard passionate testimony about historical inequities exhibited by Alpha
 27 Omega Alpha (AOA) Honor Medical Society. An amendment was offered in the online
 28 testimony to add an osteopathic medical honor society to this resolution. Testimony also
 29 noted that such inequities may be a chapter level problem. The Council on Medical
 30 Education noted that the broader issue has been studied and addressed in its report CME
 31 2-I-22, which considered the potential of bias fostered by several honor societies including
 32 AOA, resulting in policy D-310.945. The Council recommended this policy be reaffirmed
 33 in lieu of this resolution. One individual testified to AMA's own history of 132 years of
 34 discrimination that we have only recently begun to rectify and suggested a restorative
 35 justice informed approach to address past and current harms. Another individual testified
 36 that the AOA has recently secured new leadership six months ago and requested time for
 37 that leader to demonstrate AOA's commitment to diversity, equity and belonging.
 38

39 Your Reference Committee is sensitive to the concerns raised by the author and others,
 40 but expressed unease with admonishing a specific organization rather than focusing on
 41 restorative justice, especially when the organization is demonstrating efforts towards
 42 correcting its past discriminatory actions. Further, your Reference Committee
 43 acknowledges our AMA's history of inequities which we have only recently begun to
 44 rectify. We have asked physicians and patients to extend grace to our AMA for our past
 45 wrongs; we should demonstrate this same grace to our colleagues who are also seeking
 46 to reform. Additionally, calling for disaffiliation from AOA could induce reputational risk to
 47 the AMA when amenable relationships are needed to encourage and assist such groups
 48 to collaborate with us to build a diverse physician workforce. Your Reference Committee
 49 notes that D-310.945 calls for equitable processes that foster reform, including the role of

1 honor societies. Therefore, your Reference Committee recommends that D-310.945 be
2 reaffirmed in lieu of Resolution 309.

3
4 (21) RESOLUTION 316 - REASSESSMENT OF CONTINUING
5 BOARD CERTIFICATION PROCESS

6
7 **RECOMMENDATION:**

8
9 **Madam Speaker, your Reference Committee**
10 **recommends that Policies D-275.954 and H.275.924 be**
11 **reaffirmed in lieu of Resolution 316.**

12
13 **HOD ACTION: Policies D-275.954 and H.275.924 reaffirmed**
14 **in lieu of Resolution 316.**

15
16 RESOLVED, that our American Medical Association undertake a thorough review and
17 analysis of the available literature, data, and evidence to re-examine and update the
18 accepted standards for continuing board certification including policy H-275.926, Medical
19 Specialty Board Certification Standards, so the standards reflect the best manner to
20 assess physicians' knowledge and skills necessary to practice medicine. (Directive to
21 Take Action)

22
23 Resolution 316 received mixed online and in-person testimony. The Council on Medical
24 Education recommended that policies D-275.954 and H.275.924 be reaffirmed in lieu of
25 this item since they address the intent of this resolution. The Council and others noted in
26 testimony that MOC/CBC has been studied annually for many years, most recently at I-
27 23. Your Reference Committee was informed that those reports are available on the
28 Council's webpage as well as in the AMA's Council Report Finder search engine. In the
29 Council's I-23 report, Update on Continuing Board Certification (CME 2-I-23), the Council
30 concluded that "in the event of significant changes to CBC impacting practicing physicians,
31 the Council will consider initiating a report to the House of Delegates." The author testified
32 in favor of a more granular study of CBC. Your Reference Committee noted that Policy
33 H-275.924 establishes AMA principles for continuing board certification (CBC, formerly
34 MOC) and Policy D-275.954 elucidates in 40 clauses all the ways it will collaborate with
35 key organizations, review the evolving literature, and inform the HOD. Other testimony
36 supported reaffirmation in lieu of this resolution. Your Reference Committee agrees and
37 therefore recommends that Policies D-275.954 and H.275.924 be reaffirmed in lieu of
38 Resolution 316.

39
40 (22) RESOLUTION 320 - ANTI-RACISM TRAINING FOR
41 MEDICAL STUDENTS AND MEDICAL RESIDENTS

42
43 **RECOMMENDATION A:**

44
45 **Madam Speaker, your Reference Committee**
46 **recommends that Policy H-65.952 be reaffirmed in lieu**
47 **of Resolution 320.**

48
49 **HOD ACTION: Policy H-65.952 reaffirmed in lieu of**
50 **Resolution 320.**

1 RESOLVED, that our American Medical Association advocate that the Liaison Committee
2 on Medical Education and Association of American Medical Colleges require, rather than
3 encourage, anti-racism training for medical students and medical residents. (Directive to
4 Take Action)
5

6 Resolution 320 was not posted in the online forum. There was mixed testimony during the
7 live hearing. The Council on Medical Education noted that the AMA has a long-standing
8 history of not supporting curricular mandates. There was unanimous support for medical
9 students and medical residents receiving anti-racism training. There were significant
10 concerns for the legal and professional consequences that may be experienced by
11 academic physicians if anti-racism training became a requirement in schools where it is
12 prohibited by law. The Council pointed out that it is not the purview of the Association of
13 American Medical Colleges (AAMC), American Association of Colleges of Osteopathic
14 Medicine (AACOM), the Liaison Committee on Medical Education (LCME), nor the
15 Commission on Osteopathic College Accreditation (COCA), to “require” specific
16 curriculum. Rather, the [LCME](#) and [COCA](#) promulgate standards for medical education
17 programs to achieve and maintain accreditation. LCME Standard 7.6, Structural
18 Competence, Cultural Competence, and Health Inequities and COCA Element 6.12:
19 Diversity, Equity, and Inclusion Curriculum both address how schools may incorporate this
20 education into the curriculum, where permitted by law.
21

22 Your Reference Committee is sympathetic to the concerns raised during the hearing.
23 Additionally, your Reference Committee discussed how adoption of this resolution may
24 negatively impact academic physicians, including those from historically excluded groups,
25 who include anti-racism in the curriculum. This could negatively affect students, whose
26 learning experiences may be impacted by loss of faculty. Your Reference Committee is
27 sensitive to the concerns that physicians may experience personal, career, and legal risks
28 which could further reduce the number of physicians from historically excluded groups in
29 academic medicine to below its already suboptimal rate. Further, your Reference
30 Committee is aware of the legal implications this resolution could have on some
31 institutions, whereby the funding of medical education could be under threat if such
32 curriculum were to be implemented. Your Reference Committee noted that the AMA has
33 existing policy that is supportive of the intent of this resolution, such as [Policy H-65.952](#).
34 Additionally, the [AMA](#), [AAMC](#) and [AACOM](#) provide curricular resources on anti-racism
35 education. Thus, your Reference Committee recommends that Policy H-65.952 be
36 reaffirmed in lieu of Resolution 320.

1 Madam Speaker, this concludes the report of Reference Committee C. I would like to
2 thank members Christine Kim, MD, Kevin McKinney, MD, Rianna McNamee, Christopher
3 Wee, MD, David Whalen, MD, Emily Volk, MD; staff persons Lena Drake, Tanya Lopez,
4 Richard Pan, MD, and Amber Ryan; as well as all those who testified before the
5 Committee.

Christine Kim, MD
American College of Radiology

Christopher Wee, MD
Ohio State Medical Association

Kevin McKinney, MD
Texas Medical Association

David Whalen, MD
Michigan State Medical Society

Rianna McNamee
Medical Society of New Jersey

Emily Volk, MD
College of American Pathologists

Cheryl Hurd, MD, MA
American Psychiatric Association
Chair

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2024 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-24)

Report of Reference Committee D

Dale M. Mandel, MD, Chair

1 Your reference committee recommends the following consent calendar for acceptance:

2

3

RECOMMENDED FOR ADOPTION

4

- 5 1. Board of Trustees Report 22 - AMA Public Health Strategy: Update
- 6 2. Council on Science and Public Health Report 11 – Stand Your Ground Laws
- 7 3. Resolution 401 - Addressing Social Determinants of Health Through Closed Loop
- 8 Referral Systems
- 9 4. Resolution 405 - Default Proceed Firearm Sales and Safe Storage Laws
- 10 5. Resolution 408 - Indian Water Rights
- 11 6. Resolution 414 - Addressing the Health Sector’s Contributions to the Climate
- 12 Crisis
- 13 7. Resolution 415 - Building Environmental Resiliency in Health Systems and
- 14 Physician Practices
- 15 8. Resolution 418 - Early and Periodic Eye Exams for Adults
- 16 9. Resolution 429 - Assessing and Protecting Local Communities from the Health
- 17 Risks of Decommissioning Nuclear Power Plants
- 18 10. Resolution 435 - Radiation Exposure Compensation

19

RECOMMENDED FOR ADOPTION AS AMENDED

20

21

- 22 11. Council on Science and Public Health Report 3 - Support Removal of BMI as a
- 23 Standard Measure in Medicine and Recognizing Culturally-Diverse and Varied
- 24 Presentations of Eating Disorders
- 25 12. Council on Science and Public Health Report 6 - Greenhouse Gas Emissions
- 26 from Metered Dose Inhalers and Anesthetic Gases
- 27 13. Council on Science and Public Health Report 9 - Prescribing Guided Physical
- 28 Activity for Depression and Anxiety
- 29 14. Council on Science and Public Health Report 13 – Decreasing Youth Access to
- 30 E-Cigarettes
- 31 15. Resolution 403 - Occupational Screenings for Lung Disease
- 32 16. Resolution 406 - Opposition to Pay-to-Stay Incarceration Fees
- 33 17. Resolution 407 - Racial Misclassification
- 34 18. Resolution 409 - Toxic Heavy Metals
- 35 19. Resolution 410 - Access to Public Restrooms
- 36 20. Resolution 411 - Missing and Murdered Indigenous Persons
- 37 21. Resolution 412 - Lithium Battery Safety

- 1 22. Resolution 416 - Furthering Environmental Justice and Equity
- 2 23. Resolution 420 - Equity in Dialysis Care
- 3 24. Resolution 422 - Immunization Registry
- 4 25. Resolution 424 - LGBTQ+ Senior Health
- 5 26. Resolution 425 - Perinatal Mental Health Disorders among Medical Students and
- 6 Physicians
- 7 27. Resolution 428 - Advocating for Education and Action Regarding the Health
- 8 Hazards of PFAS Chemicals
- 9 28. Resolution 430 - Supporting the Inclusion of Information about Lung Cancer
- 10 Screening within Cigarette Packages
- 11 29. Resolution 432 - Resolution to Decrease Lead Exposure in Urban Areas
- 12 30. Resolution 433 - Improving Healthcare of Rural Minority Populations

13

14 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 15
- 16 31. Resolution 417 - Reducing Job-Related Climate Risk Factors
- 17 Resolution 419 - Addressing the Health Risks of Extreme Heat
- 18 32. Resolution 423 - HPV Vaccination to Protect Healthcare Workers over Age 45
- 19

20 **RECOMMENDED FOR REFERRAL**

- 21
- 22 33. Council on Science and Public Health Report 10 – Teens and Social Media
- 23 34. Resolution 402 - Guardianship and Conservatorship Reform
- 24 35. Resolution 404 - Protections Against Surgical Smoke Exposure
- 25 36. Resolution 427 - Condemning the Universal Shackling of Every Incarcerated
- 26 Patient in Hospitals
- 27

28 **RECOMMENDED FOR REFERRAL FOR DECISION**

- 29
- 30 37. Resolution 421 - Annual Conference on the State of Obesity and its Impact on
- 31 Disease in America (SODA)
- 32 38. Resolution 426 - Maternal Morbidity and Mortality: The Urgent Need to Help
- 33 Raise Professional and Public Awareness and Optimize Maternal Health – A Call
- 34 to Action
- 35

36 **RECOMMENDED FOR NOT ADOPTION**

- 37
- 38 39. Resolution 434 - Universal Newborn Eye Screening

Amendments

If you wish to propose an amendment to an item of business, click here: [Submit New Amendment](#)

RECOMMENDED FOR ADOPTION

- 1
2
3 (1) BOARD OF TRUSTEES REPORT 22 - AMA PUBLIC
4 HEALTH STRATEGY: UPDATE

5
6 **RECOMMENDATION:**

7
8 **Madam Speaker, your Reference Committee**
9 **recommends that Board of Trustees Report 22 be**
10 **adopted and the remainder of the report be filed.**

11
12 **HOD ACTION: Board of Trustees Report 22 be adopted and**
13 **the remainder of the report filed.**

14
15 Informational Board of Trustees Report.

16
17 Your Reference Committee heard unanimously supportive testimony for this report. Those
18 who testified commended the activities as outlined in the report, but noted they would like
19 to see more detail in future reports on a strategy to strengthen public health infrastructure
20 as well as a focus on training, inclusive of preventive medicine training. Therefore, your
21 Reference Committee recommends that the Board of Trustees Report 22 be adopted.

- 22
23 (2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
24 11 – STAND YOUR GROUND LAWS

25
26 **RECOMMENDATION:**

27
28 **Madam Speaker, your Reference Committee**
29 **recommends that the Recommendations in Council on**
30 **Science and Public Health (CSAPH) Report 11 be**
31 **adopted and the remainder of the report be filed.**

32
33 **HOD ACTION: Recommendations in Council on Science**
34 **and Public Health 11 be adopted and the remainder of the**
35 **report filed.**

36
37 The Council on Science and Public Health recommends that the following be adopted and
38 the remainder of this report be filed.

39
40 1. That Policy H-145.966, “Stand Your Ground Laws” be adopted by addition and deletion
41 to read as follows:

42
43 Our American Medical Association opposes stand your ground laws, which remove the
44 duty to retreat before using lethal force if a person feels there is imminent risk of bodily
45 harm, as these laws have been shown to increase homicide and homicide firearm rates
46 and there is evidence of racial inequity in the implementation of the laws.

47
48 Our AMA supports continued study of the public health implications of
49 “Stand Your Ground” laws and castle doctrine.
50

1 2. That Policies H-145.997, "Firearms as a Public Health Problem in the United States -
 2 Injuries and Death," D-145.995, "Gun Violence as a Public Health Crisis," H-145.975,
 3 "Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to
 4 Mental Health Care," and D-145.999 "Epidemiology of Firearm Injuries" be reaffirmed.
 5 (Reaffirm HOD Policy)
 6

7 Your Reference Committee heard testimony that was unanimously supportive of this
 8 report. The available evidence demonstrates that stand your ground laws increase
 9 homicides and firearm homicides, resulting in preventable violent deaths. The application
 10 of these laws also likely results in racial inequities. With this data in mind, it was noted that
 11 opposition to these laws is warranted. Therefore, your Reference Committee recommends
 12 that Council on Science and Public Health Report 11 be adopted.
 13

14 (3) RESOLUTION 401 – ADDRESSING SOCIAL
 15 DETERMINANTS OF HEALTH THROUGH CLOSED
 16 LOOP REFERRAL SYSTEMS
 17

18 **RECOMMENDATION:**
 19

20 **Madam Speaker, your Reference Committee**
 21 **recommends that Resolution 401 be adopted.**
 22

23 **HOD ACTION: Resolution 401 be adopted.**
 24

25 RESOLVED, that our American Medical Association study the effectiveness and best
 26 practices of closed loop referral systems in addressing social determinants of health
 27 (Directive to Take Action).
 28

29 Your Reference Committee heard supportive testimony on this item. Supportive testimony
 30 noted that a study on how closed loop referral systems can be used to address social
 31 determinants of health would help improve access to health care in populations who
 32 historically lack access and is timely. An amendment was proffered to include a report
 33 back at A-25. Your Reference Committee would like to note that this addition is not
 34 necessary because adoption of this item would result in a report back at A-25. Therefore,
 35 Madam Speaker, your Reference Committee recommends that Resolution 401 be
 36 adopted.
 37

38 (4) RESOLUTION 405 – DEFAULT PROCEED FIREARM
 39 SALES AND SAFE STORAGE LAWS
 40

41 **RECOMMENDATION:**
 42

43 **Madam Speaker, your Reference Committee**
 44 **recommends that Resolution 405 be adopted.**
 45

46 **HOD ACTION: Resolution 405 be adopted.**
 47

48 RESOLVED, that our American Medical Association amend Policy H-145.996, "Firearm
 49 Availability," by addition as follows; and be it further
 50

51 Firearm Availability H-145.996

1 1. Our American Medical Association

- 2 a. advocates a waiting period and background check for all firearm purchasers;
 3 b. encourages legislation that enforces a waiting period and background check for
 4 all firearm purchasers;
 5 c. opposes firearm sales to individuals for whom a background check has not been
 6 completed;
 7 d. opposes destruction of any incomplete background checks for firearm sales;
 8 e. advocates for public annual reporting by relevant agencies on inappropriate
 9 firearm sales, including number of default proceed sales; number of firearms
 10 retrieved from individuals after these sales through criminal investigations, across
 11 state lines, or via other means; and average time passed between background
 12 check completion and retrieval; and
 13 f. urges legislation to prohibit the manufacture, sale or import of lethal and non-
 14 lethal guns made of plastic, ceramics, or other non-metallic materials that cannot
 15 be detected by airport and weapon detection devices.

16 2. Our AMA supports requiring the licensing/permitting of firearms-owners and
 17 purchasers, including the completion of a required safety course, and registration of all
 18 firearms.

19 3. Our AMA supports “gun violence restraining orders” for individuals arrested or convicted
 20 of domestic violence or stalking, and supports extreme risk protection orders, commonly
 21 known as “red-flag” laws, for individuals who have demonstrated significant signs of
 22 potential violence. In supporting restraining orders and “red-flag” laws, we also support
 23 the importance of due process so that individuals can petition for their rights to be restored.

24 4. Our AMA advocates for;

- 25 a. federal and state policies that prevent inheritance, gifting, or transfer of
 26 ownership of firearms without adhering to all federal and state requirements for
 27 background checks, waiting periods, and licensure;
 28 b. federal and state policies to prevent “multiple sales” of firearms, defined as the
 29 sale of multiple firearms to the same purchaser within five business days; and
 30 c. federal and state policies implementing background checks for ammunition
 31 purchases.

32
 33 RESOLVED, that our American Medical Association amend Policy H-145.990,
 34 “Prevention of Firearm Accidents in Children,” by addition as follows:

35
 36 Prevention of Firearm Accidents in Children H-145.990

37 1. Our American Medical Association supports increasing efforts to reduce pediatric
 38 firearm morbidity and mortality by encouraging its members to:

- 39 a. inquire as to the presence of household firearms as a part of childproofing the
 40 home;
 41 b. educate patients to the dangers of firearms to children;
 42 c. encourage patients to educate their children and neighbors as to the dangers of
 43 firearms; and
 44 d. routinely remind patients to obtain firearm safety locks, to store firearms under
 45 lock and key, and to store ammunition separately from firearms.

46 2. Our AMA encourages state medical societies to work with other organizations to
 47 increase public education about firearm safety.

48 3. Our AMA encourages organized medical staffs and other physician organizations,
 49 including state and local medical societies, to recommend programs for teaching firearm
 50 safety to children.

1 4. Our AMA supports enactment of Child Access Prevention laws and other types of
 2 comprehensive safe storage laws that are consistent with AMA policy.

3 5. Our AMA and all interested medical societies will educate the public about:

- 4 a. best practices for firearm storage safety;
 5 b. misconceptions families have regarding child response to encountering a
 6 firearm in the home; and
 7 c. the need to ask other families with whom the child interacts regarding the
 8 presence and storage of firearms in other homes the child may enter.

9 Your Reference Committee heard testimony that was unanimously supportive of this
 10 resolution, which expands existing AMA policy on background checks to end default
 11 proceed sales and expands existing policy on secure firearm storage beyond child access
 12 protection laws. With firearm deaths continuing to rise, your Reference Committee agrees
 13 with these additions to AMA policy to promote health and prevent unintentional firearm
 14 deaths, suicide, and homicide. Therefore, your Reference Committee recommends that
 15 Resolution 405 be adopted.

16
 17 (5) RESOLUTION 408 – INDIAN WATER RIGHTS

18
 19 **RECOMMENDATION:**

20
 21 **Madam Speaker, your Reference Committee**
 22 **recommends that Resolution 408 be adopted.**

23
 24 **HOD ACTION: Resolution be 408 be adopted.**

25
 26 1. Our American Medical Association will raise awareness about ongoing water rights
 27 issues for federally-recognized American Indian and Alaska Native Tribes and Villages in
 28 appropriate forums.

29
 30 2. Our AMA supports improving access to water and adequate sanitation, water treatment,
 31 and environmental support and health services on American Indian and Alaska Native
 32 trust lands.

33
 34 Your Reference Committee heard unanimously supportive testimony on Resolution 408
 35 as written from multiple delegations. Therefore, your Reference Committee recommends
 36 that Resolution 408 be adopted.

37
 38 (6) RESOLUTION 414 – ADDRESSING THE HEALTH
 39 SECTOR'S CONTRIBUTIONS TO THE CLIMATE CRISIS

40
 41 **RECOMMENDATION:**

42
 43 **Madam Speaker, your Reference Committee**
 44 **recommends that Resolution 414 be adopted.**

45
 46 **HOD ACTION: Resolution be 414 be adopted.**

47
 48 **RESOLVED**, that our American Medical Association recognizes that clinical quality and
 49 safety should not be sacrificed as strategies for reducing greenhouse gasses and waste
 50 (New HOD Policy); and be it further

1
2 RESOLVED, that our AMA recognizes that animal-based agriculture is a significant
3 contributor to greenhouse gas emissions and supports efforts to increase and promote
4 plant-based menu options in hospital food services, for both health and environmental
5 reasons (New HOD Policy); and be it further
6

7 RESOLVED, that our AMA expects that health systems will provide transparency and
8 avoid misleading the public regarding their greenhouse gas emissions, including but not
9 limited to providing definitions used in the calculations of their net-zero emissions (New
10 HOD Policy); and be it further
11

12 RESOLVED, that our AMA opposes corporate “greenwashing,” or the act of making
13 misleading statements about the environmental benefits of products and/or services (New
14 HOD Policy); and be it further
15

16 RESOLVED, that our AMA supports the development of locally managed and reliable
17 electrical microgrids that operate independently from the larger electrical grid for hospitals
18 and other health care facilities to use as a way to reduce reliance on diesel generation for
19 back-up services while maintaining critical care functions during emergencies and
20 supports grants being provided to independent practices to facilitate this development
21 (New HOD Policy); and be it further
22

23 RESOLVED, that our AMA support the use of virtual health care, where appropriate, with
24 reasonable reimbursement, as a strategy to reduce the carbon footprint of health care
25 (New HOD Policy); and be it further
26

27 RESOLVED, that our AMA support financial assistance for health care entities, including
28 community health centers, clinics, rural health centers, small- and medium-sized physician
29 practices, transitioning to environmentally sustainable operations (New HOD Policy); and
30 be it further
31

32 RESOLVED, that our AMA support the development of concise clinical guidelines and
33 patient education materials to assist physician practices and patients to reduce adverse
34 organizational and personal impacts on climate change. (New HOD Policy)
35

36 Your Reference Committee heard unanimously supportive testimony on this resolution.
37 Testimony noted the large contribution of the health care sector in producing greenhouse
38 gas emissions and that this new resolution calls out strategies for health care system
39 decarbonization and resiliency that are not currently addressed in AMA policy. Several of
40 those testifying specifically noted the importance of supporting efforts to offer plant-based
41 meals as the default option due to the large greenhouse gas contributions of our food
42 production system and potential cost savings to health systems. Therefore, Madam
43 Speaker, your Reference Committee recommends that Resolution 414 be adopted.
44

45 (7) RESOLUTION 415 – BUILDING ENVIRONMENTAL
46 RESILIENCY IN HEALTH SYSTEMS AND PHYSICIAN
47 PRACTICES
48

49 **RECOMMENDATION:**
50

1 **Madam Speaker, your Reference Committee**
 2 **recommends that Resolution 415 be adopted.**

3
 4 **HOD ACTION: Resolution 415 be adopted.**

- 5
 6 1. Our American Medical Association supports a resilient, accountable health care system
 7 capable of delivering effective and equitable care in the face of changing health care
 8 demands due to climate change.
 9 2. Our AMA encourages health care organizations to develop climate resilience plans, for the
 10 continuity of operations in an emergency, that take into account the needs of groups in
 11 their community that experience disproportionate risk of climate-related harm and ensure
 12 the necessary collaboration between different types of healthcare facilities.
 13 3. Our AMA recognizes that climate resilience and mitigation efforts will be community-
 14 specific and supports physician engagement at the local level to promote community
 15 alliances for environmental justice and equity.

16
 17 Your Reference Committee heard limited but unanimously supportive testimony on this
 18 resolution. Testimony noted the importance of health care resiliency in the face of
 19 increasing extreme weather events because of climate change. Hospital resiliency plans
 20 are an essential component of preparedness planning to ensure the continuity of
 21 operations during emergencies and to promote health equity for those communities at
 22 disproportionate risk of climate-related harms. Therefore, Madam Speaker, your
 23 Reference Committee recommends that Resolution 415 be adopted.

24
 25 (8) **RESOLUTION 418 – EARLY AND PERIODIC EYE**
 26 **EXAMS FOR ADULTS**

27
 28 **RECOMMENDATION:**

29
 30 **Madam Speaker, your Reference Committee**
 31 **recommends that Resolution 418 be adopted.**

32
 33 **HOD ACTION: Resolution 418 be adopted.**

34
 35 **RESOLVED**, that our American Medical Association (AMA) amend policy H-25.990 “Eye
 36 Exams for the Elderly” by addition to read as follows:

37
 38 **Eye Exams for the Elderly and Adults H-25.990**

- 39 1. Our American Medical Association encourages the development of programs and/or
 40 outreach efforts to support periodic eye examinations and access to affordable prescription
 41 eyeglasses for elderly patients and adults who suffer from chronic systemic conditions that
 42 increase their likelihood of developing eye disease as well as a baseline eye examination
 43 for all adults aged 40 and above.
 44 2. Our AMA encourages physicians to work with their state medical associations and
 45 appropriate specialty societies to create statutes that uphold the interests of patients and
 46 communities and that safeguard physicians from liability when reporting in good faith the
 47 results of vision screenings.

48
 49 Your Reference Committee heard testimony in support of this resolution. It was noted that
 50 this resolution would align AMA policy to the American Academy of Ophthalmology’s
 51 preferred practice pattern guidelines and would improve early detection of disease, which
 52 is crucial. Your Reference Committee recommends that Resolution 418 be adopted.

- 1
2 (9) RESOLUTION 429 – ASSESSING AND PROTECTING
3 LOCAL COMMUNITIES FROM THE HEALTH RISKS OF
4 DECOMMISSIONING NUCLEAR POWER PLANTS

5
6 **RECOMMENDATION:**

7
8 **Madam Speaker, your Reference Committee**
9 **recommends that Resolution 429 be adopted.**

10
11 **HOD ACTION: Resolution 429 be adopted.**

12
13 Our American Medical Association will advocate for strict limitations of aerosol, soil, and/or
14 water radionuclide releases in the decommissioning of US nuclear power plants in order
15 to protect health, particularly that of local vulnerable populations.

16
17 Your Reference Committee heard very limited but supportive testimony in favor of this
18 resolution. Testimony highlighted the long history of health concerns for those living in
19 close proximity to nuclear power plants, who often have limited resources. Therefore, your
20 Reference Committee recommends that Resolution 429 be adopted.

- 21
22 (10) RESOLUTION 435 – RADIATION EXPOSURE
23 COMPENSATION

24
25 **RECOMMENDATION:**

26
27 **Madam Speaker, your Reference Committee**
28 **recommends that Resolution 435 be adopted.**

29
30 **HOD ACTION: Resolution 435 be adopted.**

31
32 Our American Medical Association supports continued authorization of federal radiation
33 exposure compensation programs and expanded program eligibility to downwind
34 individuals, communities, and tribes affected by the ongoing environmental harms of
35 historic atomic weapons testing, including, but not limited to, residents of areas affected
36 by the test of the first atomic bomb in New Mexico and uranium miners employed between
37 1942 through 1990.

38
39 Your Reference Committee heard unanimously supportive testimony on Resolution 435.
40 No amendments or concerns were raised. Madam Speaker, your Reference Committee
41 recommends that Resolution 435 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

- 1
2
3 (11) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
4 3 - SUPPORT REMOVAL OF BMI AS A STANDARD
5 MEASURE IN MEDICINE AND RECOGNIZING
6 CULTURALLY-DIVERSE AND VARIED PRESENTATIONS
7 OF EATING DISORDERS
8

RECOMMENDATION A:

9
10
11 **Madam Speaker, your Reference Committee**
12 **recommends that the first Recommendation in CSAPH**
13 **Report 3 be amended by addition and deletion to read**
14 **as follows:**
15

16 **1. That AMA Policy H-440.797, “Support Removal of BMI**
17 **as a Standard Measure in Medicine and Recognizing**
18 **Culturally-Diverse and Varied Presentations of Eating**
19 **Disorders,” be amended by addition to read as follows:**
20

21 **1. Our American Medical Association recognizes the**
22 **issues with using body mass index (BMI) as a**
23 **measurement because:**

- 24 **a. of the historical harm of BMI;**
25 **b. of the use of BMI for racist exclusion; and**
26 **c. BMI cutoffs are based primarily on data collected**
27 **from previous generations of non-Hispanic White**
28 **populations and does not consider a person’s**
29 **gender or ethnicity.**
30

31 **2. Our AMA recognizes the significant limitations**
32 **associated with the widespread use of BMI in clinical**
33 **settings and suggests its use be in a conjunction with**
34 **other valid measures of risk such as, but not limited to,**
35 **measurements of:**

- 36 **a. visceral fat;**
37 **b. body composition;**
38 **c. waist circumference; and**
39 **d. genetic/metabolic factors.**
40

41 **3. Our AMA recognizes that BMI is significantly**
42 **correlated with the amount of fat mass in the general**
43 **population but loses predictability when applied on the**
44 **individual level.**
45

46 **4. Our AMA recognizes that relative body shape and**
47 **composition heterogeneity across race/ethnic groups,**
48 **sexes, and age-span is essential to consider when**
49 **applying BMI as a measure of adiposity.**

1 **5. Our AMA recognizes that the use of BMI should not**
2 **be used as a sole criterion to deny appropriate**
3 **insurance reimbursement.**

4
5 **6. Our AMA recognizes the use of BMI within the**
6 **context of comorbidities, baseline mortality risk, and**
7 **environmental factors such as chronic stressors, poor**
8 **nutrition, and low physical activity may be used for risk**
9 **stratification.**

10
11 **7. Our AMA recognizes BMI is a widely used tool for**
12 **population level surveillance of obesity trends due to**
13 **its ease of use and low risk for application**
14 **inconstancies, but BMI does not fully capture the**
15 **complexity of the obesity epidemic.**

16
17 **8. Our AMA recognizes that BMI, in combination with**
18 **other anthropometric measures and environmental**
19 **factors, may be useful as an initial screener to identify**
20 **individuals for further investigation of health risks.**

21
22 **RECOMMENDATION B:**

23
24 **Madam Speaker, your Reference Committee**
25 **recommends that CSAPH 3 be amended by addition of**
26 **a fourth Recommendation to read as follows:**

27
28 **4. Our AMA advocates for coverage of evidence-based**
29 **alternative measures for diagnosing obesity. (New HOD**
30 **Policy)**

31
32 **RECOMMENDATION C:**

33
34 **Madam Speaker, your Reference Committee**
35 **recommends that the Recommendations in CSAPH**
36 **Report 3 be adopted as amended and the remainder of**
37 **the report be filed.**

38
39 **RECOMMENDATION D:**

40
41 **Madam Speaker, your Reference Committee**
42 **recommends that the title be changed of CSAPH Report**
43 **3 to read as follows:**

44
45 **SUPPORT FOR EVIDENCE-BASED USE OF BMI AS A**
46 **MEASURE IN MEDICINE**

47
48 **HOD ACTION: Recommendations in Council on Science**
49 **and Public Health Report 3 be adopted as amended with a**
50 **title change and the remainder of the report be filed.**

1 The Council on Science and Public Health recommends that the following be adopted,
2 and the remainder of the report be filed.

3
4 1. That AMA Policy H-440.797, "Support Removal of BMI as a Standard Measure in
5 Medicine and Recognizing Culturally-Diverse and Varied Presentations of Eating
6 Disorders," be amended by addition to read as follows:

7
8 1. Our AMA recognizes:

9
10 1. the issues with using body mass index (BMI) as a measurement because: (a) of
11 the historical harm of BMI, (b) of the use of BMI for racist exclusion, and (c) BMI cutoffs
12 are based primarily on data collected from previous generations of non-Hispanic White
13 populations and does not consider a person's gender or ethnicity.

14
15 2. the significant limitations associated with the widespread use of BMI in clinical
16 settings and suggests its use be in a conjunction with other valid measures of risk such
17 as, but not limited to, measurements of: (a) visceral fat, (b) body adiposity index, (c) body
18 composition, (d) relative fat mass, (e) waist circumference and (f) genetic/metabolic
19 factors.

20
21 3. that BMI is significantly correlated with the amount of fat mass in the general
22 population but loses predictability when applied on the individual level.

23
24 4. that relative body shape and composition heterogeneity across race/ethnic
25 groups, sexes, and age-span is essential to consider when applying BMI as a measure of
26 adiposity.

27
28 5. that the use of BMI should not be used as a sole criterion to deny appropriate
29 insurance reimbursement.

30
31 6. the use of BMI within the context of comorbidities, baseline mortality risk, and
32 environmental factors such as chronic stressors, poor nutrition, and low physical activity
33 may be used for risk stratification.

34
35 7. BMI is a widely used tool for population level surveillance of obesity trends due
36 to its ease of use and low risk for application inconstancies, but BMI does not fully capture
37 the complexity of the obesity epidemic.

38
39 8. that BMI, in combination with other anthropometric measures and environmental
40 factors, may be useful as an initial screener to identify individuals for further investigation
41 of metabolic health risks.

42
43 2. Our AMA supports further research on the application of the extended BMI percentiles
44 and z-scores and its association with other anthropometric measurements, risk factors,
45 and health outcomes.

46
47 3. Our AMA supports efforts to educate physicians on the issues with BMI and alternative
48 measures for diagnosing obesity. (Amend HOD Policy)

49
50 Your Reference Committee heard mostly supportive testimony on this item. Supportive
51 testimony noted that BMI has many shortcomings as a measure of health risk and that

1 studies show that physical fitness and nutritional status better predict overall health and
2 mortality risk. An amendment was proffered to change the title to better capture the content
3 of the report as well as the current policy. Your Reference Committee agrees with this
4 amendment to the title. An amendment was proffered to remove body adiposity index and
5 relative fat mass because these are not widely accepted tools. Your Reference Committee
6 agrees with this amendment. Further, another amendment was proffered to include other
7 measures of obesity such as DEXA and bioelectrical impedance noting that these tools
8 are not covered by insurance. There was testimony in opposition of specific inclusion of
9 measures. Your Reference Committee agrees with this but also supports the need to have
10 insurance coverage of new tools to measure obesity and has therefore recommended the
11 inclusion of “evidence-based tools” to alleviate this concern. Testimony in opposition noted
12 that BMI is a useful risk factor for obstructive sleep apnea. Your Reference Committee
13 would like to note that the CSAPH recommendations support BMI in the context of other
14 factors for risk stratification and therefore address the concern for use of BMI in the context
15 of obstructive sleep apnea. Testimony in opposition also noted the need to make sure that
16 obesity measures are validated in children. Your Reference Committee would like to note
17 that this was discussed in the original BMI report presented at A-23 and is not germane to
18 the body of this report. Therefore, Madam Speaker, your Reference Committee
19 recommends that Recommendations in Council on Science and Public Health Report 3
20 be adopted as amended.

1 (12) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
 2 6 – GREENHOUSE GAS EMISSIONS FROM METERED
 3 DOSE INHALERS AND ANESTHETIC GASES
 4

5 **RECOMMENDATION A:**
 6

7 Madam Speaker, your Reference Committee
 8 recommends that the second Recommendation in
 9 CSAPH Report 6 be amended by addition to read as
 10 follows:
 11

- 12 2. That Policy H-135.913, “Metered Dose Inhalers and
 13 Greenhouse Gas Emissions” be amended by addition
 14 and deletion to read as follows:
 15
- 16 1. Our American Medical Association will advocate to
 17 reduce the climate effects of hydrofluorocarbon
 18 propellants in metered-dose inhalers and encourage
 19 strategies supporting the development and use of
 20 alternative inhalers and propellants with equal and or
 21 higher efficacy and less adverse effect on our climate.
 - 22 2. Our AMA supports legislative and regulatory reforms
 23 that increase access to affordable inhalers with lower
 24 greenhouse gas emissions that align with current
 25 recommended standards of care. Reforms should aim
 26 to ensure the quality of patents issued on new drug-
 27 device combinations, prevent new patents for minor
 28 changes made to delivery systems, and remove
 29 barriers to market entry for generic inhalers.
 - 30 3. Our AMA supports consideration of the
 31 environmental impacts of inhalers when creating
 32 prescription drug formularies and for the federal
 33 government to factor environmental impact into price
 34 negotiations with pharmaceutical manufacturers.
 - 35 4. Our AMA recognizes the unique role metered dose
 36 inhalers play, in combination with spacers and
 37 facemasks, in treating vulnerable patients who are
 38 unable to use other inhaler options due to age,
 39 physiologic limitation from weakness or
 40 neurocognitive limitations, including but not limited
 41 to children with asthma, patients with
 42 tracheostomies, patients with cerebrovascular
 43 injuries, and patients with neuromuscular diseases.
 - 44 3. ~~Our AMA will study options for reducing~~
 45 ~~hydrofluorocarbon use in the medical sector. (Modify~~
 46 ~~Current AMA Policy)~~

47
 48 **RECOMMENDATION B:**
 49

1 **Madam Speaker, your Reference Committee**
 2 **recommends that the third Recommendation in CSAPH**
 3 **Report 6 be amended by deletion to read as follows:**

4
 5 **3. That the following new policy be adopted.**

6
 7 **Reducing Environmental Impacts of Anesthetic Gases**

8
 9 **Our American Medical Association, in collaboration**
 10 **with interested parties and organizations, will**
 11 **disseminate evidence-based content and**
 12 **recommended strategies to reduce the global warming**
 13 **impact of anesthetic gases. (New HOD Policy)**

14
 15 **RECOMMENDATION C:**

16
 17 **Madam Speaker, your Reference Committee**
 18 **recommends that CSAPH Report 6 be adopted as**
 19 **amended and the rest of the report be filed.**

20
 21 **HOD ACTION: Recommendations in Council on Science**
 22 **and Public Health Report 6 be adopted as amended and**
 23 **the remainder of the report be filed.**

24
 25 The Council on Science and Public Health recommends that the following be adopted,
 26 and the remainder of the report be filed.

27
 28 1. That Policy H-160.932, "Asthma Control" be amended by addition and deletion to read
 29 as follows:

30
 31 The AMA: (1) encourages physicians to make appropriate use of evidence-based
 32 guidelines, including those contained in Expert Panel Report III: Guidelines for the
 33 Diagnosis and Management of Asthma released by the National Heart, Lung and Blood
 34 Institute and the National Asthma Education and Prevention Program Coordinating
 35 Committee Expert Panel Working Group 2020 Focused Updates to the Asthma
 36 Management Guidelines; (2) encourages physicians to provide self-management
 37 education tailored to the literacy level of the patient by teaching and reinforcing appropriate
 38 self-monitoring, the use of a written asthma action plan, taking medication correctly, and
 39 avoiding environmental factors that worsen asthma; ~~and~~ (3) encourages physicians to
 40 incorporate the four components of care (assessment and monitoring; education; control
 41 of environmental factors and comorbid conditions; and appropriate medication selection
 42 and use); and (4) will, in collaboration with interested parties and organizations, develop
 43 content to help physicians talk through the different asthma control options and their
 44 known economic costs and environmental impacts. (Modify Current AMA Policy)

45
 46 2. That Policy H-135.913, "Metered Dose Inhalers and Greenhouse Gas Emissions" be
 47 amended by addition and deletion to read as follows:

48
 49 1. Our AMA will advocate to reduce the climate effects of hydrofluorocarbon
 50 propellants in metered-dose inhalers and encourage strategies ~~for encouraging~~

1 supporting the development and use of alternative inhalers and propellants with
 2 equal and or higher efficacy and less adverse effect on our climate.

3 2. ~~Our AMA will advocate for supports~~ legislative and regulatory reforms, that
 4 increase access to affordable ~~to keep inhalers medications affordable and~~
 5 ~~accessible, will urge FDA to consider metered dose inhaler propellant substitutions~~
 6 ~~for the purposes of climate protection as drug reclassifications, with lower~~
 7 ~~greenhouse gas emissions that align with current recommended standards of care.~~
 8 Reforms should aim to ensure the quality of patents issued on new drug-device
 9 combinations, prevent new patents for minor changes made to delivery systems,
 10 and remove barriers to market entry for generic inhalers.

11 3. Our AMA supports consideration of the environmental impacts of inhalers
 12 when creating prescription drug formularies and for the federal government to
 13 factor environmental impact into price negotiations with pharmaceutical
 14 manufacturers, without new patent or exclusivity privileges, and not allow these
 15 substitutions to classify as new drug applications.

16
 17 ~~3. Our AMA will study options for reducing hydrofluorocarbon use in the medical sector.~~
 18 (Modify Current AMA Policy)

19
 20 3. That the following new policy be adopted.

21
 22 Reducing Environmental Impacts of Anesthetic Gases

23
 24 The AMA, in collaboration with interested parties and organizations, will disseminate
 25 evidence-based content and recommended strategies to reduce the global warming
 26 impact of anesthetic gases and encourage the phasing out of desflurane as an anesthetic
 27 gas. (New HOD Policy)

28
 29 Your Reference Committee heard generally supportive testimony on CSAPH Report 6,
 30 particularly regarding the first and second Recommendations, with an amendment
 31 proffered to address the unique role that metered dose inhalers play in some populations
 32 that are unable to use other inhaler options. The suggested amendment was supported
 33 by others testifying. Your committee also heard testimony from delegations representing
 34 anesthesiologists that were not in support of the third recommendation because of its call
 35 to phase out desflurane, even though it was noted by others that many health systems
 36 have already started eliminating the use of desflurane and that there are cost savings from
 37 its removal. One individual, while supportive of the report, was wondering why we should
 38 be concerned about the greenhouse gas emissions from inhalers when Taylor Swift
 39 frequently takes private international jet trips. Your Reference Committee felt the proffered
 40 amendment on the utility of metered dose inhaler for use in specific populations was
 41 relevant to include but did not feel that the complete removal of the third recommendation
 42 was warranted, as most of the recommendation language supports engagement with
 43 interested parties on disseminating evidence-based content and recommended
 44 strategies. However, your Reference Committee supported the removal of specific
 45 language about desflurane in attempt to not limit other anesthetic gases that might
 46 contribute to climate change. Madam Speaker, your Reference Committee recommends
 47 that recommendations in Council on Science and Public Health Report 6 be adopted as
 48 amended.

- 1 (13) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
2 9 – PRESCRIBING GUIDED PHYSICAL ACTIVITY FOR
3 DEPRESSION AND ANXIETY
4

5 **RECOMMENDATION A:**
6

7 Madam Speaker, your Reference Committee
8 recommends that the first Recommendation in CSAPH
9 Report 9 be amended by deletion to read as follows:
10

11 1. That our AMA amend policy H-470.997, “Exercise and
12 Physical Fitness” by addition and deletion to read as
13 follows:
14

15 **Exercise and Physical Fitness H-470.997**

16 1. Our AMA encourages all physicians to utilize the
17 health potentialities of exercise for their patients as a
18 most important part of health promotion and
19 rehabilitation and urges state and local medical
20 societies to emphasize through all available channels
21 the need for physical activity ~~for all age groups and~~
22 ~~both sexes.~~ The AMA encourages other organizations
23 and agencies to join with the Association in promoting
24 physical fitness through all appropriate means.
25

26 ~~Our AMA will study evidence of the efficacy of physical~~
27 ~~activity interventions (i.e., group fitness, personal~~
28 ~~training, or physical therapy) on behavioral activation~~
29 ~~and outcomes on depressive and anxiety symptoms.~~
30

31 **RECOMMENDATION B:**
32

33 Madam Speaker, your Reference Committee
34 recommends that the third Recommendation in CSAPH
35 Report 9 be amended by addition and deletion to read
36 as follows:
37

38 3. Our AMA encourages:

- 39 1. the education of health care professionals on the
40 role of physical activity and/or structured exercise
41 in treating and managing anxiety and depression;
42 and the need to screen for levels of physical activity
43 of patients; the need to motivate, and educate
44 patients of all ages about the benefits of physical
45 activity, including positive mental health benefits.
46 2. the provision of coverage by health care payers
47 and employers to provide coverage for gym fitness
48 club memberships and access to other physical
49 activity programs.
50 3. the implementation, trending, and utilization of
51 evidenced-based physical activity measures, such

~~as physical activity vital signs (PAVS), in the medical record for treatment prescription, counseling, coaching, and follow up of physical activity for therapeutic use. (Modify HOD Policy)~~

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the Recommendations in CSAPH Report 9 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Science and Public Health Report 9 be adopted as amended and the remainder of the report be filed.

The Council on Science and Public Health recommends that the following be adopted, and the remainder of the report be filed.

1. That our AMA amend policy H-470.997, "Exercise and Physical Fitness" by addition and deletion to read as follows:

Exercise and Physical Fitness H-470.997

1. Our AMA encourages all physicians to utilize the health potentialities of exercise for their patients as a most important part of health promotion and rehabilitation and urges state and local medical societies to emphasize through all available channels the need for physical activity for all age groups and both sexes. The AMA encourages other organizations and agencies to join with the Association in promoting physical fitness through all appropriate means.

~~Our AMA will study evidence of the efficacy of physical activity interventions (i.e., group fitness, personal training, or physical therapy) on behavioral activation and outcomes on depressive and anxiety symptoms.~~

2. Our AMA advocates for continued research towards development of structured physical activity treatment plans for the specific diagnoses of anxiety and depression, as well as longitudinal studies to examine the effects of physical activity on health outcomes, particularly later in life.

3. Our AMA encourages:

1. education of health care professionals on the role of physical activity and/or structured exercise in treating and managing anxiety and depression and the need to screen, motivate, and educate patients of all ages about the benefits of physical activity, including positive mental health benefits.

2. health care payers and employers to provide coverage for gym memberships and access to other physical activity programs.

3. the implementation, trending, and utilization of physical activity measures, such as physical activity vital signs (PAVS), in the medical record for treatment prescription, counseling, coaching, and follow up of physical activity for therapeutic use. (Modify HOD Policy)

1 Your Reference Committee heard supportive testimony on this report. The testimony
 2 noted that physical activity is important for health and function, and not just physical but
 3 also mental and emotional wellbeing. However, a few amendments were proffered on the
 4 report recommendations. In particular, there was concern with the inclusion of the physical
 5 activity vital signs (PAVS) in the recommendation, as it was noted that there is no evidence
 6 to support the inclusion of that measure. Those testifying also noted they wanted to avoid
 7 unnecessary administrative burden to physicians and staff. The report authors offered
 8 rebuttal testimony noting that PAVS is just one example of a measure that can be used to
 9 track progress as a therapy when physical activity is prescribed, not as something that
 10 needs to be documented all the time. Your Reference Committee felt the inclusion of the
 11 PAVS specific language was unnecessary and opted to include language around
 12 evidence-based physical activity measures. Madam Speaker, your Reference Committee
 13 recommends that the recommendations in Council on Science and Public Health Report
 14 9 be adopted as amended.

15
 16 (14) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
 17 13 - DECREASING YOUTH ACCESS TO E-CIGARETTES
 18

19 **RECOMMENDATION A:**

20
 21 **Madam Speaker, your Reference Committee**
 22 **recommends that the second Recommendation in**
 23 **CSAPH Report 13 be amended by addition and deletion**
 24 **to read as follows:**

25
 26 **(10) supports measures that decrease the geographic**
 27 **density of tobacco retail stores, including but not**
 28 **limited to, preventing retailers from selling tobacco**
 29 **products in stores in close proximity to schools.**

30 **(Modify Current AMA Policy)**

31
 32 **RECOMMENDATION B:**

33
 34 **Madam Speaker, your Reference Committee**
 35 **recommends that the Recommendations in CSAPH**
 36 **Report 13 be adopted as amended and the remainder of**
 37 **the report be filed.**

38
 39 **HOD ACTION: Recommendations in Council on Science**
 40 **and Public Health Report 13 be adopted as amended and**
 41 **the remainder of the report be filed.**

42
 43 The Council on Science and Public Health recommends that the following be adopted,
 44 and the remainder of the report be filed:

45
 46 1. That our AMA supports the inclusion of all forms of e-cigarettes (e.g., disposable,
 47 refillable cartridge, and tank-based e-cigarettes) in the language and implementation of
 48 relevant nicotine-based policies and regulations by the Food and Drug Administration or
 49 other regulatory agencies. (New HOD Policy)
 50

1 2. That current AMA Policy H-495.986, "Tobacco Product Sales and Distribution," be
2 amended by addition to read as follows:

3
4 Tobacco Product Sales and Distribution, H-495.986

5 (1) recognizes the use of e-cigarettes and vaping as an urgent public health epidemic and
6 will actively work with the Food and Drug Administration and other relevant stakeholders
7 to counteract the marketing and use of addictive e-cigarette and vaping devices, including
8 but not limited to bans and strict restrictions on marketing to minors under the age of 21;

9 (2) encourages the passage of laws, ordinances and regulations that would set the
10 minimum age for purchasing tobacco products, including electronic nicotine delivery
11 systems (ENDS) and e-cigarettes, at 21 years, and urges strict enforcement of laws
12 prohibiting the sale of tobacco products to minors;

13 (3) supports the development of model legislation regarding enforcement of laws
14 restricting children's access to tobacco, including but not limited to attention to the
15 following issues: (a) provision for licensure to sell tobacco and for the revocation thereof;
16 (b) appropriate civil or criminal penalties (e.g., fines, prison terms, license revocation) to
17 deter violation of laws restricting children's access to and possession of tobacco; (c)
18 requirements for merchants to post notices warning minors against attempting to purchase
19 tobacco and to obtain proof of age for would-be purchasers; (d) measures to facilitate
20 enforcement; (e) banning out-of-package cigarette sales ("loosies"); and (f) requiring
21 tobacco purchasers and vendors to be of legal smoking age;

22 (4) requests that states adequately fund the enforcement of the laws related to tobacco
23 sales to minors;

24 (5) opposes the use of vending machines to distribute tobacco products and supports
25 ordinances and legislation to ban the use of vending machines for distribution of tobacco
26 products;

27 (6) seeks a ban on the production, distribution, and sale of candy products that depict or
28 resemble tobacco products;

29 (7) opposes the distribution of free tobacco products by any means and supports the
30 enactment of legislation prohibiting the disbursement of samples of tobacco and tobacco
31 products by mail;

32 (8) (a) publicly commends (and so urges local medical societies) pharmacies and
33 pharmacy owners who have chosen not to sell tobacco products, and asks its members
34 to encourage patients to seek out and patronize pharmacies that do not sell tobacco
35 products; (b) encourages other pharmacists and pharmacy owners individually and
36 through their professional associations to remove such products from their stores; (c)
37 urges the American Pharmacists Association, the National Association of Retail Druggists,
38 and other pharmaceutical associations to adopt a position calling for their members to
39 remove tobacco products from their stores; and (d) encourages state medical associations
40 to develop lists of pharmacies that have voluntarily banned the sale of tobacco for
41 distribution to their members; and

42 (9) opposes the sale of tobacco at any facility where health services are provided; and

43 (10) supports measures that decrease the overall density of tobacco specialty stores,
44 including but not limited to, preventing retailers from opening new tobacco specialty stores
45 in close proximity to schools. (Modify Current AMA Policy)

46
47 3. That our AMA reaffirm Policies H-495.970, "Regulation of "Cool/Non-Menthol" Tobacco
48 Products, H-495.971 "Opposition to Addition of Flavors to Tobacco Products," and H-
49 495.976, "Opposition to Exempting the Addition of Menthol to Cigarettes." (Reaffirm HOD
50 Policy)
51

1 Your Reference Committee heard mostly supportive testimony on the recommendations
2 in the Council of Science and Public Health Report 13. Two delegations proffered minor
3 amendments to the language of Recommendation two, subclause 10. Specifically, one
4 delegation supported removing language regarding specialty stores, noting that e-
5 cigarettes are primarily purchased at gas stations and convenience stores therefore more
6 inclusive language would be more appropriate. Although there were concerns about the
7 feasibility of decreasing geographic density by one delegation, there was general support
8 for this recommendation and the proposed amendments. Madam Speaker, your
9 Reference Committee recommends that Council on Science and Public Health Report 13
10 be adopted as amended.

11
12 (15) RESOLUTION 403 – OCCUPATIONAL SCREENINGS
13 FOR LUNG DISEASE

14
15 **RECOMMENDATION A:**

16
17 **Madam Speaker, your Reference Committee**
18 **recommends that Resolution 403 be amended by**
19 **deletion to read as follows:**

20
21 **RESOLVED, that our AMA amend Policy H-365.988,**
22 **“Integration of Occupational Medicine, Environmental**
23 **Health, and Injury Prevention Programs into Public**
24 **Health Agencies” by addition and deletion as follows:**

- 25
26 1. Our American Medical Association supports the
27 integration of occupational health and environmental health
28 and injury prevention programs within existing health
29 departments at the state and local level.
30 2. Our AMA supports taking a leadership role in assisting
31 state medical societies in implementation of such programs.
32 3. Our AMA supports working with federal agencies to ensure
33 that "health" is the primary determinant in establishing
34 environmental and occupational health policy.
35 4. Our AMA recognizes barriers to accessibility and utilization
36 of such programs.
37 5. Our AMA recognizes inequities in occupational health
38 screenings for pulmonary disease and supports efforts to
39 increase accessibility of these screenings.
40 6. Our AMA encourages utilization of free and accessible
41 screenings, such as those used in the NIOSH Coal Workers
42 Health Surveillance Program, for other at-risk occupational
43 groups.

44
45
46 **RECOMMENDATION B:**

47 **Madam Speaker, your Reference Committee**
48 **recommends that Resolution 403 be adopted as**
49 **amended.**

50

1 **HOD ACTION: Resolution 403 be adopted as amended.**

2
3 RESOLVED, that our AMA amend Policy H-365.988, "Integration of Occupational
4 Medicine, Environmental Health, and Injury Prevention Programs into Public Health
5 Agencies" by addition and deletion as follows:

6
7 Our AMA supports: (1) supports the integration of occupational health and environmental
8 health and injury prevention programs within existing health departments at the state and
9 local level; (2) supports taking a leadership role in assisting state medical societies in
10 implementation of such programs; ~~and~~ (3) supports working with federal agencies to
11 ensure that "health" is the primary determinant in establishing environmental and
12 occupational health policy; (4) recognizes barriers to accessibility and utilization of such
13 programs; (5) recognizes inequities in occupational health screenings for pulmonary lung
14 disease and supports efforts to increase accessibility of these screenings in marginalized
15 communities; and (6) encourages utilization of accessible screenings, such as those used
16 in the NIOSH Coal Workers Health Surveillance Program, for other at risk occupational
17 groups and utilization of these free screenings. (Modify Current Policy)

18
19 Your Reference Committee heard generally supportive testimony on this resolution, with
20 small editorial amendments proffered which were supported by the resolution authors.
21 Testimony acknowledged the importance of the issue for many living in medically
22 underserved and marginalized communities. Testimony noted that the modified policy
23 could help reduce barriers to occupational health services while another person noted that
24 the issue is not with access but rather that miners are being disincentivized from getting
25 screened. However, no amendments were proffered to address this last concern. Madam
26 Speaker, your Reference Committee recommends that Resolution 403 be adopted as
27 amended.

28
29 (16) RESOLUTION 406 – OPPOSITION TO PAY-TO-STAY
30 INCARCERATION FEES

31
32 **RECOMMENDATION A:**

33
34 **Madam Speaker, your Reference Committee**
35 **recommends that Resolution 406 be amended by**
36 **addition and deletion to read as follows:**

37
38 **1. Our American Medical Association oppose fees**
39 **charged to justice involved individuals for room and**
40 **board and advocate for federal and state efforts to**
41 **repeal statutes and ordinances which permit inmates to**
42 **be charged for room and board and basic amenities.**

43
44 **2. Our AMA oppose probation and parole supervision**
45 **fees and support federal and state efforts to repeal**
46 **statutes and ordinances which permit individuals on**
47 **probation or parole to be charged for supervision fees.**

48
49 **RECOMMENDATION C:**

50

1 **Madam Speaker, your Reference Committee**
 2 **recommends that Resolution 406 be adopted as**
 3 **amended.**

4 **RECOMMENDATION D:**

5
 6 **Madam Speaker, your Reference Committee**
 7 **recommends that the title be changed of Resolution 406**
 8 **to read as follows:**

9
 10 **OPPOSITION TO JUSTICE INVOLVED FEES**

11
 12 **HOD ACTION: Resolution 403 be adopted as amended with**
 13 **a title change.**

14
 15 RESOLVED, that our American Medical Association oppose fees charged to incarcerated
 16 individuals for room and board and advocate for federal and state efforts to repeal statutes
 17 and ordinances which permit inmates to be charged for room and board. (Directive to Take
 18 Action)

19
 20 Your Reference Committee heard supportive testimony of this resolution highlighting the
 21 detrimental effects of pay-to-stay prison requirements on both individuals and society and
 22 the need to find alternative approaches. An amendment was proffered to use the
 23 terminology justice involved instead of incarcerated individuals, noting that these labels
 24 are dehumanizing and increases stigmatization. Another amendment was proffered to
 25 include supervision fees noting that they have the same detrimental effects as pay-to-stay
 26 fees. The author and your Reference Committee agree with this inclusion given it falls
 27 within the scope of this resolution. Therefore, Madam Speaker, your Reference Committee
 28 recommends that Resolution 406 be adopted as amended.

29
 30 (17) **RESOLUTION 407 – RACIAL MISCLASSIFICATION**

31
 32 **RECOMMENDATION A:**

33
 34 **Madam Speaker, your Reference Committee**
 35 **recommends that Resolution 407 be amended by**
 36 **addition to read as follows:**

37
 38 **4. Our AMA further supports HIPAA-compliant, Tribally**
 39 **approved data linkages between Native Hawaiian and**
 40 **Tribal Registries, population-based and hospital-based**
 41 **clinical trial and disease registries, and local, state,**
 42 **tribal, and federal vital statistics databases aimed at**
 43 **minimizing racial misclassification.**

44
 45 **RECOMMENDATION B:**

46
 47 **Madam Speaker, your Reference Committee**
 48 **recommends that Resolution 407 be adopted as**
 49 **amended.**

50
 51 **HOD ACTION: Resolution 407 be adopted as amended.**

1
2 RESOLVED, that our American Medical Association amend H-85.953, "Improving Death
3 Certification Accuracy and Completion," by addition as follows:
4

5 Improving Death Certification Accuracy and Completion H-85.953

6 1. Our AMA: (a) acknowledges that the reporting of vital events is an integral part of patient
7 care; (b) urges physicians to ensure completion of all state vital records carefully and
8 thoroughly with special attention to the use of standard nomenclature, using legible writing
9 and accurate diagnoses; and (c) supports notifying state medical societies and state
10 departments of vital statistics of this policy and encouraging their assistance and
11 cooperation in implementing it.

12 2. Our AMA also: (a) supports the position that efforts to improve cause of death statistics
13 are indicated and necessary; (b) endorses the concept that educational efforts to improve
14 death certificates should be focused on physicians, particularly those who take care of
15 patients in facilities where patients are likely to die, namely in acute hospitals, nursing
16 homes and hospices; and (c) supports the concept that training sessions in completion of
17 death certificates should be (i) included in hospital house staff orientation sessions and
18 clinical pathologic conferences; (ii) integrated into continuing medical education
19 presentations; (iii) mandatory in mortality conferences; and (iv) included as part of in-
20 service training programs for nursing homes, hospices and geriatric physicians.

21 3. Our AMA further: (a) promotes and encourages the use of ICD codes among physicians
22 as they complete medical claims, hospital discharge summaries, death certificates, and
23 other documents; (b) supports cooperating with the National Center for Health Statistics
24 (NCHS) in monitoring the four existing models for collecting tobacco-use data; (c) urges
25 the NCHS to identify appropriate definitions, categories, and methods of collecting risk-
26 factor data, including quantification of exposure, for inclusion on the U.S. Standard
27 Certificates, and that subsequent data be appropriately disseminated; and (d) continues
28 to encourage all physicians to report tobacco use, exposure to environmental tobacco
29 smoke, and other risk factors using the current standard death certificate format.

30 4. Our AMA further supports HIPAA-compliant data linkages between Native Hawaiian
31 and Tribal Registries, population-based and hospital-based clinical trial and disease
32 registries, and local, state, tribal, and federal vital statistics databases aimed at minimizing
33 racial misclassification. (Modify HOD Policy)
34

35 Your Reference Committee heard mostly supportive testimony on Resolution 407.
36 Testimony highlighted the potential to reduce disparities by improving vital statistics, which
37 currently are plagued by missing and inaccurate information. An amendment was
38 proffered to expand the language in the fourth resolve clause to specify that the HIPAA-
39 compliant data linkages also be Tribally approved. Multiple delegations supported the
40 amendment as written. Madam Speaker, your Reference Committee recommends that
41 Resolution 407 be adopted as amended.
42

43 (18) RESOLUTION 409 – TOXIC HEAVY METALS
44

45 **RECOMMENDATION A:**

46
47 **Madam Speaker, your Reference Committee**
48 **recommends that the second Resolve of Resolution 409**
49 **be amended by addition and deletion to read as follows:**
50

1 **RESOLVED, that our AMA support efforts: (a) to**
 2 **monitor and educate individuals on (a) the chronic**
 3 **effects of exposure to toxic hazardous pollutants and**
 4 **heavy metals including at levels below regulation limits,**
 5 **and—(b) to monitor the burden of toxicity in**
 6 **communities, especially near urban, Superfund,**
 7 **military bases, and industrial sites, and (c) to educate**
 8 **individuals on the chronic effects of those exposures.**
 9 **(New HOD Policy)**

10 **RECOMMENDATION B:**

11
 12 **Madam Speaker, your Reference Committee**
 13 **recommends that Resolution 409 be adopted as**
 14 **amended.**

15
 16 **RECOMMENDATION C:**

17
 18 **Madam Speaker, your Reference Committee**
 19 **recommends that the title be changed of Resolution 409**
 20 **to read as follows:**

21
 22 **HAZARDOUS POLLUTANTS AND HEAVY METALS**

23
 24 **HOD ACTION: Resolution 409 be adopted as amended with**
 25 **a title change.**

26
 27 RESOLVED, that our American Medical Association urge governmental agencies to
 28 establish and enforce limits for identified hazardous pollutants and heavy metals in our
 29 food, water, soil, and air (Directive to Take Action); and be it further

30
 31 RESOLVED, that our AMA support efforts to monitor and educate individuals on (a) the
 32 chronic effects of exposure to toxic heavy metals including at levels below regulation limits,
 33 and (b) the burden of toxicity in communities, especially near urban, Superfund, and
 34 industrial sites. (New HOD Policy)

35 Testimony on this resolution was mostly supportive. The authors as well as others
 36 testifying noted the well-known negative health effects of hazardous pollutants and heavy
 37 metals, which are disproportionately high among urban communities that fall within
 38 historically redlined areas, and the lack of existing regulatory standards for some of these
 39 toxic substances. Several delegations proffered minor amendments to the title and
 40 resolution text to be consistent in language and to add military bases as a community that
 41 is disproportionally impacted by exposure to hazardous pollutants and heavy metals. Your
 42 Reference Committee was supportive of these minor changes. Madam Speaker, your
 43 Reference Committee recommends that Resolution 409 be adopted as amended and that
 44 the title be changed.

45
 46 (19) **RESOLUTION 410 – ACCESS TO PUBLIC RESTROOMS**

47
 48 **RECOMMENDATION A:**

49

1 **Madam Speaker, your Reference Committee**
 2 **recommends that Resolution 410 be amended by**
 3 **addition and deletion to read as follows:**

4
 5 **RESOLVED, that our AMA supports equity in restroom**
 6 **access by gender identity, including increasing the**
 7 **number of female and gender-neutral bathrooms**
 8 **available in both new and existing buildings.**

9
 10 **RECOMMENDATION B:**

11
 12 **Madam Speaker, your Reference Committee**
 13 **recommends that Resolution 410 be adopted as**
 14 **amended.**

15 **RECOMMENDATION C:**

16
 17 **Madam Speaker, your Reference Committee**
 18 **recommends that the title be changed of Resolution 410**
 19 **to read as follows:**

20
 21 **EQUITY IN ACCESS TO PUBLIC RESTROOMS**

22
 23 **HOD ACTION: Resolution 410 be adopted as amended.**

24
 25 RESOLVED, that our American Medical Association support access to clean, accessible,
 26 and permanent public restrooms that, at minimum, contain a toilet and sink, regardless of
 27 any identifying characteristics such as gender identity, appearance, employment status,
 28 or commercial status (New HOD Policy); and be it further

29
 30 RESOLVED, that our AMA support parity in restroom access by gender identity, including
 31 increasing the number of female and gender-neutral bathrooms available in both new and
 32 existing buildings. (New HOD Policy)

33
 34 Your Reference Committee heard mostly supportive testimony on Resolution 410. An
 35 amendment was proffered to replace parity with equity in the second resolve, which was
 36 also supported. The title revision ensures alignment between the policy and the title.
 37 Madam Speaker, your Reference Committee recommends that Resolution 410 be
 38 adopted as amended.

39
 40 (20) **RESOLUTION 411 – MISSING AND MURDERED**
 41 **INDIGENOUS PERSONS**

42 **RECOMMENDATION A:**

43

1 **Madam Speaker, your Reference Committee**
 2 **recommends that Resolution 411 be amended by**
 3 **addition and deletion to read as follows:**

4
 5 **RESOLVED, that our American Medical Association**
 6 **supports emergency alert systems for American Indian**
 7 **and Alaska Native tribal members reported missing on**
 8 **tribal reservations and elsewhere. (New HOD Policy)**

9
 10 **RECOMMENDATION B:**

11
 12 **Madam Speaker, your Reference Committee**
 13 **recommends that Resolution 411 be adopted as**
 14 **amended.**

15
 16 **HOD ACTION: Resolution 411 be adopted as amended.**

17
 18 RESOLVED, that our American Medical Association supports emergency alert systems
 19 for American Indian and Alaska Native tribal members reported missing on reservations
 20 and in urban areas. (New HOD Policy)

21
 22 Your Reference Committee heard mostly supportive testimony on Resolution 411. In
 23 particular, multiple delegations highlighted the success of existing state specific systems.
 24 Amendments were proffered by two delegations to create broader and more inclusive
 25 language about where the policy would apply. The amendments highlight the need to
 26 include individuals reported missing both on tribal reservations and elsewhere, rather than
 27 limiting it to only tribal lands and urban areas. These amendments were supported by
 28 multiple delegations. Madam Speaker, your Reference Committee recommends that
 29 Resolution 411 be adopted as amended.

30
 31 (21) **RESOLUTION 412 – LITHIUM BATTERY SAFETY**

32
 33 **RECOMMENDATION A:**

34
 35 **Madam Speaker, your Reference Committee**
 36 **recommends that Resolution 412 be amended by**
 37 **addition and deletion to read as follows:**

38
 39 **1. Our American Medical Association supports**
 40 **legislation to increase environmental and public safety**
 41 **oversight of lithium batteries and businesses that store**
 42 **and dispose of lithium batteries.**

43
 44 **2. Our AMA supports educational efforts to inform the**
 45 **public about the proper disposal and recycling of**
 46 **lithium batteries and the risks of improper storage and**
 47 **disposal of lithium batteries.**

48
 49 **RECOMMENDATION C:**

50

1 **Madam Speaker, your Reference Committee**
 2 **recommends that Resolution 412 be adopted as**
 3 **amended.**

4
 5 **HOD ACTION: Resolution 412 be adopted as amended.**

6
 7 RESOLVED, that our American Medical Association seek legislation to increase
 8 environmental and public safety oversight of lithium batteries and businesses that store
 9 and dispose of lithium batteries. (Directive to Take Action)

10
 11 Your Reference Committee heard testimony in support of this resolution, citing serious fire
 12 safety concerns from the explosion of lithium batteries. An additional resolve clause was
 13 proffered to support education efforts on this topic, which was supported by the resolution
 14 authors. Your Reference Committee supports the adoption of this resolution and believes
 15 the proffered amendment and additional resolve clause makes this an even stronger
 16 policy. Madam Speaker, your Reference Committee recommends that Resolution 412 be
 17 adopted as amended.

18
 19 (22) RESOLUTION 416 – FURTHERING ENVIRONMENTAL
 20 JUSTICE AND EQUITY

21
 22 **RECOMMENDATION A:**

23
 24 **Madam Speaker, your Reference Committee**
 25 **recommends that the first Resolve of Resolution 416 be**
 26 **amended by addition and deletion to read as follows:**

27
 28 **RESOLVED, that our AMA support prioritizing**
 29 **greenspace access and tree canopy coverage for**
 30 **communities that received a “D” rating from the Home**
 31 **Owners’ Loan Corporation, otherwise known as being**
 32 **“redlined,” or that have been impacted by other**
 33 **discriminatory development and building practices;**
 34 **~~thereby protecting residents of these communities from~~**
 35 **~~displacement~~ with full participation by the community**
 36 **residents in these decisions. (New HOD Policy)**

37
 38 **RECOMMENDATION B:**

39 **Madam Speaker, your Reference Committee**
 40 **recommends that Resolution 416 be adopted as**
 41 **amended.**

42
 43 **HOD ACTION: Resolution 416 be adopted as amended.**

44
 45 RESOLVED, that our American Medical Association support state and local climate-health
 46 risk assessments, disease surveillance and early warning systems, and research on
 47 climate and health, with actions to improve and/or correct the findings (New HOD Policy);
 48 and be it further
 49

1 RESOLVED, that our AMA support measures to protect frontline communities from the
 2 health harms of proximity to fossil fuel extraction, refining and combustion, such as the
 3 best available technology to reduce local pollution exposure from oil refineries, or health
 4 safety buffers from oil extraction operations (New HOD Policy); and be it further

5
 6 RESOLVED, that our AMA support prioritizing greenspace access and tree canopy
 7 coverage for communities that received a “D” rating from the Home Owners’ Loan
 8 Corporation, otherwise known as being “redlined,” or that have been impacted by other
 9 discriminatory development and building practice, thereby protecting residents of these
 10 communities from displacement. (New HOD Policy)

11
 12 Your Reference Committee heard mostly supportive testimony on this resolution, with an
 13 amendment proffered on the third resolve to be aligned with AMA’s current environmental
 14 justice policy. Resolution authors testified they were supportive of the suggested
 15 amendment. Testimony noted the inequitable distribution of risks from climate change and
 16 environmental-related threats among vulnerable communities and the role that redlining
 17 and other historically racist policies contribute to these existing health disparities. Your
 18 Reference Committee agreed with the provided testimony and proffered amendment.
 19 Madam Speaker, your Reference Committee recommends that Resolution 416 be
 20 adopted as amended.

21
 22 (23) RESOLUTION 420 – EQUITY IN DIALYSIS CARE

23
 24 **RECOMMENDATION A:**

25
 26 **Madam Speaker, your Reference Committee**
 27 **recommends that Resolution 420 be amended by**
 28 **addition of two Resolve clauses to read as follows:**

29
 30 **RESOLVED, that our American Medical Association ask**
 31 **the Indian Health Service to offer a plan, agency**
 32 **expertise, technical assistance, and health-facilities**
 33 **funding to assist Tribes in expanding local dialysis**
 34 **services; and be it further**

35
 36 **RESOLVED, that our AMA support a nationwide**
 37 **American Indian and Alaskan Native Medicare and**
 38 **Medicaid enrollment campaign coordinated by CMS**
 39 **and the IHS that funds insurance navigator programs at**
 40 **Tribal Health Programs to improve equitable access to**
 41 **dialysis care.**

42
 43 **RECOMMENDATION B:**

44
 45 **Madam Speaker, your Reference Committee**
 46 **recommends that Resolution 420 be adopted as**
 47 **amended.**

48
 49 **HOD ACTION: Resolution 420 be adopted as amended.**
 50

1 RESOLVED, that our American Medical Association declare kidney failure as a significant
2 public health problem with disproportionate affects and harm to under-represented
3 communities (New HOD Policy); and be it further

4
5 RESOLVED, that our AMA vigorously pursue potential solutions and partnerships to
6 identify economic, cultural, clinical and technological solutions that increase equitable
7 access to all modalities of care including home dialysis. (Directive to Take Action)

8
9 Your Reference Committee heard mostly supportive testimony on Resolution 420. An
10 amendment was proffered adding two resolve clauses; specifically, that the Indian Health
11 Service both provide guidance and technical expertise as well as funding these efforts in
12 collaboration with CMS. Madam Speaker, your Reference Committee recommends that
13 Resolution 420 be adopted as amended.

14
15 (24) RESOLUTION 422 – IMMUNIZATION REGISTRY

16
17 **RECOMMENDATION A:**

18
19 **Madam Speaker, your Reference Committee**
20 **recommends that the first and third Resolves of**
21 **Resolution 422 be deleted.**

22
23 **RECOMMENDATION B:**

24
25 **Madam Speaker, your Reference Committee**
26 **recommends that Resolution 422 be adopted as**
27 **amended.**

28
29 **HOD ACTION: Resolution 422 be adopted as amended.**

30
31 RESOLVED, that our American Medical Association develop model legislation requiring
32 all vaccine providers to participate in their statewide immunization information system
33 (Directive to Take Action); and be it further

34
35 RESOLVED, that our AMA support mandating all vaccine providers to report all
36 immunizations to their respective state immunization registry, for both adults and children
37 (New HOD Policy); and be it further

38
39 RESOLVED, that our AMA support reimbursement for reporting immunizations to state
40 registries by both public and private payers.(New HOD Policy)

41
42 Your Reference Committee heard supportive testimony noting that non-physician entities
43 administer vaccines, and it is crucial to have access to up-to-date immunization records.
44 Supportive testimony also noted that this aligns adult vaccinations with pediatric
45 vaccinations so that reporting is consistent. Testimony also noted that reimbursement is
46 may not as much of an issue once the interface is established with the state due to
47 automatic reporting and therefore recommended deletion of the third Resolve clause. Your
48 Reference Committee agrees with this amendment. Further, testimony noted most states
49 already have legislation establishing statewide immunization information systems and
50 therefore the first Resolve clause asking for the development of model legislation isn't

1 necessary. Your Reference Committee agrees. Therefore, Madam Speaker, your
2 Reference Committee recommends that Resolution 422 be adopted as amended.

3
4 (25) RESOLUTION 424 – LGBTQ+ SENIOR HEALTH

5
6 **RECOMMENDATION A:**

7
8 **Madam Speaker, your Reference Committee**
9 **recommends that the first Resolve of Resolution 424 be**
10 **amended by addition and deletion to read as follows:**

11
12 **RESOLVED, that our American Medical Association**
13 **~~create and disseminate educational initiatives~~ content**
14 **to increase awareness and understanding of ~~senior~~**
15 **LGBTQ+ health aging issues among the general public,**
16 **healthcare professionals, and policy makers (Directive**
17 **to Take Action); and be it further**

18
19 **RECOMMENDATION B:**

20
21 **Madam Speaker, your Reference Committee**
22 **recommends that the second Resolve of Resolution 424**
23 **be amended by addition and deletion to read as follows:**

24
25 **RESOLVED, that our AMA ~~develop and promote~~ cultural**
26 **competency training for clinicians in caring for ~~senior~~**
27 **LGBTQ+ older adults individuals (Directive to Take**
28 **Action); and be it further**

29
30 **RECOMMENDATION C:**

31
32 **Madam Speaker, your Reference Committee**
33 **recommends that the third Resolve of Resolution 424**
34 **be amended by addition and deletion to read as follows:**

35
36 **RESOLVED, that our AMA ~~develop and promote~~**
37 **policies and practices for implementation within all**
38 **healthcare settings that are inclusive and affirming for**
39 **LGBTQ+ ~~seniors~~ older adults (Directive to Take Action);**
40 **and be it further**

41
42 **RECOMMENDATION D:**

43
44 **Madam Speaker, your Reference Committee**
45 **recommends that Resolution 424 be amended by**
46 **addition and deletion to read as follows:**

47
48 **RESOLVED, that our AMA advocate for increased**
49 **funding and resources for research into health issues**
50 **of LGBTQ+ ~~seniors~~ older adults. (Directive to Take**
Action)

1
2 **RECOMMENDATION E:**

3
4 **Madam Speaker, your Reference Committee**
5 **recommends that the title be changed of Resolution 424**
6 **to read as follows:**

7
8 **LGBTQ+ OLDER ADULTS**

9
10 **HOD ACTION: Resolution 424 be adopted as amended with**
11 **a title change.**

12
13 RESOLVED, that our American Medical Association create and disseminate educational
14 initiatives to increase awareness and understanding of senior LGBTQ+ health aging
15 issues among the general public, healthcare professionals, and policy makers (Directive
16 to Take Action); and be it further

17
18 RESOLVED, that our AMA develop and promote cultural competency training for clinicians
19 in caring for senior LGBTQ+ individuals (Directive to Take Action); and be it further

20
21 RESOLVED, that our AMA develop and promote policies and practices for implementation
22 within all healthcare settings that are inclusive and affirming for LGBTQ+ seniors (Directive
23 to Take Action); and be it further

24
25 RESOLVED, that our AMA advocate for increased funding and resources for research into
26 health issues of LGBTQ+ seniors. (Directive to Take Action)

27
28 Your Reference Committee heard mostly supportive testimony on Resolution 424. An
29 amendment to terminology was proposed -- that "Senior" be changed to "Older Adult" to
30 align with existing AMA policy. The same delegation also proposed deleting language
31 around the creation and development of educational materials, trainings, and policies and
32 practices in response to concerns about the fiscal note and acknowledgement that such
33 resources exist elsewhere. Madam Speaker, your Reference Committee recommends
34 that Resolution 424 be adopted as amended.

35
36 (26) RESOLUTION 425 – PERINATAL MENTAL HEALTH
37 DISORDERS AMONG MEDICAL STUDENTS AND
38 PHYSICIANS

39
40 **RECOMMENDATION A:**

41 **Madam Speaker, your Reference Committee**
42 **recommends that Resolution 425 be amended by**
43 **addition and deletion to read as follows:**

44
45 1. Our American Medical Association will work with relevant
46 stakeholders to identify ways to increase screening and
47 referrals to services for perinatal mental health conditions,
48 including substance use disorder, with privacy protections,
49 among medical students, physicians, and their families and
50 reduce stigma surrounding the diagnosis and treatment of

1 perinatal mental health conditions, including substance use
2 disorder, with privacy protections.

3
4 2. Our AMA will advocate for reducing structural and
5 systemic barriers to the diagnosis and treatment of perinatal
6 mental health conditions, including substance use disorder,
7 with privacy protections, in physicians, medical students,
8 and their families.

9
10 **RECOMMENDATION B:**

11
12 **Madam Speaker, your Reference Committee**
13 **recommends that Resolution 425 be adopted as**
14 **amended.**

15
16 **HOD ACTION: Resolution 425 be adopted as amended.**

17
18 RESOLVED, that our American Medical Association work with relevant stakeholders to
19 identify ways to increase screening for perinatal mental health conditions and reduce
20 stigma surrounding the diagnosis and treatment of perinatal mental health conditions
21 (Directive to Take Action); and be it further

22
23 RESOLVED, that our AMA advocate for reducing structural and systemic barriers to the
24 diagnosis and treatment of perinatal mental health conditions in physicians and medical
25 students.(Directive to Take Action)

26
27 Your Reference Committee heard limited, but supportive testimony on this resolution. One
28 proposed amendment suggested expanding it beyond screening to also include referral
29 to services. Your Reference Committee agreed that would strengthen the policy. Another
30 amendment suggested adding reference to substance use disorders. The original authors
31 spoke in opposition to that amendment. Your Reference Committee agrees as mental
32 health is broad enough to encompass substance use disorders. Furthermore, given the
33 focus on physicians and medical students, your Reference Committee did not include a
34 proposed amendment to include reference to families of physicians and medical students
35 as it was felt to be outside of the scope. Therefore, your Reference Committee
36 recommends that Resolution 425 be adopted as amended.

37 (27) RESOLUTION 428 – ADVOCATING FOR EDUCATION
38 AND ACTION REGARDING THE HEALTH HAZARDS OF
39 PFAS CHEMICALS

40
41 **RECOMMENDATION A:**

42
43 **Madam Speaker, your Reference Committee**
44 **recommends that Resolution 428 be amended by**
45 **addition and deletion to read as follows:**

46
47 **Our American Medical Association will amplify**
48 **physician and public education around the adverse**
49 **health effects of PFAS chemicals and potential**

1 mitigation and prevention efforts. (Directive to Take
2 Action).

3

4 **RECOMMENDATION B:**

5

6 **Madam Speaker, your Reference Committee**
7 **recommends that Resolution 428 be adopted as**
8 **amended.**

9

10 **HOD ACTION: Resolution 428 be adopted as amended.**

11

12 RESOLVED, that our American Medical Association improve physician and public
13 education around the adverse health effects of PFAS and potential mitigation and
14 prevention efforts. (Directive to Take Action).

15

16 Your Reference Committee heard testimony that was generally supportive, noting that
17 PFAS chemicals have harmful impacts on the endocrine system have a ubiquitous
18 presence in our environment, and that there are no known safe limits for PFAS. Testimony
19 acknowledged that this issue was timely, as physicians are increasingly being called upon
20 to address this issue with their patients. Online testimony noted that there is existing
21 educational content that AMA could amplify, as opposed to developing new content itself.
22 Based on this testimony, the Reference Committee believes a small modification to the
23 proposed resolution text would address proffered testimony. Madam Speaker, your
24 Reference Committee recommends that Resolution 428 be adopted as amended.

25

26 (28) RESOLUTION 430 – SUPPORTING THE INCLUSION OF
27 INFORMATION ABOUT LUNG CANCER SCREENING
28 WITHIN CIGARETTE PACKAGES

29

30 **RECOMMENDATION A:**

31

32 **Madam Speaker, your Reference Committee**
33 **recommends that the first Resolve of Resolution 430 be**
34 **referred for decision.**

35

36 **RECOMMENDATION B:**

37

38 **Madam Speaker, your Reference Committee**
39 **recommends that the second Resolve of Resolution 430**
40 **be amended by addition and deletion to read as follows:**

41

42 **Our American Medical Association will work with**
43 **appropriate public health organizations and**
44 **governmental agencies to monitor the impact of novel**
45 **nicotine delivery devices on cancer epidemiology and**
46 **promote appropriate cancer screening should the**
47 **suspected link be proven.**

48

49 **RECOMMENDATION C:**

50

1 **Madam Speaker, your Reference Committee**
 2 **recommends that Resolution 430 be adopted as**
 3 **amended.**

4
 5 **RECOMMENDATION D:**

6
 7 **Madam Speaker, your Reference Committee**
 8 **recommends that the title be changed of Resolution 430**
 9 **to read as follows:**

10
 11 **CANCER RISKS ASSOCIATED WITH NOVEL**
 12 **NICOTINE DELIVERY DEVICES**

13
 14 **HOD ACTION: Resolution 430 be adopted as amended with**
 15 **a change in title.**

16
 17 RESOLVED, that our American Medical Association advocate for information about lung
 18 cancer screening to be included within all combustible tobacco product packaging
 19 (Directive to Take Action); and be it further

20
 21 RESOLVED, that our AMA will work with appropriate public health organizations and
 22 governmental agencies to monitor the impact of “non-combustible tobacco” nicotine
 23 delivery devices on cancer epidemiology and promote appropriate cancer screening
 24 should the suspected link be proven. (Directive to Take Action)

25
 26 Your Reference Committee heard mixed testimony on this resolution. While there is
 27 agreement that lung cancer screening rates should be improved, there was conflicting
 28 testimony as to whether the first Resolve was the best way to accomplish that. Those in
 29 support argued that this is currently within the FDA’s purview. Others cautioned that there
 30 is no evidence to suggest that including information about lung screening on tobacco
 31 products would improve screening rates. It was also stated that this approach would
 32 require opening up the Tobacco Control Act and could weaken that law. Your Reference
 33 Committee thinks this is complex and recommends the first Resolve be referred for
 34 decision. The second Resolve was generally supported with amendments to broaden it
 35 beyond “non-combustible tobacco.” Your Reference Committee agrees that expanding
 36 this resolve to cover all novel nicotine products is advisable and therefore recommends
 37 adoption as amended with a change in title to ensure alignment in scope.

38 (29) **RESOLUTION 432 – RESOLUTION TO DECREASE**
 39 **LEAD EXPOSURE IN URBAN AREAS**

40
 41 **RECOMMENDATION A:**

42
 43 **Madam Speaker, your Reference Committee**
 44 **recommends that the second Resolve of Resolution 432**
 45 **be amended by addition and deletion to read as follows:**

46
 47 **RESOLVED, that our AMA advocates for accessible**
 48 **testing of domestic water supplies, prioritizing testing**
 49 **for lead in potable water used by pregnant ~~women~~**
 50 **people, newborns and young children, and with the**

1 provision of accessible water filters in homes found to
 2 have elevated lead levels in potable water (Directive to
 3 Take Action); and be it further

4
 5 **RECOMMENDATION B:**

6
 7 **Madam Speaker, your Reference Committee**
 8 **recommends Resolution 432 be adopted as amended.**

9
 10 **RECOMMENDATION C:**

11
 12 **Madam Speaker, your Reference Committee**
 13 **recommends that the title be changed of Resolution 432**
 14 **to read as follows:**

15
 16 **DECREASING LEAD EXPOSURE**

17
 18 **HOD ACTION: Resolution 432 be adopted as amended with**
 19 **a change in title.**

20 ¶

21 RESOLVED, that our American Medical Association reaffirm the following policy H-
 22 135.928, "Safe Drinking Water" in support of EPA's Lead and Copper Rule and evidence-
 23 based research demonstrating there is no safe level of lead for humans and therefore
 24 warrants immediate Federal, State, and municipal action (Reaffirm HOD Policy); and be it
 25 further

26
 27 **RESOLVED, that our AMA advocates for accessible testing of domestic water**
 28 **supplies, prioritizing testing for lead in potable water used by pregnant women**
 29 **people, newborns and young children, and with the provision of accessible water**
 30 **filters in homes found to have elevated lead levels in potable water**

31
 32 RESOLVED, that our AMA supports increased funding for lead pipe replacement and
 33 other steps to eliminate lead from public and private drinking water supplies (Directive to
 34 Take Action); and be it further

35
 36 RESOLVED, that our AMA promotes community awareness and education campaigns on
 37 the causes and risks of lead in drinking water and steps that can be taken to eliminate
 38 these risks (Directive to Take Action); and be it further

39
 40 RESOLVED, that our AMA supports the development and use of searchable registries of
 41 housing units known to have unresolved lead in the drinking water due to lead connectors
 42 to water mains or other sources of lead in the drinking water in cities with significant public
 43 lead exposure (Directive to Take Action); and be it further

44
 45 RESOLVED, that our AMA urges healthcare providers to increase screening for lead
 46 exposure, particularly in areas known to have lead pipes, and particularly in underserved
 47 areas (Directive to Take Action); and be it further

48
 49 RESOLVED, that our AMA calls for research into innovative and cost-effective methods
 50 for elimination of lead in public and private water supplies and lead from lead pipe
 51 connectors to such water supplies (Directive to Take Action).

1
2 Your Reference Committee heard mostly supportive testimony. Resolution authors and
3 others testified that despite improvements in lead exposure over the past few decades, it
4 remains a concern, particularly among young children in historically marginalized
5 communities. Two amendments were proffered; one to align language around individuals
6 who are pregnant to preferred terminology and the other to remove the reference to urban
7 areas in the title, as lead exposure in drinking water is a concern in rural communities. The
8 Reference Committee agreed these minor changes were relevant and therefore, Madam
9 Speaker, your Reference Committee recommends that Resolution 432 be adopted as
10 amended.

11
12 (30) RESOLUTION 433 – IMPROVING HEALTHCARE OF
13 RURAL MINORITY POPULATIONS

14
15 **RECOMMENDATION A:**

16
17 **Madam Speaker, your Reference Committee**
18 **recommends that the first Resolve of Resolution 433 be**
19 **amended by addition and deletion to read as follows:**

20
21 **RESOLVED, that our American Medical Association**
22 **encourage health promotion, access to care, and**
23 **disease prevention through educational efforts and**
24 **publications specifically tailored to rural minorities**
25 **minority communities in rural areas (Directive to Take**
26 **Action); and be it further**

27
28 **RECOMMENDATION B:**

29
30 **Madam Speaker, your Reference Committee**
31 **recommends that the second Resolve of Resolution 433**
32 **be amended by addition and deletion to read as follows:**

33
34 **RESOLVED, that our AMA encourage enhanced**
35 **understanding by federal, state and local governments**
36 **of the unique health and health-related needs, including**
37 **mental health, of rural minorities minority communities**
38 **in rural areas in an effort to improve their quality of life;**
39 **(New HOD Policy) and be it further**

40
41 **RECOMMENDATION C:**

42
43 **Madam Speaker, your Reference Committee**
44 **recommends that the third Resolve of Resolution 433**
45 **be amended by addition and deletion to read as follows:**

46
47 **RESOLVED, that our AMA encourage the collection of**
48 **vital statistics and other relevant demographic data of**
49 **rural minorities minority communities in rural areas**
50 **(New HOD Policy); and be it further**
51

1 **RECOMMENDATION D:**

2
3 **Madam Speaker, your Reference Committee**
4 **recommends that the fourth Resolve of Resolution 433**
5 **be amended by addition and deletion to read as follows:**

6
7 **RESOLVED, that our AMA encourage advise**
8 **organizations of the importance of rural minority health**
9 **in rural areas (New HOD Policy); and be it further**
10 **RECOMMENDATION E:**

11
12 **Madam Speaker, your Reference Committee**
13 **recommends that the fifth Resolve of Resolution 433 be**
14 **amended by addition and deletion to read as follows:**

15
16 **RESOLVED, that our AMA research and study health**
17 **issues unique to ~~rural minorities~~ minority communities**
18 **in rural areas, such as access to care difficulties**
19 **(Directive to Take Action); and be it further**

20
21 **RECOMMENDATION F:**

22
23 **Madam Speaker, your Reference Committee**
24 **recommends that the sixth Resolve of Resolution 433**
25 **be amended by addition and deletion to read as follows:**

26
27 **RESOLVED, that our AMA channel existing policy for**
28 **telehealth to support ~~rural~~ minority communities in**
29 **rural areas (Directive to Take Action); and be it further**

30
31 **RECOMMENDATION G:**

32
33 **Madam Speaker, your Reference Committee**
34 **recommends that the seventh Resolve of Resolution**
35 **433 be amended by addition and deletion to read as**
36 **follows:**

37 **RESOLVED, that our AMA will encourage our Center for**
38 **Health Equity to support ~~rural~~ minority health in rural**
39 **areas through programming, equity initiatives, and**
40 **other representation efforts. (New HOD Policy)**

41
42 **RECOMMENDATION H:**

43
44 **Madam Speaker, your Reference Committee**
45 **recommends that Resolution 433 be adopted as**
46 **amended.**

47
48 **RECOMMENDATION I:**

49

1 **Madam Speaker, your Reference Committee**
 2 **recommends that the title be changed of Resolution 433**
 3 **to read as follows:**

4
 5 **IMPROVING HEALTHCARE OF MINORITY**
 6 **COMMUNITIES IN RURAL AREAS**

7
 8 **HOD ACTION: Resolution 433 be adopted as amended with**
 9 **a change in title.**

10
 11 RESOLVED, that our American Medical Association encourage health promotion, access
 12 to care, and disease prevention through educational efforts and publications specifically
 13 tailored to rural minorities (Directive to Take Action); and be it further

14
 15 RESOLVED, that our AMA encourage federal, state and local governments of the unique
 16 health and health-related needs of rural minorities in an effort to improve their quality of
 17 life; (New HOD Policy) and be it further

18
 19 RESOLVED, that our AMA encourage the collection of vital statistics and other relevant
 20 demographic data of rural minorities (New HOD Policy); and be it further

21
 22 RESOLVED, that our AMA encourage organizations of the importance of rural minority
 23 health (New HOD Policy); and be it further

24
 25 RESOLVED, that our AMA research and study health issues unique to rural minorities,
 26 such as access to care difficulties (Directive to Take Action); and be it further

27
 28 RESOLVED, that our AMA channel existing policy for telehealth to support rural minority
 29 communities (Directive to Take Action); and be it further

30
 31 RESOLVED, that our AMA will encourage our Center for Health Equity to support rural
 32 minority health through programming, equity initiatives, and other representation efforts.
 33 (New HOD Policy)

34
 35 Your Reference Committee heard testimony mostly in support of this resolution and praise
 36 for bringing this issue to the forefront. There were some questions as to which minority
 37 populations were specifically included as rural minorities. Your Reference Committee
 38 believed it was best to not list specific groups, but to clarify the language throughout by
 39 changing it from “rural minorities” to “minority communities in rural areas.” Your Reference
 40 Committee also agreed with an amendment to specifically include reference to mental
 41 health. Therefore, your Reference Committee recommends adoption as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

- 1
2
3 (31) RESOLUTION 417 – REDUCING JOB-RELATED
4 CLIMATE RISK FACTORS
5 RESOLUTION 419 – ADDRESSING THE HEALTH RISKS
6 OF EXTREME HEAT
7

8 **RECOMMENDATION:**
9

10 **Madam Speaker, your Reference Committee**
11 **recommends that Alternate Resolution 417 be adopted**
12 **in lieu of Resolution 417 and 419.**
13

14 **ADDRESSING THE HEALTH RISKS OF EXTREME**
15 **TEMPERATURES**
16

17 **1. Our American Medical Association supports the**
18 **creation of federal occupational outdoor heat**
19 **standards and the establishment of enforceable indoor**
20 **temperature standards (addressing both cold and hot**
21 **temperatures), for occupational settings, incarceration**
22 **facilities (e.g., prisons, jails, and detention centers),**
23 **schools, licensed health care and other congregate**
24 **facilities.**
25

26 **2. our AMA supports funding for cooling and heating**
27 **centers as well as subsidizing energy costs to provide**
28 **adequate heating and cooling for low-income**
29 **households to maintain safe temperatures during**
30 **periods of extreme temperature.**
31

32 **HOD ACTION: Alternate Resolution 417 be adopted in lieu**
33 **of Resolution 417 and 419.**
34

35 RESOLVED, that our American Medical Association support enforcement of existing
36 outdoor health standards and the establishment of enforceable indoor heat and outdoor
37 cold illness prevention standards, for occupational settings, schools, licensed health care
38 and other congregate facilities. (New HOD Policy)
39

40 RESOLVED, that our American Medical Association support funding for subsidizing
41 energy costs and air conditioning units for low-income households to maintain safe
42 temperatures during periods of extreme temperature (New HOD Policy); and be it further
43

44 RESOLVED, that our AMA support the implementation and enforcement of state and
45 federal temperature standards in prisons, jails, and detention centers, including the
46 implementation of air conditioning in areas that experience dangerously high
47 temperatures. (New HOD Policy)

48 Your Reference Committee heard testimony in support of these two resolutions and it was
49 noted that they are very similar in intent. Two groups testifying supported the combination

1 into a single alternate resolution and alternative resolution text was proffered. The original
 2 resolution authors testified that they supported the proposed amendment that combined
 3 the two resolutions, and the Reference Committee agrees that this new resolution text
 4 streamlines the two original resolutions and provides greater clarity. Madam Speaker, your
 5 Reference Committee recommends that Alternate Resolution 417 be adopted in lieu of
 6 Resolutions 417 and 419.

7
 8 (32) RESOLUTION 423 – HPV VACCINATION TO PROTECT
 9 HEALTHCARE WORKERS OVER AGE 45

10
 11 **RECOMMENDATION:**

12
 13 **Madam Speaker, your Reference Committee**
 14 **recommends that Alternate Resolution 423 be adopted**
 15 **in lieu of Resolution 423.**

16
 17 **1. Our American Medical Association encourages the**
 18 **CDC to review the available evidence for**
 19 **recommending the HPV vaccine for health care**
 20 **professionals to prevent health care related infection of**
 21 **HPV.**

22
 23 **2. Our AMA supports the need for additional ongoing**
 24 **research regarding minimization of occupational**
 25 **exposure to HPV, including through use of personal**
 26 **protective equipment.**

27
 28 **HOD ACTION: Alternate Resolution 423 be adopted in lieu**
 29 **of Resolution 423.**

30
 31 RESOLVED, that our American Medical Association support all health care workers
 32 (HCWs) who might be exposed to HPV in the course of their clinical duties and strongly
 33 encourage them to wear masks, preferably N-95 (New HOD Policy); and be it further

34
 35 RESOLVED, that our AMA will work with appropriate stakeholders to ensure that the HPV
 36 vaccine should be offered to all HCWs with potential exposure to HPV oncogenic material
 37 at no or minimal cost to the HCW individual (Directive to Take Action); and be it further

38
 39 RESOLVED, that our AMA work with relevant stakeholders, including the CDC, to
 40 recommend HPV vaccine to HCWs to prevent health care related transmission. (Directive
 41 to Take Action)

42
 43 Your Reference Committee heard mixed testimony on this item. Supportive testimony
 44 noted that this resolution explicitly bridges coverage and provides cancer prevention to
 45 those older than age 45 who might be exposed to HPV oncogenic material during their
 46 treatment of patients. Testimony in opposition noted the limited data available on
 47 occupational risk to exposure of HPV oncogenic material. Testimony in opposition to the
 48 first Resolve clause noted that it was vague in scope and is not evidence-based. Your
 49 Reference Committee agrees with this amendment. Testimony in opposition of Resolve
 50 clause 2 and 3 noted conflict with endorsement of off label use of vaccine given that there
 51 is no study of the efficacy of the HPV vaccine in these individuals. An amendment was

1 proffered to include a resolve clause asking for further study of the efficacy of HPV
2 vaccination and the use of PPE to minimize occupational exposure to HPV oncogenic
3 material. Your Reference Committee agrees with this amendment noting the need for
4 continued research on the risk of occupational exposure. Further, an amendment was
5 proffered to address issues with off-label use and the need for a recommendation by
6 CDC's ACIP to ensure reimbursement. Your Reference Committee agrees with this
7 amendment. Madam Speaker, your Reference Committee recommends that Alternate
8 Resolution 423 be adopted in lieu of Resolution 423.

RECOMMENDED FOR REFERRAL

(33) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 10 – TEENS AND SOCIAL MEDIA

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that CSAPH Report 10 be referred.

HOD ACTION: Council on Science and Public Health Report 10 be referred.

The Council on Science and Public Health recommends that the following be adopted, and the remainder of the report be filed:

1. That our AMA:

(1) urges physicians to: (a) educate themselves about social media; (b) be prepared to counsel patients and/or their guardians about the potential risks and harms of social media; and (c) consider expanding clinical interviews to inquire about social media use.

(2) encourages further clinical, epidemiological, and interdisciplinary research on the impact of social media on health.

(3) supports education of clinicians, educators, and the public on digital media literacy and the health effects of social media.

(4) recognizes that the relative risks and benefits of social media may depend on individual differences (e.g., social media engagement, pre-existing traits, and environment).

(5) supports legislative, regulatory, and associated initiatives (e.g., development of industry standards, age-appropriate design, and funding programs that support those harmed by online harassment).

(6) will collaborate with professional societies, industry, and other stakeholders to improve social media platform privacy protections, transparency (e.g., algorithmic, data, and process), data sharing processes, and systems for accountability and redress in response to online harassment. (New HOD Policy)

2. That current AMA policy D-478.965, "Addressing Social Media and Social Networking Usage and its Impacts on Mental Health D-478.965" be amended by addition and deletion to read as follows:

Our AMA: (1) will collaborate with relevant professional organizations to: (a) support the development of continuing education programs to enhance physicians' knowledge of the health impacts of social media and social networking usage; and (b) support the development of effective clinical tools and protocols for the identification, treatment, and referral of children, adolescents, and adults at risk for and experiencing health sequelae of social media and social networking usage; (2) advocates for schools to provide safe and effective educational programs by which so that (a) all students can learn to identify and mitigate the onset of mental health sequelae of social media and social networking usage, (b) all students develop skills in digital literacy to serve as an individual protective foundation for interaction with various types of digital media (including social media), and (c) at risk students' access to social media can be limited and/or closely monitored as

1 individually appropriate; (3) affirms that use of social media and social networking has the
 2 potential to positively or negatively impact the physical and mental health of individuals,
 3 especially adolescents and those with preexisting psychosocial conditions; (4) advocates
 4 for and support media and social networking services addressing and developing
 5 safeguards for users, including protections for youth online privacy, effective controls
 6 allowing youth and caregivers to manage screentime content and access, and
 7 development and dissemination of age-appropriate digital literacy training; and (5)
 8 advocates for the study of the positive and negative biological, psychological, and social
 9 effects of social media and social networking services use. (Modify Current HOD Policy)

10
 11 Your Reference Committee heard generally supportive testimony with minor revisions
 12 proposed to the recommendations. Specifically, one delegation proposed removal of
 13 clause 2c in recommendation 2, noting concerns about censorship, and strengthening
 14 language around policy interventions in clause 5 of recommendation 2. This was
 15 supported by multiple delegations. While there was unanimous support for the amended
 16 recommendations, the same delegation had reservations regarding the body of the report
 17 and therefore proposed referral of the report. Referral was supported by multiple
 18 delegations. Madam Speaker, your Reference Committee recommends that Council on
 19 Science and Public Health Report 10 be referred.

20
 21 (34) RESOLUTION 402 – GUARDIANSHIP AND
 22 CONSERVATORSHIP REFORM

23
 24 **RECOMMENDATION:**

25
 26 **Madam Speaker, your Reference Committee**
 27 **recommends that Resolution 402 be referred.**

28
 29 **HOD ACTION: Resolution 402 be referred.**

30
 31 RESOLVED, that our American Medical Association support federal and state efforts to
 32 collect anonymized data on guardianships and conservatorships to assess the effects on
 33 medical decision making and rates of abuse (New HOD Policy); and be it further

34
 35 RESOLVED, that our AMA study the impact of less restrictive alternatives to
 36 guardianships and conservatorships including supported decision making on medical
 37 decision making, health outcomes, and quality of life. (Directive to Take Action)

38
 39 Your Reference Committee heard mixed testimony on this item. Supportive testimony
 40 noted that a study and more data will help medical professionals to make informed
 41 recommendations and offer alternatives to establishing guardianship or conservatorship
 42 relationships. Testimony also noted the negative impacts of guardianships and
 43 conservatorships given the recent issues highlighted from the Britney Spears case. The
 44 testimony in opposition noted concerns with the logistical, financial, and ethical barriers of
 45 data gathering even if it is anonymized and further noted that it would be difficult to
 46 advocate for collecting data if the data currently does not exist. Your Reference Committee
 47 agrees and also notes that the ask of this item already calls for a study and should include
 48 whether there is any organized database to collect statewide data. Therefore, Madam
 49 Speaker, your Reference Committee recommends that Resolution 402 be referred.

1 (35) RESOLUTION 404 – PROTECTIONS AGAINST
2 SURGICAL SMOKE EXPOSURE

3
4 **RECOMMENDATION:**

5
6 **Madam Speaker, your Reference Committee**
7 **recommends that Resolution 404 be referred.**

8
9 **HOD ACTION: Resolution 404 be referred.**

10
11 RESOLVED, that our American Medical Association support efforts to limit surgical smoke
12 exposure in operating rooms. (New HOD Policy)

13
14 Your Reference Committee heard mixed testimony on this resolution. While there was
15 testimony on the potential health harms, other delegations noted conflicting research on
16 the subject. Delegations representing some surgical groups cited ergonomic and cost
17 concerns with surgical smoke mitigation interventions, particularly smoke evacuation
18 devices. Based on the mixed testimony, the Reference Committee believes there is a need
19 for further study on this topic. Therefore, Madam Speaker, your Reference Committee
20 recommends that Resolution 404 be referred.

21
22 (36) RESOLUTION 427 – CONDEMNING THE UNIVERSAL
23 SHACKLING OF EVERY INCARCERATED PATIENT IN
24 HOSPITALS

25
26 **RECOMMENDATION:**

27
28 **Madam Speaker, your Reference Committee**
29 **recommends that Resolution 427 be referred.**

30
31 **HOD ACTION: Resolution 427 be referred.**

32
33 RESOLVED, that our American Medical Association condemns the practice of universally
34 shackling every patient who is involved with the justice system while they receive care in
35 hospitals and outpatient health care settings (New HOD Policy); and be it further

36
37 RESOLVED, that our AMA advocate for the universal assessment of every individual who
38 is involved with the justice system who presents for care, by medical and security staff in
39 collaboration with correctional officers, to determine whether shackles are necessary or
40 may be harmful, and, if restraint is deemed necessary, that the least restrictive alternative
41 to shackling with metal cuffs is used when appropriate (Directive to Take Action; and be it
42 further

43
44 RESOLVED, that our AMA advocate nationally for the end of universal shackling, to
45 protect human and patient rights, improve patient health outcomes, and reduce moral
46 injury among physicians. (Directive to Take Action)

47
48 Your Reference Committee heard extensive and mixed testimony on this resolution.
49 Those in support highlighted that the practice of universally shackling justice-involved
50 patients in hospitals and outpatient settings is both inhumane and medically unjustifiable.
51 Those in opposition to this resolution cited concern for the safety of medical staff and

1 noted that tragedies have occurred during this precarious, unpredictable time of transport
2 and provision of care. There were discussions around possible opt-in and opt-out
3 provisions related to shackling and whether medical staff are in the best position to advise
4 on whether shackles are necessary. It was also noted that the terminology is technically
5 inaccurate as written as shackling only refers to restraints on the ankles and does not
6 include handcuffs and belly chains. Your Reference Committee acknowledges the
7 complexity of balancing patient dignity, the safety of health care professionals, and the
8 responsibility of correctional facilities and staff and therefore recommends referral.

RECOMMENDED FOR REFERRAL FOR DECISION

- (37) RESOLUTION 421 – ANNUAL CONFERENCE ON THE STATE OF OBESITY AND ITS IMPACT ON DISEASE IN AMERICA (SODA)

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 421 be referred for decision.

HOD ACTION: Resolution 421 be referred for decision.

RESOLVED, that our American Medical Association 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 (Directive to Take Action); and be it further

RESOLVED, that our AMA shall 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 (Directive to Take Action); and be it further

RESOLVED, that our AMA shall invite renowned experts, researchers, clinicians, policymakers, and patient advocates to contribute their insights, experiences, and recommendations during the annual meeting (Directive to Take Action); and be it further

RESOLVED, that our AMA that shall 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 (Directive to Take Action); and be it further

RESOLVED, that our AMA 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 (Directive to Take Action); and be it further

RESOLVED, that our AMA shall 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 (Directive to Take Action); and be it further

RESOLVED, that the AMA shall convene the first annual meeting in 2025 and subsequent meetings annually thereafter. (Directive to Take Action)

Your Reference Committee heard general support for bringing organizations together around the issue of obesity. Given the fiscal note, the author raised the possibility of AMA

1 hosting this meeting during the AMA Annual Meeting to reduce costs. Given the specificity
 2 of the multiple resolve statements, it was not clear to your Reference Committee if hosting
 3 this event in conjunction with the Annual Meeting would be feasible and whether it would
 4 impact the fiscal note. There were also suggested amendments to expand the scope of
 5 this to include other conditions. Your Reference Committee believes that this could be a
 6 slippery slope with future resolutions asking for similar meetings on specific conditions.
 7 Therefore, your Reference Committee recommends that this resolution be referred for
 8 decision.

9
 10 (38) RESOLUTION 426 – MATERNAL MORBIDITY AND
 11 MORTALITY: THE URGENT NEED TO HELP RAISE
 12 PROFESSIONAL AND PUBLIC AWARENESS AND
 13 OPTIMIZE MATERNAL HEALTH – A CALL TO ACTION

14
 15 **RECOMMENDATION:**

16
 17 **Madam Speaker, your Reference Committee**
 18 **recommends that Resolution 426 be referred for**
 19 **decision.**

20
 21 **HOD ACTION: Resolution 426 be referred for decision.**

22
 23 RESOLVED, that our AMA policy no. D-245.994 be amended to include the importance
 24 of all women achieving their healthiest weight before pregnancy, maintaining healthy
 25 gestational weight gain and optimizing weight loss postpartum (Modify Current HOD
 26 Policy); and be it further

27
 28 RESOLVED, that our AMA:

- 29 a) Advocate for access to effective obesity treatment (either medical or surgical) for
 30 patients.
 31 b) Advocate for supporting physicians' ability to provide obstetrical and obesity care.
 32 c) Advocate for additional funding for research on medical technology that influences
 33 human behavior to promote healthy living.
 34 d) Reaffirm policy no. H-440.902 and report back at A-25 on research on the medical,
 35 psychological, and socioeconomic issues associated with obesity, including
 36 reimbursement for evaluation and management of patients with obesity, emphasizing pre-
 37 conception, gestational and postpartum obesity.
 38 e) Provide medical recommendations on ways to eliminate barriers identified in prior
 39 obesity research by our AMA.
 40 f) Recommend that approaches to obesity prevention and treatment be included as an
 41 element of medical education. (Directive to Take Action)

42
 43 Your Reference Committee heard limited testimony in support of this resolution as written.
 44 A proposed a substitution that amended existing AMA Policy H-425.976 on Preconception
 45 Care. The substitution was supported in the hearing and your Reference committee
 46 agrees with proposed language. However, because the substitution is an amendment to
 47 existing policy that was not addressed in the original resolution, it cannot be adopted. To
 48 accomplish the goals of the proposed substitution, your Reference Committee
 49 recommends referral for decision so the policy on preconception care can be amended
 50 accordingly.

RECOMMENDED FOR NOT ADOPTION

1
2
3 (39) RESOLUTION 434 – UNIVERSAL NEWBORN EYE
4 SCREENING

5
6 **RECOMMENDATION:**

7
8 **Madam Speaker, your Reference Committee**
9 **recommends that Resolution 434 be not adopted.**

10
11 **HOD ACTION: Resolution 434 be not adopted.**

12
13 RESOLVED, that our American Medical Association amend AMA policy, Standardization
14 of Newborn Screening Programs H-245.973 by addition and deletion as follows:

15
16 Our AMA: (1) recognizes the need for uniform minimum newborn screening (NBS)
17 recommendations; (2) encourages continued research and discussions on the potential
18 benefits and harms of NBS for certain diseases; and (3) supports screening for critical
19 congenital heart defects for newborns following delivery prior to hospital discharge; and
20 (4) endorses Universal Photographic Newborn Screening as a national practice for
21 newborn children. (Modify Current HOD Policy)

22
23 Your Reference Committee heard testimony mostly in opposition to this resolution. It was
24 noted that there is no scientific evidence to support the use of this exam in this population.
25 Concerns were expressed both in regard to straining hospital resources and to the
26 potential for false diagnoses with the risk of this screening in this population outweighing
27 the benefits. Therefore, your Reference Committee recommends that this resolution not
28 be adopted.

1 Madam Speaker, this concludes the report of Reference Committee D. I would like to
2 thank Shaminy Anne Manoranjithan, Shanna M. Combs, MD, Kevin Bernstein, MD, MMS,
3 John Maa, MD, Kim Templeton, MD, and Edward "Chris" Bush, MD; all those who testified
4 before the Committee as well as our AMA staff Andrea Garcia, Jane Sachs, Lindsey
5 Realmuto, and Mary Soliman.

Shaminy Anne Manoranjithan
Regional Medical Student

Edward "Chris" Bush, MD (Alternate)
Michigan State Medical Society

Shanna M. Combs, MD (Alternate)
Texas Medical Association

John Maa, MD
California Medical Association

Kevin Bernstein, MD, MMS
American Academy of Family
Physicians

Kim Templeton, MD
American Academy of Orthopaedic
Surgeons

Dale M. Mandel, MD
Pennsylvania Medical Society
Chair

DISCLAIMER

**The following is a preliminary report of actions taken by the House of Delegates at its 2024 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.
AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-24)**

Report of Reference Committee E

Robert Panton, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:
2

3 **RECOMMENDED FOR ADOPTION**
4

- 5 1. Council on Science and Public Health Report 2 – Comparative
6 Effectiveness Research
- 7 2. Council on Science and Public Health Report 7 – Androgen Deprivation
8 in Incarceration
- 9 3. Council on Science and Public Health Report 8 – Decreasing
10 Regulatory Barriers to Appropriate Testosterone Prescribing
- 11 4. Council on Science and Public Health Report 12 – Universal Screening
12 for Substance Use and Substance Use Disorders during Pregnancy
- 13 5. Resolution 511 - National Penicillin Allergy Day and Penicillin Allergy
14 Evaluation & Appropriate Delabeling
- 15 6. Resolution 513 - Biotin Supplement Packaging Disclaimer
- 16 7. Resolution 514 - Safety With Devices Producing Carbon Monoxide
17

18 **RECOMMENDED FOR ADOPTION AS AMENDED**
19

- 20 8. Council on Science and Public Health Report 1 – Council on Science
21 and Public Health Sunset Review of 2014 House Policies
- 22 9. Council on Science and Public Health Report 4 - Sex and Gender
23 Differences in Medical Research
- 24 10. Council on Science and Public Health Report 5 –
25 Biosimilar/Interchangeable Terminology
26 Resolution 504 - FDA Regulation of Biosimilars
- 27 11. Resolution 502 – Tribally-Directed Precision Medicine Research
- 28 12. Resolution 505 - Mitigating the Harms of Colorism and Skin Bleaching
29 Agents
- 30 13. Resolution 507 - Ban on Dual Ownership, Investment, Marketing or
31 Distribution of Recreational Cannabis by Medical Cannabis Companies
- 32 14. Resolution 509 - Addressing Sarcopenia and its Impact on Quality of
33 Life
34 Resolution 517 – Regulation of Nicotine Analogue Products

1 **RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE**

- 2
3 15. Resolution 515 - Advocacy for More Stringent Regulations/Restrictions
4 on the Distribution of Marijuana

5
6 **RECOMMENDED FOR REFERRAL**

- 7
8 16. Resolution 501 - Fragrance Regulation

9 **RECOMMENDED FOR NOT ADOPTION**

- 10
11 17. Resolution 506 - Screening for Image Manipulation in Research
12 Publications

13
14 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

- 15
16 18. Resolution 503 - Unregulated Hemp-Derived Intoxicating Cannabinoids,
17 and Derived Psychoactive Cannabis Products (DPCPs)
18 19. Resolution 508 - AMA to support regulations to decrease overdoses in
19 children due to ingestion of edible cannabis
20 20. Resolution 510 - Study to investigate the validity of claims made by the
21 manufacturers of OTC Vitamins, Supplements and "Natural Cures"
22 21. Resolution 512 - Opioid Overdose Reversal Agents Where AED's Are
23 Located

24
25 For the purposes of clarity, items marked with double underline or ~~double strikethrough~~
26 are highlighted in yellow.

27
28 **Amendments**

29 **If you wish to propose an amendment to an item of business, click here:**

30 [SUBMIT NEW AMENDMENT](#)

RECOMMENDED FOR ADOPTION

- 1
2
3
4 (1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
5 2 – COMPARATIVE EFFECTIVENESS RESEARCH
6

7 **RECOMMENDATION:**
8

9 **Madam Speaker, your Reference Committee recommends that Council on**
10 **Science and Public Health Report 2 be adopted and the remainder of the**
11 **report be filed.**
12

13 **HOD ACTION: Council on Science and Public Health Report 2**
14 **adopted as amended and the remainder of the report filed.**
15

16 **The Council on Science and Public Health recommends that the**
17 **following be adopted and the remainder of the report be filed:**

18 **(1) That policy H-450.922, “Comparative Effectiveness Research”**
19 **be amended by deletion to read as follows:**

20 **Our AMA will:**

21 ~~**(1) study the feasibility of including comparative effectiveness**~~
22 ~~**studies in various FDA drug regulatory processes, including**~~
23 ~~**comparisons with existing standard of care, available generics and**~~
24 ~~**biosimilars, and drugs commonly used off-label and over-the-**~~
25 ~~**counter; and**~~

26 ~~**(2) ask the National Institutes of Health to support and fund**~~
27 ~~**comparative effectiveness research for approved drugs, including**~~
28 ~~**comparisons with existing standard of care, available generics and**~~
29 ~~**biosimilars, and drugs commonly used off-label and over-the-**~~
30 ~~**counter. (Amend HOD Policy)**~~

31 **(2) That policies H-120.988, “Patient Access to Treatments**
32 **Prescribed by Their Physicians”, and H-460.909, “Comparative**
33 **Effectiveness Research” be reaffirmed. (Reaffirm HOD Policy)**

34 **(3) That our AMA support efforts to encourage and incentivize**
35 **premarket comparative effectiveness research comparing emerging**
36 **medications to existing treatment options to increase transparency**
37 **about a treatment’s efficacy once approved.**
38

39 The Council on Science and Public Health recommends that the following be adopted and
40 the remainder of the report be filed:

41 (1) That policy H-450.922, “Comparative Effectiveness Research” be amended by
42 deletion to read as follows:

43 Our AMA will:

44 ~~(1) study the feasibility of including comparative effectiveness studies in various FDA drug~~
45 ~~regulatory processes, including comparisons with existing standard of care, available~~
46 ~~generics and biosimilars, and drugs commonly used off-label and over the counter; and~~

47 ~~(2) ask the National Institutes of Health to support and fund comparative effectiveness~~
48 ~~research for approved drugs, including comparisons with existing standard of care,~~

1 available generics and biosimilars, and drugs commonly used off-label and over-the-
2 counter. (Amend HOD Policy)

3 (2) That policies H-120.988, "Patient Access to Treatments Prescribed by Their
4 Physicians", and H-460.909, "Comparative Effectiveness Research" be reaffirmed.
5 (Reaffirm HOD Policy)

6
7 Your Reference Committee heard supportive testimony for comparative effectiveness
8 research as a general concept, but with a mixed discussion as to the most appropriate
9 way for it to be utilized as a federal regulatory tool. On one hand, testimony cited the need
10 for comparative effectiveness research to be a tool primarily left for clinical decision-
11 making, while others felt that federal regulatory bodies could benefit from including it into
12 their regulatory activities, either implicitly or explicitly. However, testimony described how
13 inviting the FDA or CMS to even investigate these matters, even if not used for regulatory
14 decisions, would require undue resources and potentially bias decision-making.
15 Amendments were proffered to increase funding for comparative effectiveness research
16 generally, but your Reference Committee finds that these requests are current policy of
17 our AMA and reaffirmed via the original recommendations of this report. As such, your
18 Reference Committee recommends that Council on Science and Public Health Report 2
19 be adopted.

1 (2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
2 7 – ANDROGEN DEPRIVATION IN INCARCERATION
3

4 **RECOMMENDATION:**
5

6 **Madam Speaker, your Reference Committee recommends that Council on**
7 **Science and Public Health Report 7 be adopted and the remainder of the**
8 **report filed.**
9

10 **HOD ACTION: Council on Science and Public Health Report 7**
11 **adopted and the remainder of the report filed.**
12

13 The Council on Science and Public Health recommends that the following be adopted and
14 the remainder of the report be filed:

- 15 1. That Policy H-430.977, “AMA Study of Chemical Castration in Incarceration” be
16 rescinded. (Rescind HOD Policy)
17 2. That our AMA:
18 a. Opposes laws, regulations, and actions of the court which remove physician autonomy
19 and clinical judgement from treatment decisions regarding androgen deprivation (also
20 known as chemical castration) for those convicted of sexual crimes.
21 b. Opposes linkages of criminal sentencing, parole, or probation to court-mandated
22 androgen deprivation.
23 c. Encourages data collection on the utilization, court mandates, duration of therapy, and
24 clinical outcomes of androgen deprivation in the carceral setting.
25 d. Supports continued research for effective treatments for paraphilic disorders, including
26 efforts to reduce stigma and recruit patients with paraphilic disorders into clinical trials.
27 (New HOD Policy)
28 3. That Policies D-430.997, “Support for Health Care Services to Incarcerated Persons,”
29 H-430.978 “Improving Care to Lower the Rate of Recidivism,” and H-345.981 “Access to
30 Mental Health Services” be reaffirmed. (Reaffirm HOD Policy)
31

32 Your Reference Committee heard overall agreement for the sentiment that medication,
33 including those used for androgen deprivation, should never be used as punishment.
34 However, some testimony described an ongoing tension around its use and the
35 approach to incarceration. Testimony cited the desire to have more options for patients
36 to avoid or reduce their time incarcerated and the significant negative health impacts it
37 can have, while also recognizing that it would be impossible to provide truly informed,
38 uncoerced consent for androgen deprivation treatment when the alternative is
39 imprisonment. Your Reference Committee heard testimony describing how the use of
40 the term “court-mandated” in the original report recommendations should allow for our
41 AMA to advocate for treatment of paraphilic disorders. Such treatment should be guided
42 by the patient-physician relationship and could be used as the basis for a modified
43 criminal sentence, but would not mandate the use of a specific medication. As such,
44 your Reference Committee recommends that Council on Science and Public Health
45 Report 7 be adopted.

1 (3) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
 2 8 – DECREASING REGULATORY BARRIERS TO
 3 APPROPRIATE TESTOSTERONE PRESCRIBING
 4

5 **RECOMMENDATION:**
 6

7 **Madam Speaker, your Reference Committee recommends that Council on**
 8 **Science and Public Health Report 8 be adopted and the remainder of the**
 9 **report filed.**

10 **HOD ACTION: Council on Science and Public Health Report 8**
 11 **adopted and the remainder of the report filed.**
 12
 13

14 The Council on Science and Public Health recommends that the following be adopted,
 15 and the remainder of the report be filed:

16 1. That policy D-270.983, “Decreasing Regulatory Barriers to Appropriate Testosterone
 17 Prescribing,” be amended by addition to read as follows:

18 A. Our AMA will ask the FDA to review the available evidence and other data on
 19 testosterone and submit updated recommendations, if warranted, to the DEA, for its
 20 consideration of the scheduling of testosterone-containing drug products.

21 B. Our AMA supports policies to remove barriers that delay or impede patient access to
 22 prescribed testosterone. (New HOD Policy)

23 C. Our AMA will continue to work alongside our partner organizations to promote
 24 advocacy and physician education on testosterone prescribing. (New HOD Policy)

25 2. That Policies H-65.976, “Nondiscriminatory Policy for the Health Care Needs of LGBTQ
 26 Populations,” H-140.824, “Healthcare Equity Through Informed Consent and a
 27 Collaborative Healthcare Model for the Gender Diverse Population,” H-160.991, “Health
 28 Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations,” H-185.927
 29 “Clarification of Evidence-Based Gender-Affirming Care,” H-95.946, “Prescription Drug
 30 Monitoring Program Confidentiality,” H-315.983, “Patient Privacy and Confidentiality,” D-
 31 185.981, “Addressing Discriminatory Health Plan Exclusions or Problematic Benefit
 32 Substitutions for Essential Health Benefits Under the Affordable Care Act,” and D-480.964,
 33 “Established Patient Relationships and Telemedicine” be reaffirmed. (Reaffirm HOD
 34 Policy)
 35

36 Your Reference Committee received widespread support for this report. Testimony
 37 highlighted the necessity of ensuring access to prescribed testosterone when clinically
 38 indicated, particularly as a part of gender-affirming care. Testimony noted this
 39 medication is crucial for transgender, non-binary, and gender-diverse individuals, whose
 40 access to such care has been threatened or criminalized. Further, testimony recognized
 41 the importance of testosterone for patient well-being and health. As such, your
 42 Reference Committee recommends that this report be adopted.

1 (4) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
 2 12 – UNIVERSAL SCREENING FOR SUBSTANCE USE
 3 AND SUBSTANCE USE DISORDERS DURING
 4 PREGNANCY
 5

6 **RECOMMENDATION:**
 7

8 **Madam Speaker, your Reference Committee recommends that Council on**
 9 **Science and Public Health Report 12 be adopted and the remainder of the**
 10 **report filed.**
 11

12 **HOD ACTION: Council on Science and Public Health Report 12**
 13 **adopted and the remainder of the report filed.**
 14

15 The Council on Science and Public Health recommends that the following be adopted,
 16 and the remainder of the report be filed:

17 1. That our AMA:

18 A. Encourage ongoing research on the benefits and risks of universal screening for
 19 substance use during pregnancy including the impact of mandatory reporting laws,
 20 evaluation of patient outcomes, effectiveness across different age groups, optimal
 21 screening intervals, equity considerations, and efficacy of different screening tools.

22 B. Support the development and dissemination of physician education and training on
 23 federal and state laws governing mandatory notification and reporting of substance use
 24 during pregnancy, and the benefits and consequences of screening implementation in
 25 health care settings on a state-by-state basis. (New HOD Policy)

26 2. That AMA policy H-420.950, "Substance Use Disorders During Pregnancy," be
 27 amended by addition and deletion to read as follows:

28 Our AMA will:

29 (1) support brief interventions (such as engaging a patient in a short conversation,
 30 providing feedback and advice) and referral for early comprehensive treatment of
 31 pregnant individuals with opioid use and opioid use disorder (including naloxone or other
 32 overdose reversal medication education and distribution) using a coordinated
 33 multidisciplinary approach without criminal sanctions;
 34

35 (2) acknowledges the health benefits of identifying substance use during pregnancy
 36 and opposes any efforts, including mandatory reporting laws, that to imply that a positive
 37 verbal substance use screen, a positive toxicology test, or the diagnosis of substance use
 38 disorder during pregnancy automatically represents child abuse or neglect;
 39

40 (3) support legislative and other appropriate efforts for the expansion and improved access
 41 to evidence-based treatment for substance use disorders during pregnancy;
 42

43 (4) oppose the filing of a child protective services report or the removal of infants from
 44 their ~~mothers~~ parent(s) solely based on a ~~single positive~~ prenatal drug screen and/or
 45 biological test(s) for substance use without appropriate evaluation;
 46

47 (5) advocate for appropriate medical evaluation prior to the removal of a child, which takes
 48 into account (a) the desire to preserve the individual's family structure, (b) the patient's
 49 treatment status, and (c) current impairment status when substance use is suspected or
 50 confirmed; and

1
2 (6) advocate that state and federal child protection laws be amended so that pregnant
3 people with substance use and substance use disorders are only reported to child welfare
4 agencies when protective concerns are identified by the clinical team, rather than through
5 automatic or mandated reporting of all pregnant people with a positive toxicology test,
6 positive verbal substance use screen, or diagnosis of a substance use disorder, or use of
7 evidence-based treatments for substance use disorder. (Modify Current HOD Policy)
8 That current AMA policies H-420.969, "Legal Interventions During Pregnancy," and D-
9 95.983, "Mandatory Drug Screening Reporting" be reaffirmed. (Reaffirm HOD Policy)

10
11 Testimony heard for this report was overwhelmingly supportive noting the conflict between
12 the importance of universal screening during pregnancy to improve health outcomes and
13 the need for caution due to punitive policies such as mandatory reporting laws. Testimony
14 emphasized the need for ongoing research and education of physicians on state and
15 federal laws that impact their practice to assist in navigating the changing landscape. A
16 single testimony in opposition stated that everyone should be screened to minimize the
17 impact of substance use disorder in the United States. As such, your Reference
18 Committee recommends the report be adopted.

19
20 **(5) RESOLUTION 511 - NATIONAL PENICILLIN ALLERGY**
21 **DAY AND PENICILLIN ALLERGY EVALUATION &**
22 **APPROPRIATE DELABELING**

23
24 **RECOMMENDATION:**

25
26 **Madam Speaker, your Reference Committee recommends that Resolution**
27 **511 be adopted.**

28
29 **HOD ACTION: Resolution 511 adopted.**

- 30
31 1. That National Penicillin Allergy Day, September 28, be recognized by the American
32 Medical Association.
33
34 2. Our AMA promotes penicillin allergy evaluation and appropriate delabeling.
35

36 Your Reference Committee heard mostly supportive testimony on this item. Several
37 testified to their own personal experiences treating patients labeled as having a penicillin
38 allergy. Specifically, patients were erroneously deemed to have a penicillin allergy as a
39 child due to concomitant viral rash while on penicillin. This has a longstanding impact on
40 treatment options throughout their lifetime as well as antibiotic stewardship. Several noted
41 the availability of a reliable skin test that can be performed in the clinic. While a few
42 questioned the necessity of a specific day, this was rendered as a simple mechanism to
43 raise awareness. As such, your Reference Committee recommends Resolution 511 be
44 adopted.

1 (6) RESOLUTION 513 - BIOTIN SUPPLEMENT PACKAGING
2 DISCLAIMER

3
4 **RECOMMENDATION:**

5
6 **Madam Speaker, your Reference Committee recommends that Resolution**
7 **513 be adopted.**

8
9 **HOD ACTION: Resolution 513 adopted.**

10
11 1. Our American Medical Association supports efforts to have over-the-counter biotin
12 supplements provide a clear disclaimer on the bottle that states the possibility of lab test
13 interference.

14
15 2. Our AMA advocates for greater awareness among both patients and physicians in
16 regards to biotin megadose interference.

17
18 Your Reference Committee heard unanimously supportive testimony on this item.
19 Testimony described how utilizing over-the-counter biotin supplements can confound
20 blood test results, and the importance of counseling and awareness to prevent these
21 easily avoidable issues. As such, your Reference Committee recommends Resolution 513
22 be adopted.

23
24 (7) RESOLUTION 514 - SAFETY WITH DEVICES
25 PRODUCING CARBON MONOXIDE

26
27 **RECOMMENDATION:**

28
29 **Madam Speaker, your Reference Committee recommends that Resolution**
30 **514 be adopted.**

31
32 **HOD ACTION: Resolution 514 adopted.**

33
34 1. Our American Medical Association supports the United States Consumer Product
35 Safety Commission in implementing higher safety standards for consumer products that
36 produce carbon monoxide.

37
38 2. Our AMA supports public education efforts to minimize harm caused by carbon
39 monoxide poisoning produced in enclosed spaces or too close to exterior openings.

40
41 Your Reference Committee heard limited but supportive testimony for this item. The
42 testimony described the tragedy of carbon monoxide poisoning because of unsafe
43 generator usage during the 2021 ice storms in Texas, and how regulators and the industry
44 have been sluggish to respond. As such, your Reference Committee recommends that
45 Resolution 514 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

- 1
2
3 (8) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
4 1 - COUNCIL ON SCIENCE AND PUBLIC HEALTH
5 SUNSET REVIEW OF 2014 HOUSE POLICIES
6

RECOMMENDATION A:

7
8
9 **Madam Speaker, your Reference Committee**
10 **recommends that Council on Science and Public**
11 **Health Report 1 be amended by addition and**
12 **deletion to read as follows:**
13

14 **That our American Medical Association policies**
15 **listed in the appendix to this report be acted upon in**
16 **the manner indicated, with the exception of Policies**
17 **H-120.975 and H-440.922, which should be amended**
18 **by addition and deletion to read as follows:**
19

Certifying ~~Indigent~~ Patients Unable to Pay for Pharmaceutical Manufacturers' Free Drug Programs

20
21
22
23 Our AMA: (1) supports Pharmaceutical Research and
24 Manufacturers of America (PhRMA) programs for patients
25 unable to pay and the development of a universal application
26 process, eligibility criteria and form for all prescription drug
27 patient assistance programs to facilitate enrollment of patients
28 and physicians; (2) encourages PhRMA to provide
29 information to physicians and hospital medical staffs about
30 member programs that provide pharmaceuticals to patients
31 unable to pay; (3) urges drug companies to develop user-
32 friendly and culturally sensitive uniform centralized policies
33 and procedures for certifying free or discounted medications
34 for patients unable to pay; and (4) opposes the practice of
35 charging patients to apply for or gain access to
36 pharmaceutical assistance programs.
37

Gambling Disorder Can Become Compulsive Behavior H-440.922

38
39
40
41 **The AMA: (1) encourages physicians to advise their**
42 **patients of the addictive potential of gambling; (2)**
43 **encourages states which operate gambling**
44 **programs to provide a fixed percentage of their**
45 **revenue for education, prevention and treatment of**
46 **gambling disorder; and (3) requests that states**
47 **which operate gambling programs affix to all lottery**
48 **tickets and display at all lottery counters a sign**
49 **which states that gambling may become a gambling**
50 **disorder and help is available through your local**
51 **gambling hotline.**

1 **RECOMMENDATION B:**

2
3 **Madam Speaker, your Reference Committee**
4 **recommends that Council on Science and Public**
5 **Health Report 1 be adopted as amended and the**
6 **remainder of the report be filed.**

7
8 **HOD ACTION: Council on Science and Public**
9 **Health Report 1 adopted as amended and the**
10 **remainder of the report filed.**

11
12 The Council on Science and Public Health recommends that the House of Delegates
13 policies listed in the appendix to this report be acted upon in the manner indicated and the
14 remainder of this report be filed. (Directive to Take Action)

15
16 Your Reference Committee heard limited but supportive testimony for the annual sunset
17 review of 2014 policies, with editorial amendments to align grammar and/or person-first
18 language where appropriate. As such, your Reference Committee recommends adoption
19 as amended.

1 (9) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
 2 4 – SEX AND GENDER DIFFERENCES IN MEDICAL
 3 RESEARCH

4
 5 **RECOMMENDATION A:**

6
 7 **Madam Speaker, your Reference Committee recommends that Council on**
 8 **Science and Public Health Report 4 be amended by addition and deletion to**
 9 **read as follows:**

10
 11 **That policy H-525.988, “Sex and Gender Differences in Medical Research”**
 12 **be amended by addition and deletion to read as follows:**

13 **Our AMA:**

14 (1) reaffirms that gender **and sex** exclusion in broad medical studies
 15 questions the validity of the studies' impact on the health care of society at
 16 large;

17 (2) affirms the need to include **people of all genders sexes and gender**
 18 **identities and expressions** in studies that involve the health of society at
 19 large and publicize its policies;

20 (3) supports increased funding into areas of women's health and sexual
 21 and gender minority health research;

22 (4) supports increased research on women's health and sexual and gender
 23 minority health and the participation of women and sexual and
 24 gender **minorities minority communities** in clinical trials, the results of
 25 which will permit development of evidence-based prevention and treatment
 26 strategies for all women and sexual and gender **minorities minority**
 27 **individuals** from diverse cultural and ethnic groups, geographic locations,
 28 and socioeconomic status;

29 (5) recommends that all medical/scientific journal editors require, where
 30 appropriate, a sex based and gender-based analysis of data, even if such
 31 comparisons are negative; and

32 (6) recommends that medical and scientific journals diversify their review
 33 processes to better represent women and sexual and
 34 gender **minorities minority individuals; and**

35 (7) supports the FDA's requirement of actionable clinical trial diversity
 36 action plans from drug and device sponsors that include women, and
 37 **sexual and gender minorities minority populations; and**

38 (8) supports the FDA's efforts in conditioning drug and device approvals on
 39 **post-marketing studies which evaluate the efficacy and safety of those**
 40 **products in women and sexual and gender minorities minority**
 41 **populations when those groups were not adequately represented in clinical**
 42 **trials; and**

43 (9) supports and encourages the National Institutes of Health and other
 44 grant-making entities to fund post-market research investigating
 45 pharmacodynamics and pharmacokinetics for generic drugs that did not
 46 adequately enroll women, and **sexual and gender minorities minority**
 47 **populations** in their clinical trials, prioritizing instances when those
 48 **populations represent a significant portion of patients or reported adverse**
 49 **drug events. (Amend HOD Policy)**

1 **RECOMMENDATION B:**

2
3 **Madam Speaker, your Reference Committee recommends that Council on**
4 **Science and Public Health Report 4 be adopted as amended and the**
5 **remainder be filed.**

6
7 **HOD ACTION: Council on Science and Public Health Report 4**
8 **adopted as amended and the remainder filed.**

9
10 The Council on Science and Public Health recommends that the following be adopted and
11 the remainder of the report be filed:

12 That policy H-525.988, "Sex and Gender Differences in Medical Research" be amended
13 by addition and deletion to read as follows:

14 Our AMA:

15 (1) reaffirms that gender exclusion in broad medical studies questions the validity of the
16 studies' impact on the health care of society at large;

17 (2) affirms the need to include all genders in studies that involve the health of society at
18 large and publicize its policies;

19 (3) supports increased funding into areas of women's health and sexual and gender
20 minority health research;

21 (4) supports increased research on women's health and sexual and gender minority health
22 and the participation of women and sexual and gender minorities in clinical trials, the
23 results of which will permit development of evidence-based prevention and treatment
24 strategies for all women and sexual and gender minorities from diverse cultural and ethnic
25 groups, geographic locations, and socioeconomic status;

26 (5) recommends that all medical/scientific journal editors require, where appropriate, a
27 sex-based and gender-based analysis of data, even if such comparisons are negative;
28 and

29 (6) recommends that medical and scientific journals diversify their review processes to
30 better represent women and sexual and gender minorities.; and

31 (7) supports the FDA's requirement of actionable clinical trial diversity action plans from
32 drug and device sponsors that include women, and sex and gender minorities; and

33 (8) supports the FDA's efforts in conditioning drug and device approvals on post-marketing
34 studies which evaluate the efficacy and safety of those products in women and sex and
35 gender minorities when those groups were not adequately represented in clinical trials;

36 and

37 (9) supports and encourages the National Institute of Health and other grant-making
38 entities to fund post-market research investigating pharmacodynamics and
39 pharmacokinetics for generic drugs that did not adequately enroll women, and sex and
40 gender minorities in their clinical trials, prioritizing instances when those populations
41 represent a significant portion of patients or reported adverse drug events. (Amend HOD
42 Policy)

43
44 Your Reference Committee heard unanimously supportive testimony on this item, citing
45 the urgent need to increase women and sexual and gender minority community
46 participation in clinical research, both as participants and as researchers themselves.
47 Several testified to their own experiences managing patient care for individuals who have
48 not been represented in clinical trials, further highlighting the timeliness of this policy. One
49 editorial amendment was offered to streamline the language which your Reference

- 1 Committee found friendly. As such, your Reference Committee recommends that Council
- 2 on Science and Public Health Report 4 be adopted as amended.

1 (10) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
2 5 – BIOSIMILAR/INTERCHANGEABLE TERMINOLOGY
3 RESOLUTION 504 - FDA REGULATION OF BIOSIMILARS
4

5 **RECOMMENDATION A:**
6

7 **Madam Speaker, your Reference Committee**
8 **recommends that the third recommendation of Council**
9 **on Science and Public Health Report 5 be amended by**
10 **addition and deletion to read as follows:**
11

12 **3. That Policy D-125.989 “Substitution of Biosimilar**
13 **Medicines and Related Medical Products” be amended**
14 **by addition and deletion to read as follows:**

15 **Our AMA urges that State Pharmacy Practice Acts and**
16 **substitution practices for biosimilars in the outpatient**
17 **arena: (1) preserve physician autonomy to designate**
18 **which biologic or biosimilar product is dispensed to**
19 **their patients; (2) allow substitution when physicians**
20 **expressly authorize substitution of an**
21 **interchangeable a biologic or biosimilar product;**
22 **(3) ~~limit the authority of pharmacists to automatically~~**
23 **~~substitute only those biosimilar products that are~~**
24 **~~deemed interchangeable by the FDA. in the absence of~~**
25 **express physician authorization to the contrary, allow**
26 **substitution of the biologic or biosimilar product when**
27 **(a) the biologic product is highly similar to the reference**
28 **product, notwithstanding minor differences in clinically**
29 **inactive components; and (b) there are no data**
30 **indicating clinically meaningful differences between the**
31 **biological product and the reference product in terms**
32 **of the safety, purity, and potency of the product; and (c)**
33 **the prescribing physician has been adequately notified**
34 **by the pharmacist. (Modify Current HOD Policy)**
35

36 **RECOMMENDATION B:**
37

38 **Madam Speaker, your Reference Committee**
39 **recommends that Council on Science and Public Health**
40 **Report 5 be amended by addition of a fifth**
41 **recommendation to read as follows:**
42

43 **5. That our AMA support evidence-based physician**
44 **education on the clinical equivalence of biosimilars, the**
45 **FDA approval process, and post-market surveillance**
46 **requirements. (New HOD Policy)**

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that recommendations in Council on Science and Public Health Report 5 be adopted in lieu of Resolution 504.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Council on Science and Public Health Report 5 be filed.

HOD ACTION: Council on Science and Public Health 5 adopted in lieu of Resolution 504 as amended.

The Council on Science and Public Health recommends that the following be adopted and the remainder of the report be filed:

1. That Policy H-125.976, "Biosimilar Interchangeability Pathway" be rescinded. (Rescind HOD Policy)
2. That our AMA encourage the FDA to continually collect data and critically evaluate biosimilar utilization including the appropriateness of the term "interchangeable" in regulatory activities. (Directive to Take Action)
3. NEW
4. That Policy D-125.987, "Biosimilar Product Naming and Labeling" be reaffirmed. (Reaffirm HOD Policy)

RESOLVED, that our American Medical Association recognize that, by definition, Biosimilar medications are clinically equivalent to their reference Biologic and therefore do not need a designation of "interchangeability;" (New HOD Policy); and be it further

RESOLVED, that our AMA support a rigorous approval process for Biosimilar medications and oppose the application of the redundant designation of "interchangeability" with the reference biologic drug (New HOD Policy); and it be further

RESOLVED, that AMA support the development of a model and a process for biologic and biosimilar medication prescribing that protects physician decision-making when a pharmacy-level substitution is not clinically appropriate (New HOD Policy); and be it further

RESOLVED, that our AMA support physician education on the clinical equivalence of Biosimilars, the FDA approval process and the post-market surveillance that is required. (New HOD Policy)

Your Reference Committee heard testimony unanimously in support of biosimilars as a class of medication that are critically important for stabilizing and lowering the price of expensive biologic medicines. However, there was an important but nuanced discussion as to the best tactic for our AMA to adopt regarding the term "interchangeable". On the one hand, testimony cited recent research from American regulatory scientists and the experiences of the European regulatory agencies, having concluded that the term

1 interchangeable is an unnecessary regulatory category, which needlessly prevents
2 patients from accessing safe and effective medicine. They felt our AMA should strongly
3 oppose such a designation. On the other hand, others stated that the FDA has already
4 indicated their desire to remove the interchangeable designation, and our AMA would
5 achieve the same result by taking a more supportive and less prescriptive stance with the
6 FDA. Additionally, proponents of the latter approach noted the difficulties with unwinding
7 state pharmacy laws and the relative infancy of biosimilars research would make a
8 declarative statement premature. There was discussion as to the development of a
9 process for performing and reporting biosimilar substitutions as noted in Resolution 504,
10 which your Reference Committee feels is adequately addressed by the Council
11 recommendations as amended. As such, your Reference Committee recommends that
12 amended Council on Science and Public Health Report 5 be adopted in lieu of Resolution
13 504.

1 (11) RESOLUTION 502 - TRIBALLY-DIRECTED PRECISION
2 MEDICINE RESEARCH

3
4 **RECOMMENDATION A:**

5
6 **Madam Speaker, your Reference Committee recommends that Resolution**
7 **502 be amended by deletion to read as follows:**

8
9 Our American Medical Association supports clinical funding supplements to the
10 National Institutes of Health, the U.S. Food and Drug Administration, and the
11 Indian Health Service to promote greater participation of the Indian Health
12 Service, Tribal, and Urban Indian Health Programs in research.

13
14 **RECOMMENDATION B:**

15
16 **Madam Speaker, your Reference Committee recommends that Resolution**
17 **502 be adopted as amended.**

18
19 **HOD ACTION: Resolution 502 adopted as amended.**

20
21 **RESOLVED**, that our American Medical Association support clinical funding supplements
22 to the National Institutes of Health, the U.S. Food and Drug Administration, and the Indian
23 Health Service to promote greater participation of the Indian Health Service, Tribal, and
24 Urban Indian Health Programs in clinical research.

25
26 Your Reference Committee heard testimony in overwhelming support of funding tribally-
27 directed precision medicine research. Testimony underscored the critical need for
28 Indigenous populations to be actively included in research. Speakers highlighted the
29 unique genetic, environmental, and cultural factors affecting these communities, which
30 can significantly influence health outcomes. By funding tribally-directed research, we can
31 also ensure that precision medicine approaches are tailored to address the specific health
32 needs and disparities faced by Indigenous peoples. This inclusion is not only a matter of
33 equity but also essential for the advancement of medical knowledge and the development
34 of more effective, culturally appropriate healthcare interventions. Thus, your Reference
35 Committee strongly recommends that this proposal be adopted as amended.

1 (12) RESOLUTION 505 - MITIGATING THE HARMS OF
2 COLORISM AND SKIN BLEACHING AGENTS

3
4 **RECOMMENDATION A:**

5
6 **Madam Speaker, your Reference Committee recommends that the first**
7 **resolve of Resolution 505 be amended by deletion to read as follows:**

8
9 ~~**RESOLVED, that our American Medical Association support efforts to**~~
10 ~~**reduce the unsupervised use of skin lightening agents, especially due to**~~
11 ~~**colorism or social stigma, that do not limit evidence-based use by qualified**~~
12 ~~**clinicians (New HOD Policy); and be it further**~~

13
14 **RECOMMENDATION B:**

15
16 **Madam Speaker, your Reference Committee recommends that Resolution**
17 **505 be amended by addition of a new first resolve to read as follows:**

18
19 ~~**RESOLVED, That our AMA work with all relevant stakeholders to affirm the**~~
20 ~~**longstanding and evolving evidence-based use of skin lightening agents;**~~
21 ~~**and be it further**~~

22
23 **RECOMMENDATION C:**

24
25 **Madam Speaker, your Reference Committee recommends that Resolution**
26 **505 be amended by addition of a new second resolve to read as follows:**

27
28 ~~**RESOLVED, That our AMA work with the World Medical Association and**~~
29 ~~**other interested parties to advocate for public education regarding**~~
30 ~~**appropriate medical utilization of skin lightening agents and the harms of**~~
31 ~~**skin lightening motivated by cultural stigma and colorism; and be it further**~~

32
33 **RECOMMENDATION D:**

34
35 **Madam Speaker, your Reference Committee recommends that the third**
36 **resolve of Resolution 505 be amended by deletion to read as follows:**

37
38 ~~**RESOLVED, That our AMA work with the World Medical Association and**~~
39 ~~**other interested parties to mitigate the harms of colorism and**~~
40 ~~**unsupervised use of skin lightening agents. (Directive to Take Action)**~~

41
42 **RECOMMENDATION E:**

43
44 **Madam Speaker, your Reference Committee recommends that Resolution**
45 **505 be adopted as amended.**

46
47 **HOD ACTION: Resolution 505 adopted as amended.**

1 RESOLVED, that our American Medical Association support efforts to reduce the
2 unsupervised use of skin lightening agents, especially due to colorism or social stigma,
3 that do not limit evidence-based use by qualified clinicians (New HOD Policy); and be it
4 further

5
6 RESOLVED, that our AMA work with the World Medical Association and other interested
7 parties to mitigate the harms of colorism and unsupervised use of skin lightening agents.
8 (Directive to Take Action)

9
10 Your Reference Committee heard mixed testimony on Resolution 505. There was
11 testimony in support of the intent to protect individuals from skin-lightening or bleaching
12 products when used inappropriately. Testimony described how the social pressures of
13 structural racism often place an unhealthy and oversized emphasis on lighter skin tones.
14 When faced with these social pressures and stigma, individuals can turn to unsafe
15 products that can cause severe damage to their skin and increase their risk for cancer
16 just to achieve a lighter skin tone. However, testimony noted that as written, this
17 resolution may inadvertently capture instances where skin-lightening is medically
18 indicated, such as in pigment disorders. An amendment was proffered to delineate these
19 situations. As such, your Reference Committee recommends that Resolution 505 be
20 adopted as amended.

1 (13) RESOLUTION 507 - BAN ON DUAL OWNERSHIP,
 2 INVESTMENT, MARKETING OR DISTRIBUTION OF
 3 RECREATIONAL CANNABIS BY MEDICAL CANNABIS
 4 COMPANIES

5
 6 **RECOMMENDATION A:**

7
 8 **Madam Speaker, your Reference Committee recommends that Resolution**
 9 **507 be amended by addition and deletion to read as follows:**

10
 11 Our American Medical Association supports a permanent ban on medical
 12 cannabis, psychedelic agent, and/or empathogenic agent companies (and their related
 13 holding conglomerates) from owning, investing in, distributing, or promoting recreational
 14 (or “adult use”) cannabis, psychedelic agents, and/or empathogenic agents or any other
 15 activity relating to recreational use of cannabis, psychedelic agents, and/or empathogenic
 16 agents. **(New HOD Policy)**

17
 18 **RECOMMENDATION B:**

19
 20 **Madam Speaker, your Reference Committee recommends that Resolution**
 21 **507 be adopted as amended.**

22
 23 **RECOMMENDATION C:**

24
 25 **Madam Speaker, your Reference Committee recommends that the title of**
 26 **Resolution 507 be changed to read as follows:**

27
 28 **BAN ON DUAL OWNERSHIP, INVESTMENT, MARKETING OR**
 29 **DISTRIBUTION OF ADULT-USE CANNABIS, PSYCHEDELIC AGENTS, OR**
 30 **EMPATHOGENS BY MEDICAL COMPANIES**
 31 **HOD ACTION: Resolution 507 adopted as amended with a change in title.**

32
 33 RESOLVED, that our American Medical Association support a permanent ban on medical
 34 cannabis companies (and its related holding conglomerates) from owning, investing in,
 35 distributing, or promoting recreational (or “adult use”) cannabis or any other activity
 36 relating to recreational use of cannabis. (New HOD Policy)

37
 38 Your Reference Committee heard limited but supportive testimony on this item. Those
 39 that testified in support described how cannabis companies may face a conflict of
 40 interest while producing products intended for medical usage, while simultaneously
 41 lobbying for their products to be sold to any consumer. One specialty group testified that
 42 they are supportive of this approach generally and offered an amendment to expand the
 43 approach to include other classes of drugs, such as psychedelic agents or
 44 empathogens. As such, your Reference Committee recommends adoption as amended.

1 (14) RESOLUTION 509 - ADDRESSING SARCOPENIA AND
2 ITS IMPACT ON QUALITY OF LIFE

3
4 **RECOMMENDATION A:**

5
6 **Madam Speaker, your Reference Committee recommends that the first**
7 **resolve of Resolution 509 be amended by addition and deletion to read as**
8 **follows:**

9
10 **Our American Medical Association supports educational awareness**
11 **targeting healthcare professionals, caregivers, and at-risk populations to**
12 **increase knowledge about sarcopenia, its risk factors and consequences,**
13 **in order to facilitate prevention, early recognition and evidence-based**
14 **management as a routine part of clinical practice.**

15
16 **RECOMMENDATION B:**

17
18 **Madam Speaker, your Reference Committee recommends that Resolution**
19 **509 be adopted as amended.**

20
21 **HOD ACTION: Resolution 509 adopted as amended.**

22
23 RESOLVED, that our American Medical Association collaborate with appropriate entities
24 to develop and implement educational awareness targeting healthcare professionals,
25 caregivers, and the elderly population to increase knowledge about sarcopenia, its risk
26 factors and consequences, in order to facilitate prevention, early recognition and
27 evidence-based management as a routine part of clinical practice with elderly patients
28 (Directive to Take Action); and be it further

29
30 RESOLVED, that our AMA (1) support nutritional interventions aimed at optimizing protein
31 intake, essential amino acids, and micronutrients; (2) promote regular physical activity,
32 including resistance training, aerobic exercise, and balance exercises, tailored to
33 individual capabilities and preferences (New HOD Policy); and be it further

34
35 RESOLVED, that our AMA support allocation of resources for research initiatives aimed
36 at advancing our understanding of sarcopenia, its pathophysiology, risk factors, and
37 treatment modalities (New HOD Policy); and be it further

38
39 RESOLVED, that our AMA advocate for policy changes to support reimbursement for
40 sarcopenia screening, diagnosis, and interventions (Directive to Take Action); and be it
41 further

42 RESOLVED, that our AMA collaborate with all stakeholders to integrate sarcopenia
43 prevention and management into public health agendas and aging-related initiatives.
44 (Directive to Take Action)

45
46 Your Reference Committee heard testimony unanimously in support of the underlying
47 intent behind this resolution. Testimony described how the American population is aging,
48 and there is generally low awareness for diagnosing, subsequent treatment, and the
49 reimbursement landscape for sarcopenia. However, several testifying noted the large
50 fiscal note attached to this resolution, and an amendment was proffered to retain the

1 intent of the resolution while communicating that our AMA would not be the sole entity
2 responsible for creating this content. It is expected that this amendment would lower the
3 estimated fiscal note without precluding our AMA from acting. Additional amendments
4 were recommended to modify the scope to include that sarcopenia may impact any
5 patient, particularly those using weight loss medications. As such, your Reference
6 Committee recommends Resolution 509 be adopted as amended.

1 (15) RESOLUTION 517 – REGULATION OF NICOTINE
2 ANALOGUE PRODUCTS

3
4 **RECOMMENDATION A:**

5
6 **Madam Speaker, your Reference Committee recommends that the second**
7 **resolve of Resolution 517 be amended by deletion to read as follows:**

8
9 **2. Our AMA urges the Food and Drug Administration (FDA) Center for Drug**
10 **Effectiveness and Research swiftly exert its authority to regulate all**
11 **nicotine analogue products as drugs (Directive to Take Action).**

12
13 **RECOMMENDATION B:**

14
15 **Madam Speaker, your Reference Committee recommends that Resolution**
16 **517 be adopted as amended.**

17
18 **HOD ACTION: Resolution 517 adopted as amended.**

19
20 1. Our American Medical Association opposes the development, production market and
21 sales of nicotine analogue consumer products.

22
23 RESOLVED, that our AMA urge the Food and Drug Administration (FDA) Center for Drug
24 Effectiveness and Research swiftly exert its authority to regulate all nicotine analogue
25 products as drugs (Directive to Take Action).

26
27 Your Reference Committee heard unanimously supportive testimony of the intent of this
28 resolution. Testimony described the frustrations of trying to keep up with the rapidly
29 evolving landscape of tobacco and nicotine products, many of which are currently being
30 designed to circumvent the regulations specifically in place to protect the public's well-
31 being. Your Reference Committee does proffer one amendment to strike reference to a
32 specific entity within the FDA, as there are other groups such as the Center for Tobacco
33 Products, which may also be appropriate targets for advocacy by our AMA. As such,
34 your Reference Committee recommends adoption as amended.

RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE

1
2
3 **(16)** RESOLUTION 515 - ADVOCACY FOR MORE
4 STRINGENT REGULATIONS/RESTRICTIONS ON THE
5 DISTRIBUTION OF MARIJUANA
6

RECOMMENDATION:

7
8
9 **Madam Speaker, your Reference Committee recommends that Resolution**
10 **515 be adopted with change in title to read as follows:**
11

12 **ADVOCACY FOR MORE STRINGENT REGULATIONS/RESTRICTIONS ON**
13 **THE DISTRIBUTION OF CANNABIS**
14

15 **HOD ACTION: Resolution 515 adopted with a change in title.**
16

17 Our American Medical Association will study possible legislative, legal or regulatory
18 means to make the cannabis industry responsible for increasing costs of medical and
19 social care for people affected by the problems caused by cannabinoids similar to
20 regulations for smoking cessation in the United States.
21

22 Your Reference Committee heard limited but supportive testimony for this item.
23 Testimony noted that there is a need for a change in the name of the resolution from
24 marijuana to cannabis to be consistent with other policies. Additionally, testimony spoke
25 to the need to cover the costs of treatment, since the industry is creating more potent
26 products and patients often have adverse effects. As such, your Reference Committee
27 recommends that Resolution 515 be adopted.

RECOMMENDED FOR REFERRAL

1
2
3 **(17) RESOLUTION 501 – FRAGRANCE REGULATION**

4
5 **RECOMMENDATION:**

6
7 **Madam Speaker, your Reference Committee recommends that Resolution**
8 **501 be referred.**

9
10 **HOD ACTION: Resolution 501 referred.**

11
12 RESOLVED, that our American Medical Association recognize fragrance sensitivity as a
13 disability where the presence of fragranced products can limit accessibility of healthcare
14 settings (New HOD Policy); and be it further

15
16 RESOLVED, that our AMA encourage all hospitals, outpatient clinics, urgent cares, and
17 other patient care areas inclusive of medical schools to adopt a fragrance-free policy that
18 pertains to employees, patients, and visitors of any kind (New HOD Policy); and be it
19 further

20
21 RESOLVED, that our AMA work with relevant parties to advocate for governmental
22 regulatory bodies, including but not limited to the Occupational Safety and Health
23 Administration (OSHA), the Centers for Disease Control and Prevention (CDC), and the
24 National Institute for Occupational Safety and Health (NIOSH) to recommend fragrance-
25 free policies in all medical offices, buildings, and places of patient care (Directive to Take
26 Action); and be it further

27
28 RESOLVED, that our AMA work with relevant parties to support the appropriate labeling
29 of fragrance-containing personal care products, cosmetics, and drugs with warnings about
30 possible allergic reactions or adverse events due to the fragrance, and advocates for
31 increased categorization in the use of a “fragrance free” designation (Directive to Take
32 Action); and be it further

33
34 RESOLVED, that our AMA support increased identification of hazardous chemicals in
35 fragrance compounds, as well as research focused on fragrance sensitivity in order to
36 remove these allergens from products applied to one’s body. (New HOD Policy)

37
38 Your Reference Committee heard significant mixed testimony on this item. Proponents
39 cited poor regulations for the labeling of fragrances and potential allergens in many
40 consumer products, and the impact these products can have on a patient’s ability to
41 access care. Conversely, opponents described how blanket fragrance-free policies may
42 also exclude patients from receiving care and place physicians in legal jeopardy, such as
43 in instances where a patient with a scented product may be seeking emergency care.
44 While there were disagreements as to the feasibility of larger fragrance-free policies,
45 there was a consensus around the desire for our AMA to investigate the “fragrance-free”
46 designation for consumer products, and the correct labeling of allergens. Additionally,
47 there was significant disagreement as to whether it was appropriate to designate
48 fragrance sensitivity as a disability. While several amendments were offered to alleviate
49 some concerns, there did not appear to be a consensus formed as to the direction our

- 1 AMA should take. As such, your Reference Committee recommends that Resolution 501
- 2 be referred.

RECOMMENDED FOR NOT ADOPTION

1
2
3 **(18)** RESOLUTION 506 - SCREENING FOR IMAGE
4 MANIPULATION IN RESEARCH PUBLICATIONS

5
6 **RECOMMENDATION:**

7
8 **Madam Speaker, your Reference Committee recommends that Resolution**
9 **506 be not adopted.**

10
11 **HOD ACTION: Resolution 506 referred.**

12
13 RESOLVED, that our American Medical Association support the creation of a nationally
14 collaborative database of manipulated images from retracted publications to provide a test
15 bank for researchers developing augmented intelligence-integrated image screening
16 tools. (New HOD Policy)

17
18 Your Reference Committee heard testimony in opposition to this resolution. Testimony
19 noted the lack of a standardized tool to identify manipulated images for this use and the
20 necessity of a database for this purpose. Testimony questioned whether our AMA was the
21 appropriate entity to be pursuing these measures, and that several publishers are already
22 pursuing or utilize their own image detection software. Therefore, your Reference
23 Committee recommends Resolution 506 not be adopted.

1 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

2
3 **(19)** RESOLUTION 503 - UNREGULATED HEMP-DERIVED
4 INTOXICATING CANNABINOIDS, AND DERIVED
5 PSYCHOACTIVE CANNABIS PRODUCTS (DPCPS)
6

7 **RECOMMENDATION:**

8
9 **Madam Speaker, your Reference Committee recommends that policies H-**
10 **95.952 and H-95.940 be reaffirmed in lieu of Resolution 503.**

11
12 **HOD ACTION: Resolution 503 referred for decision.**

13
14 RESOLVED, that our American Medical Association work with other interested
15 organizations to increase public awareness and promote education on the dangers of
16 Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating
17 Cannabinoids (Directive to Take Action); and be it further

18
19 RESOLVED, that our AMA work with other interested organizations to advocate to close
20 the loophole in the 2018 Farm bill that allows Derived Psychoactive Cannabis Products
21 (DPCPs) and Hemp-Derived Intoxicating Cannabinoids to be regulated as hemp (Directive
22 to Take Action); and be it further

23
24 RESOLVED, that our AMA work with other interested organizations to advocate for
25 prohibition of Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived
26 Intoxicating Cannabinoids (unless and until properly tested in humans) (Directive to Take
27 Action); and be it further

28
29 RESOLVED, that our AMA work with other interested organizations to advocate for further
30 research on the health impacts of Derived Psychoactive Cannabis Products (DPCPs) and
31 Hemp-Derived Intoxicating Cannabinoids, including the potential dangers of these
32 products to children, pregnant women and other vulnerable populations (Directive to Take
33 Action); and be it further

34
35 RESOLVED, that our AMA report back on this issue at A-25. (Directive to Take Action)

36
37 Your Reference Committee heard mixed testimony on Resolution 503. Speakers who
38 testified in opposition noted the significant body of work completed by your Council on
39 Science and Public Health on emerging trends in new psychoactive substances and
40 cannabinoids more broadly. This resolution is covered by existing policy, H-95.952 and H-
41 95.940 (below), and your Reference Committee questions whether new policies are
42 needed for every new chemical compound. Further, opposing testimony noted that
43 advocating for legislation related to the 2018 Farm Bill may cause unwanted conflicts with
44 farming groups. As such, your Reference Committee recommends that these policies are
45 reaffirmed in lieu of Resolution 503.

46
47 **Cannabis and Cannabinoid Research H-95.952**

- 48 1. Our American Medical Association calls for further adequate and well-
49 controlled studies of marijuana and related cannabinoids in patients who
50 have serious conditions for which preclinical, anecdotal, or controlled

1 evidence suggests possible efficacy and the application of such results to the
2 understanding and treatment of disease.

- 3 2. Our AMA urges that marijuana's status as a federal schedule I controlled
4 substance be reviewed with the goal of facilitating the conduct of clinical
5 research and development of cannabinoid-based medicines, and alternate
6 delivery methods. This should not be viewed as an endorsement of state-
7 based medical cannabis programs, the legalization of marijuana, or that
8 scientific evidence on the therapeutic use of cannabis meets the current
9 standards for a prescription drug product.
- 10 3. Our AMA urges the National Institutes of Health (NIH), the Drug Enforcement
11 Administration (DEA), and the Food and Drug Administration (FDA) to
12 develop a special schedule and implement administrative procedures to
13 facilitate grant applications and the conduct of well-designed clinical research
14 involving cannabis and its potential medical utility. This effort should include:
 - 15 a. disseminating specific information for researchers on the development of
16 safeguards for cannabis clinical research protocols and the development
17 of a model informed consent form for institutional review board evaluation;
 - 18 b. sufficient funding to support such clinical research and access for
19 qualified investigators to adequate supplies of cannabis for clinical
20 research purposes;
 - 21 c. confirming that cannabis of various and consistent strengths and/or
22 placebo will be supplied by the National Institute on Drug Abuse to
23 investigators registered with the DEA who are conducting bona fide
24 clinical research studies that receive FDA approval, regardless of whether
25 or not the NIH is the primary source of grant support.
- 26 4. Our AMA supports research to determine the consequences of long-term
27 cannabis use, especially among youth, adolescents, pregnant women, and
28 women who are breastfeeding.
- 29 5. Our AMA urges legislatures to delay initiating the legalization of cannabis for
30 recreational use until further research is completed on the public health,
31 medical, economic, and social consequences of its use.
- 32 6. Our AMA will advocate for urgent regulatory and legislative changes necessary
33 to fund and perform research related to cannabis and cannabinoids.
- 34 7. Our AMA will create a Cannabis Task Force to evaluate and disseminate
35 relevant scientific evidence to health care providers and the public.

36 **Addressing Emerging Trends in Illicit Drug Use H-95.940**

37 Our AMA: (1) recognizes that emerging drugs of abuse, especially new
38 psychoactive substances (NPS), are a public health threat; (2) supports ongoing
39 efforts of the National Institute on Drug Abuse, the Drug Enforcement
40 Administration, the Centers for Disease Control and Prevention, the Department
41 of Justice, the Department of Homeland Security, state departments of health, and
42 poison control centers to assess and monitor emerging trends in illicit drug use,
43 and to develop and disseminate fact sheets, other educational materials, and
44 public awareness campaigns; (3) supports a collaborative, multiagency approach
45 to addressing emerging drugs of abuse, including information and data sharing,
46 increased epidemiological surveillance, early warning systems informed by
47 laboratories and epidemiologic surveillance tools, and population driven real-time
48 social media resulting in actionable information to reach stakeholders; (4)
49 encourages adequate federal and state funding of agencies tasked with
50 addressing the emerging drugs of abuse health threat; (5) encourages the
51 development of continuing medical education on emerging trends in illicit drug use;
52 and (6) supports efforts by federal, state, and local government agencies to identify

1 new drugs of abuse and to institute the necessary administrative or legislative
2 actions to deem such drugs illegal in an expedited manner.

3
4 **(20) RESOLUTION 508 - AMA TO SUPPORT REGULATIONS**
5 **TO DECREASE OVERDOSES IN CHILDREN DUE TO**
6 **INGESTION OF EDIBLE CANNABIS**

7
8 **RECOMMENDATION:**

9
10 **Madam Speaker, your Reference Committee recommends that policy H-**
11 **95.924 be reaffirmed in lieu of Resolution 508.**

12
13 **HOD ACTION: Resolution 508 referred for decision.**

14
15 RESOLVED, that our American Medical Association work with the Food and Drug
16 Administration to strengthen how marijuana manufacturers can advertise their products,
17 including regulations that ensure the packaging does not appeal to children (Directive to
18 Take Action); and be it further

19
20 RESOLVED, that our AMA propose public awareness campaigns aimed at informing the
21 general population, especially parents and guardians, about the risks associated with
22 edible cannabis and the importance of safe storage and handling (Directive to Take
23 Action); and be it further

24
25 RESOLVED, that our AMA emphasize the importance of childproof packaging for all
26 cannabis products, along with advocating for stricter regulations to enforce this
27 requirement. (New HOD Policy)

28
29 Your Reference Committee heard supportive testimony that highlighted the urgent need
30 for stricter regulations on how cannabis products are packaged and advertised. Strong
31 support exists for this initiative, particularly due to concerns that parents may
32 underestimate the safety risks, necessitating education for both parents and youth.
33 Testimonies revealed alarming incidents where children suffered adverse events as
34 current packaging often resembles candy or vitamins. Your Reference Committee
35 reviewed current cannabis policy, H-95.924 (below), and determined that current policy
36 encompasses the intent of this resolution, to strengthen regulations to educate the public,
37 and support childproof packaging. As such, your Reference Committee recommends
38 reaffirming policy H-95.924, "Cannabis Legalization for Adult Use."

39
40 **Cannabis Legalization for Adult Use (commonly referred to as**
41 **recreational use) H-95.924**

- 42
43
44
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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

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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.

1 (21) RESOLUTION 510 - STUDY TO INVESTIGATE THE
 2 VALIDITY OF CLAIMS MADE BY THE MANUFACTURERS
 3 OF OTC VITAMINS, SUPPLEMENTS AND "NATURAL
 4 CURES"

5
 6 **RECOMMENDATION:**

7
 8 **Madam Speaker, your Reference Committee recommends that policy H-**
 9 **150.954 be reaffirmed in lieu of Resolution 510.**

10
 11 **HOD ACTION: Policy H-150.954 reaffirmed in lieu of Resolution 510.**

12
 13 RESOLVED, that our American Medical Association study the growing problem of
 14 advertisements on OTC Vitamins, Supplements, and "Natural Cures" that claim health
 15 benefits and cures. With report back at A-25 (Directive to Take Action); and be it further

16
 17 RESOLVED, that our AMA collaborate with all the specialties which are affected by these
 18 claims and gather scientific evidence showing benefits and false claims (Directive to Take
 19 Action); and be it further

20
 21 RESOLVED, that our AMA request that the FDA exercise its full scope of authority to
 22 protect our patients by removing all the advertisements containing false claims of medical
 23 cures. (Directive to Take Action)

24
 25 Your Reference Committee heard testimony that was supportive of increased
 26 regulations on dietary supplement manufacturers, but mixed as to whether the proposed
 27 resolution was the appropriate method to achieve those goals. Testimony noted that our
 28 AMA has extensive policy on dietary supplements and the role of the FDA in regulating
 29 them, and has a demonstrated history of advocacy on this issue. Your Reference
 30 Committee would note that our AMA has collaborated with other stakeholders in the
 31 [Dietary Supplement Quality Collaborative](#), [written to Congress on mandatory product](#)
 32 [listing](#) for dietary supplements, and [developed award-winning continuing medical](#)
 33 [education](#) in collaboration with the FDA on this topic. As such, your Reference
 34 Committee recommends reaffirmation of existing policy.

35
 36 **Dietary Supplements and Herbal Remedies H-150.954**

37 (1) Our AMA supports efforts to enhance U.S. Food and Drug
 38 Administration (FDA) resources, particularly to the Office of Dietary
 39 Supplement Programs, to appropriately oversee the growing dietary
 40 supplement sector and adequately increase inspections of dietary
 41 supplement manufacturing facilities.

42 (2) Our AMA supports the FDA having appropriate enforcement tools and
 43 policies related to dietary supplements, which may include mandatory
 44 recall and related authorities over products that are marketed as dietary
 45 supplements but contain drugs or drug analogues, the utilization of risk-
 46 based inspections for dietary supplement manufacturing facilities, and the
 47 strengthening of adverse event reporting systems.

48 (3) Our AMA supports continued research related to the efficacy, safety,
 49 and long-term effects of dietary supplement products.

50 (4) Our AMA will work with the FDA to educate physicians and the public
 51 about FDA's Safety Reporting Portal (SRP) and to strongly encourage

1 physicians and the public to report potential adverse events associated
2 with dietary supplements and herbal remedies to help support FDA's
3 efforts to create a database of adverse event information on these forms
4 of alternative/complementary therapies.

5 (5) Our AMA strongly urges physicians to inquire about patients' use of
6 dietary supplements and engage in risk-based conversations with them
7 about dietary supplement product use.

8 (6) Our AMA continues to strongly urge Congress to modify and modernize
9 the Dietary Supplement Health and Education Act to require that:

10 (a) dietary supplements and herbal remedies including the products
11 already in the marketplace undergo FDA approval for evidence of safety
12 and efficacy;

13 (b) dietary supplements meet standards established by the United States
14 Pharmacopeia for identity, strength, quality, purity, packaging, and
15 labeling;

16 (c) FDA establish a mandatory product listing regime that includes a
17 unique identifier for each product (such as a QR code), the ability to
18 identify and track all products produced by manufacturers who have
19 received warning letters from the FDA, and FDA authorities to decline to
20 add labels to the database if the label lists a prohibited ingredient or new
21 dietary ingredient for which no evidence of safety exists or for products
22 which have reports of undisclosed ingredients; and

23 (d) regulations related to new dietary ingredients (NDI) are clarified to
24 foster the timely submission of NDI notifications and compliance regarding
25 NDIs by manufacturers.

26 (7) Our AMA supports FDA postmarketing requirements for manufacturers
27 to report adverse events, including drug interactions; and legislation that
28 declares metabolites and precursors of anabolic steroids to be drug
29 substances that may not be used in a dietary supplement.

30 (8) Our AMA will work with the Federal Trade Commission (FTC) to
31 support enforcement efforts based on the FTC Act and current FTC policy
32 on expert endorsements and supports adequate funding and resources for
33 FTC enforcement of violations of the FTC Act.

34 (9) Our AMA strongly urges that criteria for the rigor of scientific evidence
35 needed to support a structure/function claim on a dietary supplement be
36 established by the FDA and minimally include requirements for robust
37 human studies supporting the claim.

38 10) Our AMA strongly urges dietary supplement manufacturers and
39 distributors to clearly label all products with truthful and not misleading
40 information and for the product labeling to:

41 (a) not include structure/function claims that are not supported by evidence
42 from robust human studies;

43 (b) not contain prohibited disease claims;

44 (c) eliminate "proprietary blends" and list and accurately quantify all
45 ingredients contained in the product;

46 (d) require advisory statements regarding potential supplement-drug and
47 supplement-laboratory interactions and risks associated with overuse and
48 special populations; and

49 (e) include accurate and useful disclosure of ingredient measurement.

50 (11) Our AMA supports and encourages the FDA's regulation and
51 enforcement of labeling violations and FTC's regulation and enforcement
52 of advertisement violations of prohibited disease claims made on dietary
53 supplements and herbal remedies.

54 (12) Our AMA urges that in order to protect the public, manufacturers be
55 required to investigate and obtain data under conditions of normal use on

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adverse effects, contraindications, and possible drug interactions, and that such information be included on the label.

(13) Our AMA will continue its efforts to educate patients and physicians about the risks associated with the use of dietary supplements and herbal remedies and supports efforts to increase patient, healthcare practitioner, and retailer awareness of resources to help patients select quality supplements, including educational efforts to build label literacy.

1 (22) RESOLUTION 512 - OPIOID OVERDOSE REVERSAL
2 AGENTS WHERE AED'S ARE LOCATED

3
4 **RECOMMENDATION:**

5
6 **Madam Speaker, your Reference Committee recommends that policy H-
7 95.932 be reaffirmed in lieu of Resolution 512.**

8
9 **HOD ACTION: Resolution 512 adopted.**

10
11 **RESOLVED**, that our American Medical Association support the expansion of naloxone
12 availability through colocation of intranasal naloxone with AEDs in public locations. (New
13 HOD Policy)

14
15 Your Reference Committee heard overwhelming positive testimony for expanded access
16 to naloxone, and supportive of the intent of the proposed resolution. Other testimony
17 noted implementation challenges of naloxone expiration and management of refilling
18 used naloxone. However, your Reference Committee did not hear testimony describing
19 how the proposed resolution differs from current policy of our AMA (subsection 8 of the
20 policy below) and as such, your Reference Committee recommends reaffirmation.

21
22 **Increasing Availability of Naloxone and Other Safe and Effective
23 Overdose Reversal Medications H-95.932**

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1. Our American Medical Association supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone and other safe and effective overdose reversal medications, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community-based organizations, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone and other safe and effective overdose reversal medications delivery.
 2. Our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone and other safe and effective overdose reversal medications.
 3. Our AMA encourages physicians to co-prescribe naloxone and other safe and effective overdose reversal medications to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients.
 4. Our AMA encourages private and public payers to include all forms of naloxone and other safe and effective overdose reversal medications on their preferred drug lists and formularies with minimal or no cost sharing.
 5. Our AMA supports liability protections for physicians and other healthcare professionals and others who are authorized to prescribe, dispense and/or administer naloxone and other safe and effective overdose reversal medications pursuant to state law.
 6. Our AMA supports efforts to encourage individuals who are authorized to administer naloxone and other safe and effective overdose reversal medications to receive appropriate education to enable them to do so effectively.

- 1 7. Our AMA encourages manufacturers or other qualified sponsors to pursue
2 the application process for over the counter approval of naloxone and
3 other safe and effective overdose reversal medications with the Food and
4 Drug Administration.
- 5 8. Our AMA supports the widespread implementation of easily accessible
6 naloxone and other safe and effective overdose reversal medications
7 rescue stations (public availability of naloxone and other safe and effective
8 overdose reversal medications through wall-mounted display/storage
9 units that also include instructions) throughout the country following
10 distribution and legislative edicts similar to those for Automated External
11 Defibrillators.
- 12 9. Our AMA supports the legal access to and use of naloxone and other safe
13 and effective overdose reversal medications in all public spaces
14 regardless of whether the individual holds a prescription.
- 15 10. Our AMA supports efforts to increase the availability, delivery, possession
16 and use of mail-order overdose reversal medications, including naloxone,
17 to help prevent opioid-related overdose, especially in vulnerable
18 populations, including but not limited to underserved communities and
19 American Indian reservation populations.

Madam Speaker, this concludes the report of Reference Committee E. I would like to thank Carl Streed, Jr, MD, Catriona Hong, Vivek Rao, MD, Kenath Shamir, MD, Charles Van Way, MD, Erin Schwab, MD, and all those who testified before the Committee.

Carl Streed, Jr, MD (Alternate)
GLMA Health Professionals Advancing
LGBTQ Equality

Kenath Shamir, MD (Alternate)
Massachusetts

Catriona Hong (Alternate)
Connecticut

Charles Van Way, MD
Missouri

Vivek Rao, MD (Alternate)
Texas

Erin Schwab, MD
Colorado

Robert Panton
Illinois
Chai

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2024 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-24)

Report of Reference Committee F

Rebecca L. Johnson, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

- 2
- 3
- 4
- 5 1. Board of Trustees Report 4 - AMA 2025 Dues
- 6 2. Board of Trustees Report 21 - American Medical Association Meeting Venues
- 7 and Accessibility
- 8 3. Board of Trustees Report 23 - United States Professional Association for
- 9 Transgender Health Observer Status in the House of Delegates
- 10 4. Board of Trustees Report 26 - Equity and Justice Initiatives for International
- 11 Medical Graduates
- 12 5. Board of Trustees Report 28 - Encouraging Collaboration Between Physicians
- 13 and Industry in AI Development
- 14 6. Board of Trustees Report 33 - Employed Physicians
- 15 7. Report of the House of Delegates Committee on Compensation of the Officers
- 16 8. Speakers' Report 1 - Report of the Resolution Modernization Task Force Update
- 17 9. Council on Constitution and Bylaws/Council on Long Range Planning and
- 18 Development Report 1 - Joint Council Sunset Review of 2014 House Policies
- 19 10. Council on Long Range Planning and Development Report 1 - Establishment of a
- 20 LGBTQ+ Section
- 21 11. Resolution 602 - Ranked Choice Voting
- 22 12. Resolution 609 - Standardization of the Endorsement Process

RECOMMENDED FOR ADOPTION AS AMENDED

- 23
- 24
- 25
- 26 13. Board of Trustees Report 25 - Environmental Sustainability of AMA National
- 27 Meetings. Supporting Carbon Offset Programs for Travel for AMA Conferences
- 28 Resolution 605 - Walking the Walk of Climate Change
- 29 14. Board of Trustees Report 35 - Mitigating the Cost of Medical Student
- 30 Participation in AMA Meetings
- 31 15. Resolution 601 - Annual Holocaust Remembrance Event
- 32 16. Resolution 604 - Confronting Ageism in Medicine
- 33 17. Resolution 606 - Creation of an AMA Council with a Focus on Digital Health
- 34 Technologies and AI
- 35 18. Resolution 608 - The American Medical Association Diversity Mentorship
- 36 Program

1 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 2
3 19. Resolution 603 - End Attacks on Health and Human Rights in Israel and
4 Palestine
5 Resolution 610 - Opposition to Collective Punishment
6

7 **RECOMMENDED FOR NOT ADOPTION**

- 8
9 20. Resolution 607 - Appealing to our AMA to Add Clarity to its Mission Statement to
10 Better Meet the Need of Physicians, the Practice of Medicine and the Public
11 Health
12

13 **RECOMMENDED FOR FILING**

- 14
15 21. Board of Trustees Report 1 - Annual Report
16 22. Board of Trustees Report 27 - AMA Reimbursement of Necessary HOD Business
17 Meeting Expenses for Delegates and Alternates

Amendments

If you wish to propose an amendment to an item of business, click here: [Submit New Amendment](#)

RECOMMENDED FOR ADOPTION

1 (1) BOARD OF TRUSTEES REPORT 4 - AMA 2025 DUES

2
3 **RECOMMENDATION:**

4
5 **Madam Speaker, your Reference Committee**
6 **recommends that the Recommendation in Board of**
7 **Trustees Report 4 be adopted and the remainder of the**
8 **Report be filed.**

9
10 **HOD ACTION: Recommendation in Board of**
11 **Trustees Report 4 adopted and the remainder of the**
12 **Report filed.**

13
14 The Board of Trustees recommends no change to the dues levels for 2025, that the
15 following be adopted and that the remainder of this report be filed:

16	Regular Members	\$420
17	Physicians in Their Fourth Year of Practice	\$315
18	Physicians in Their Third year of Practice	\$210
19	Physicians in Their Second Year of Practice	\$105
20	Physicians in Their First Year of Practice	\$60
21	Physicians in Military Service	\$280
22	Semi-Retired Physicians	\$210
23	Fully Retired Physicians	\$84
24	Physicians in Residency/Fellow Training	\$45
25	Medical Students	\$20

26
27
28 (Directive to Take Action)

29
30 Dues pricing is routinely evaluated to ensure that the membership value proposition is
31 optimized through enhancing the AMA's membership benefits portfolio.

32
33 Online Forum testimony was limited. The following editorial change will be made for a
34 editorial error that appears in the report:

35
36 The Board of Trustees recommends no change to the dues
37 levels for ~~2024-2025~~, that the following be adopted and that
38 the remainder of this report be filed:

39
40 Beyond a statement from the AMA Board of Trustees, no in-person testimony was
41 provided. Your Reference Committee recommends that Board of Trustees Report 4 be
42 adopted.

1 (2) BOARD OF TRUSTEES REPORT 21 - AMERICAN
2 MEDICAL ASSOCIATION MEETING VENUES AND
3 ACCESSIBILITY

4
5 **RECOMMENDATION:**

6
7 **Madam Speaker, your Reference Committee**
8 **recommends that the Recommendation in Board of**
9 **Trustees Report 21 be adopted and the remainder of the**
10 **Report be filed.**

11
12 **HOD ACTION: Recommendation in Board of**
13 **Trustees Report 21 adopted and the remainder of**
14 **the Report filed.**

15
16 The Board therefore recommends Policy G-630.140 be reaffirmed and is strictly enforced
17 as a resolute stance against all forms of discrimination, and support of evidenced-based
18 medicine, underscoring our commitment to fostering an inclusive and safe environment
19 for all attendees. This strategic recommendation places a primary emphasis on prioritizing
20 attendee safety, reflecting the values and principles upheld by the AMA.

21
22 Testimony in response to Board of Trustees Report 21 was generally supportive. The
23 Medical Student Section (MSS) highlighted that current Policy G-630.140 negatively
24 impacts MSS regional meetings. Prior to the pandemic, some regions were limited in their
25 ability to host in-person meetings due to site limitations in states that were in violation of
26 AMA policy. The MSS supports amendment to the fourth clause of Policy G-630.140 to
27 include adding the term "national"; thereby, allowing MSS regional meetings to occur
28 without compromising the anti-discrimination stance for national events.

29
30 Your Reference Committee anticipated recommending that Board of Trustees Report 21
31 be amended to reflect the requested change to AMA Policy G-630.140; however, our
32 Board of Trustees recommendation to reaffirm policy does not open the current policy for
33 an amendment. To amend AMA Policy G-630.140, a resolution specific to that policy
34 would need to be introduced.

35
36 Therefore, your Reference Committee recommends adoption of Board of Trustees Report
37 21 as written.

- 1 (3) BOARD OF TRUSTEES REPORT 23 - UNITED STATES
2 PROFESSIONAL ASSOCIATION FOR TRANSGENDER
3 HEALTH OBSERVER STATUS IN THE HOUSE OF
4 DELEGATES

5
6 **RECOMMENDATION:**

7
8 **Madam Speaker, your Reference Committee**
9 **recommends that the Recommendation in Board of**
10 **Trustees Report 23 be adopted and the remainder of the**
11 **report be filed.**

12
13 **HOD ACTION: Recommendation in Board of**
14 **Trustees Report 23 adopted and the remainder of**
15 **the Report filed.**

16
17 The Board of Trustees recommends that the United States Professional Association for
18 Transgender Health be admitted as an Official Observer in the House of Delegates, and
19 that the remainder of this report be filed.

20
21 Your Reference Committee received limited but supportive testimony in response to this
22 item of business. Your Reference Committee favors adoption of Board of Trustees Report
23 23 and looks forward to welcoming our colleagues from the United States Professional
24 Association for Transgender Health.

- 25
26
27 (4) BOARD OF TRUSTEES REPORT 26 - EQUITY AND
28 JUSTICE INITIATIVES FOR INTERNATIONAL MEDICAL
29 GRADUATES

30
31 **RECOMMENDATION:**

32
33 **Madam Speaker, your Reference Committee**
34 **recommends that the Recommendation in Board of**
35 **Trustees Report 26 be adopted and the remainder of the**
36 **Report be filed.**

37
38 **HOD ACTION: Recommendation in Board of**
39 **Trustees Report 26 adopted and the remainder of**
40 **the Report filed.**

41
42 The Board of Trustees recommends that Resolution 605-A-23 not be adopted and that the
43 remainder of the report be filed.

44
45 Testimony provided by the Board of Trustees indicated that this report was written to offer
46 clarity on whether the AMA, through the Center for Health Equity, will incorporate an
47 annual session focused on international medical graduates (IMGs) into the equity forum.
48 Further, this report addresses whether the AMA should, through the Center for Health
49 Equity, amend the health equity plan to address the issues of equity and justice for
50 international medical graduates.

1 The recommendation in Board of Trustees Report 26 is based on the following: “to
2 permanently designate a particular topic or group over others would be counterproductive
3 to the ideals of fairness and equity and risks the possibility of harm, creating an
4 atmosphere of resentment and discouragement among those who may feel excluded or
5 unfairly treated.” As AMA policy requires an equity forum at least once a year, each
6 meeting presents an opportunity to provide education on a variety of topics including, but
7 not limited to, issues impacting IMGs
8

9 Testimony indicated that the IMG Section have since engaged in productive conversations
10 with the Board of Trustees and the Center for Health Equity on opportunities to create
11 awareness and provide education on issues of concern.
12

13 Your Reference Committee recommends adoption of Board of Trustees Report 26.
14

15
16 (5) BOARD OF TRUSTEES REPORT 28 - ENCOURAGING
17 COLLABORATION BETWEEN PHYSICIANS AND
18 INDUSTRY IN AI DEVELOPMENT
19

20 **RECOMMENDATION:**
21

22 **Madam Speaker, your Reference Committee**
23 **recommends that the Recommendation in Board of**
24 **Trustees Report 28 be adopted and the remainder of the**
25 **Report be filed.**
26

27 **HOD ACTION: Recommendation in Board of**
28 **Trustees Report 28 adopted and the remainder of**
29 **the Report filed.**
30

31 The Board of Trustees recommends that Resolution 609-A-23 not be adopted and that
32 this report be filed.
33

34 The AMA Board of Trustees provided an overview of the report, noting that the AMA has
35 various existing initiatives, research, policy, advocacy efforts, educational material and
36 other resources that are aligned with the desire to boost physician-centered innovation in
37 the field of AI research and development. As such, much of the work that Resolution 609-
38 A-23 asks the AMA to conduct is already ongoing.
39

40 Limited Online Forum testimony was supportive of the Board of Trustees Report and noted
41 appreciation for AMA efforts to ensure physician input in various aspects of AI
42 development in health care.
43

44 Your Reference Committee recommends adoption of Board of Trustees Report 28.

1 (6) BOARD OF TRUSTEES REPORT 33 - EMPLOYED
2 PHYSICIANS

3
4 **RECOMMENDATION:**

5
6 **Madam Speaker, your Reference Committee**
7 **recommends that the Recommendation in Board of**
8 **Trustees Report 33 be adopted and the remainder of the**
9 **Report be filed.**

10
11 **HOD ACTION: Recommendation in Board of**
12 **Trustees Report 33 adopted and the remainder of**
13 **the Report filed.**

14
15 The Board of Trustees recommends that the following be adopted and the remainder of
16 the report be filed:

17
18 That AMA policy D-405.969 be rescinded as having been accomplished by this
19 report (Rescind HOD Policy).

20
21 Testimony provided by the Board of Trustees indicates that this report was written as an
22 update to Board of Trustees Report 9-I-22. The employed physician caucus created by
23 the Organized Medical Staff Section (OMSS) was identified as the most appropriate
24 means for providing a voice to employed physicians within the AMA. Board of Trustees
25 Report 33 further describes the establishment and activity of the OMSS-convened
26 employed physician caucus.

27
28 Limited testimony noted that the employed physician caucus convened at the 2024 Annual
29 meeting.

30
31 Further, this report accomplishes AMA policy D-405.969 and calls for this policy be
32 rescinded. Your Reference Committee recommends adoption of Board of Trustees Report
33 33.

34
35
36 (7) REPORT OF THE HOUSE OF DELEGATES COMMITTEE
37 ON THE COMPENSATION OF THE OFFICERS

38
39 **RECOMMENDATION:**

40
41 **Madam Speaker, your Reference Committee**
42 **recommends that the recommendations in the Report**
43 **of the House of Delegates Committee on the**
44 **Compensation of the Officers be adopted and the**
45 **remainder of the Report be filed.**

46
47 **HOD ACTION: Recommendations in the Report of**
48 **the House of Delegates Committee on the**
49 **Compensation of the Officer adopted and the**
50 **remainder of the Report filed.**

1 The Committee on Compensation of the Officers recommends the following
 2 recommendation be adopted and the remainder of this report be filed:

- 3
 4 1. That the secretarial reimbursement be increased to \$1,125 effective January 1, 2025.
 5
 6 2. That there be no changes to Officers' compensation for the period beginning July 1,
 7 2024 through June 30, 2025.
 8
 9 3. That the remainder of the report be filed.

10
 11 Beyond the introduction of the Report of the House of Delegates Committee on the
 12 Compensation of the Officers, no further testimony was received.

13
 14 Your Reference Committee extends its appreciation to the committee for the report and
 15 agrees with the proffered recommendations.

16
 17
 18 (8) SPEAKERS REPORT 1 - REPORT OF THE
 19 RESOLUTION MODERNIZATION TASK FORCE UPDATE

20
 21 **RECOMMENDATION:**

22
 23 **Madam Speaker, your Reference Committee**
 24 **recommends that the Recommendations in Speakers**
 25 **Report 1 be adopted and the remainder of the Report be**
 26 **filed.**

27
 28 **HOD ACTION: Recommendations in Speakers**
 29 **Report 1 adopted as amended by addition and the**
 30 **remainder of the Report filed.**

31
 32 1. The bylaws be amended so that the resolution
 33 submission deadline be 45 days prior to the
 34 Opening Session of the House of Delegates with
 35 AMA Sections excluded from this deadline.
 36 (Directive to Take Action)

37
 38 2. The bylaws be amended so that the definition of
 39 a late resolution shall be all resolutions
 40 submitted after the resolution submission
 41 deadline with AMA Sections excluded from the
 42 deadline and prior to the beginning of the
 43 Opening Session of the House of Delegates.
 44 (Directive to take Action)

45
 46 The Resolution Modification Task Force recommends that the following be adopted to be
 47 implemented for Interim 2024 and the remainder of the report be filed:

- 48
 49 1. The bylaws be amended so that the resolution submission deadline be 45 days prior
 50 to the Opening Session of the House of Delegates. (Directive to take Action)

- 1 2. The bylaws be amended so that the definition of a late resolution shall be all
2 resolutions submitted after the resolution submission deadline and prior to the
3 beginning of the Opening Session of the House of Delegates. (Directive to take Action)
4
- 5 3. The bylaws be amended so that the definition of an emergency resolution shall be all
6 resolutions submitted after the beginning of the Opening Session of the House of
7 Delegates. (Directive to take Action)
8
- 9 4. The bylaws be amended so that the term of committees of the House of Delegates
10 shall commence upon their formation and shall conclude at the end of the meeting for
11 which they were appointed, unless otherwise directed by the House of Delegates.
12 (Directive to take Action)
13
- 14 5. That our AMA will convene Online Reference Committee Hearings prior to each House
15 of Delegates meeting. These hearings shall open 10 days following the resolution
16 submission deadline and remain open for 21 days. This shall be accomplished in lieu
17 of Policy G-38 600.045. (New HOD Policy)
18
- 19 6. Prior to House of Delegates meetings, reference committees will convene after the
20 close of the Online Reference Committee Hearings to develop a Preliminary
21 Reference Committee Report. These reports shall include preliminary
22 recommendations and will serve as the agenda for the in-person reference committee
23 hearing. This shall be accomplished in lieu of Policy G-600.060(8). (New HOD Policy)
24
- 25 7. That Policy D-600.956 be rescinded. (Rescind HOD Policy)
26

27 Testimony was generally supportive of the Speakers' Report 1 noting that similar process
28 contributed to an enhanced policymaking experience within their medical societies.
29 However, there were mixed sentiments regarding some of the report recommendations.
30

31 Testimony expressed concern that Recommendation 1, which calls for a resolution
32 submission deadline of 45 days prior to the Opening Session of the House of Delegates,
33 could disenfranchise our AMA Sections and some medical societies from partaking in the
34 resolution process.
35

36 Testimony on Recommendation 2 was mixed. Recommendation 2 calls for a Bylaws
37 amendment redefining late resolutions. There was concern that this change would create
38 hurdles for having resolutions considered by the House of Delegates. Other Online Forum
39 participants expressed support for this proposed change.
40

41 Recommendation 6 calls for the development of a Preliminary Reference Committee
42 Report, which will include preliminary recommendations that will serve as the agenda for
43 the in-person reference committee hearing. Supportive comments indicated that the
44 Preliminary Reference Committee Report would create an opportunity for more robust
45 testimony and mitigate barriers to presenting testimony on various items. Opposing
46 commentary expressed concern that an anchoring bias could be introduced, repetitive
47 statements would be presented online and in-person, and reference committee
48 recommendations may not reflect the totality of testimony. It was further noted that focus
49 on the onsite reference committee hearings could shift to debating the recommendations
50 in the Preliminary Reference Committee Report, rather than the policy issues.

1 Although various amendments were proffered, your Reference Committee heard the
2 appeal of the Speaker and the Resolution Modernization Task Force to try the new
3 process first and make future adjustments as needed. The Speaker provided reassurance
4 that resolutions would receive fair consideration in light of the timing for their resolution
5 development processes.

6
7 Based on the testimony provided, your Reference Committee recommends that Speakers'
8 Report 1 be adopted.

9
10
11 (9) COUNCIL ON CONSTITUTION AND BYLAWS/COUNCIL
12 ON LONG RANGE PLANNING AND DEVELOPMENT
13 REPORT 1 - JOINT COUNCIL SUNSET REVIEW OF
14 2014 HOUSE POLICIES

15
16 **RECOMMENDATION:**

17
18 **Madam Speaker, your Reference Committee**
19 **recommends that the Recommendation in Council on**
20 **Constitution and Bylaws/Council on Long Range**
21 **Planning and Development Report 1 be adopted and the**
22 **remainder of the Report be filed.**

23
24 **HOD ACTION: Recommendation in Council on**
25 **Constitution and Bylaws/Council on Long Range**
26 **Planning and Development Report 1 adopted and**
27 **the remainder of the Report filed.**

28
29 The Councils on Constitution and Bylaws and Long Range Planning and Development
30 recommend that the House policies that are listed in the appendix to this report be acted
31 upon in the manner indicated and the remainder of this report be filed.

32
33 Beyond introduction of the Councils on Constitution and Bylaws and Long Range Planning
34 and Development Report 1 by the author, no other testimony was received.

35
36 Your Reference Committee recommends adoption of the Council on Constitution and
37 Bylaws/Council on Long Range Planning and Development Report 1.

1 (10) COUNCIL ON LONG RANGE PLANNING AND
 2 DEVELOPMENT REPORT 1 - ESTABLISHMENT OF A
 3 LGBTQ+ SECTION
 4

5 **RECOMMENDATION:**
 6

7 **Madam Speaker, your Reference Committee**
 8 **recommends that the Recommendations in Council on**
 9 **Long Range Planning and Development Report 1 be**
 10 **adopted and the remainder of the Report be filed.**
 11

12 **HOD ACTION: Recommendations in Council on**
 13 **Long Range Planning and Development Report 1**
 14 **adopted and the remainder of the Report filed.**
 15

16 The Council on Long Range Planning and Development recommends that the following
 17 recommendations be adopted and the remainder of the report be filed:
 18

- 19 1. That our American Medical Association transition the Advisory Committee on Lesbian,
 20 Gay, Bisexual, Transgender and Queer (LGBTQ+) Issues to the LGBTQ+ Section as
 21 a delineated section. (Directive to Take Action)
 22
- 23 2. That our AMA develop bylaw language to recognize the LGBTQ+ Section. (Directive
 24 to Take Action)
 25

26 There was limited but supportive testimony for the Council on Long Range Planning and
 27 Development Report 1.
 28

29 Your Reference Committee extends its appreciation to the council for its comprehensive
 30 report, and your Reference Committee is pleased to have a role in facilitating the creation
 31 of a new AMA Section that will serve to represent LGBTQ+ issues.
 32

33
 34 (11) RESOLUTION 602 - RANKED CHOICE VOTING
 35

36 **RECOMMENDATION:**
 37

38 **Madam Speaker, your Reference Committee**
 39 **recommends that Resolution 602 be adopted.**
 40

41 **HOD ACTION: Resolution 602 adopted.**
 42

43 **RESOLVED**, that our American Medical Association study ranked choice voting for all
 44 elections within the House of Delegates. (Directive to Take Action)
 45

46 Testimony on the proposed study of ranked choice voting for AMA elections generated a
 47 mixed response. Those opposed indicated there is minimal evidence that the current
 48 system is problematic. Further testimony indicated that ranked choice voting may not
 49 eliminate the need for runoff elections in every scenario.

1 For the reasons elucidated by the testimony, your Reference Committee believes a study
2 would be beneficial to understanding the implications of potentially migrating to a new
3 voting process; therefore, your Reference Committee favors adoption of Resolution 602
4 for the purpose of securing the requested study.

5
6
7 (12) RESOLUTION 609 - STANDARDIZATION OF THE
8 ENDORSEMENT PROCESS

9
10 **RECOMMENDATION:**

11
12 **Madam Speaker, your Reference Committee**
13 **recommends that Resolution 609 be adopted.**

14
15 **HOD ACTION: Resolution 609 adopted.**

16
17 RESOLVED, that our American Medical Association require all groups that endorse
18 candidates turn in information about their endorsement process, the deadline, and a staff
19 contact for applications in a timely and streamlined manner (New HOD Policy); and be it
20 further

21
22 RESOLVED, that our AMA then post this information on the election website in a timely
23 manner, with the information being easily digestible and accessible (Directive to Take
24 Action); and be it further

25
26 RESOLVED, that our AMA not allow any group that fails to provide this information in a
27 timely manner to offer an endorsement during that election cycle (New HOD Policy); and
28 be it further

29
30 RESOLVED, that our AMA create a specific period (similar to virtual elections) during
31 which endorsements may be sought. (New HOD Policy)

32
33 Your Reference Committee received limited testimony in response to Resolution 609, but
34 was positively influenced by testimony calling for parity among candidates with varying
35 degrees of administrative support.

36
37 Your Reference Committee therefore recommends that Resolution 609 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

- 1 (13) BOARD OF TRUSTEES REPORT 25 - ENVIRONMENTAL
 2 SUSTAINABILITY OF AMA NATIONAL MEETINGS.
 3 SUPPORTING CARBON OFFSET PROGRAMS FOR
 4 TRAVEL FOR AMA CONFERENCES
 5 RESOLUTION 605 - WALKING THE WALK OF CLIMATE
 6 CHANGE

7
 8 **RECOMMENDATION A:**

9
 10 **Madam Speaker, your Reference Committee**
 11 **recommends that the Recommendations in Board of**
 12 **Trustees Report 25 be amended by addition and**
 13 **deletion to read as follows:**

14
 15 **The Board of Trustees recommends that the following**
 16 **be adopted in lieu of Resolutions 603-A-23 and 608-A-**
 17 **23, and that the remainder of the report be filed:**

- 18
 19 **1. Our AMA is committed to progression to net zero**
 20 **emissions for its business operations by 2030, by**
 21 **continuing and expanding energy efficiency**
 22 **upgrades, waste reduction initiatives, and the**
 23 **transition to renewable energy sources (New HOD**
 24 **Policy).**
- 25
 26 **2. Our AMA will prioritize sustainable organizational**
 27 **practices to reduce emissions ~~over purchasing~~**
 28 **~~carbon offsets~~ (New HOD Policy).**
- 29
 30 **3. Our AMA Board of Trustees will present a report at**
 31 **the 2024 Interim Meeting that details a timeline as to**
 32 **when and how to achieve our organizational carbon**
 33 **neutrality. (Directive to Take Action)**
- 34
 35 **34. Our AMA will continue to prioritize collaboration**
 36 **within the health care community by sharing the**
 37 **learnings from our sustainability initiative to inspire**
 38 **our peer organizations to follow suit and adopt**
 39 **similar environmentally conscious practices**
 40 **(Directive to Take Action).**
- 41
 42 **5. Our AMA will work with appropriate entities to**
 43 **encourage the United States healthcare system to**
 44 **decrease emissions to half of 2010 levels by 2030,**
 45 **achieve net zero by 2050, and remain net zero or**
 46 **negative (Directive to Take Action).**

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the Recommendations in Board of Trustees Report 25 be adopted as amended in lieu of Resolution 605 and the remainder of the Report be filed.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the title of Board of Trustees Report 25 be changed to read as follows:

**ENVIRONMENTAL SUSTAINABILITY OF AMA
NATIONAL MEETINGS**

HOD ACTION: Recommendations in Board of Trustees Report 25 adopted as amended in lieu of Resolution 605 and the remainder of the Report filed with a changed title.

**ENVIRONMENTAL SUSTAINABILITY OF AMA
NATIONAL MEETINGS**

Board of Trustees Report 25

The Board of Trustees recommends that the following be adopted in lieu of Resolutions 603-A-23 and 608-A-23, and that the remainder of the report be filed:

1. Our AMA is committed to progression to net zero emissions for its business operations by 2030, by continuing and expanding energy efficiency upgrades, waste reduction initiatives, and the transition to renewable energy sources (New HOD Policy).
2. Our AMA will prioritize sustainable organizational practices to reduce emissions over purchasing carbon offsets (New HOD Policy).
3. Our AMA will continue to prioritize collaboration within the health care community by sharing the learnings from our sustainability initiative to inspire our peer organizations to follow suit and adopt similar environmentally conscious practices (Directive-to-Take-Action).

Resolution 605

RESOLVED, that our American Medical Association Board of Trustees present to the House of Delegates at Interim 2024 a detailed timeline as to when and how to achieve our organizational carbon neutrality (Directive to Take Action); and be it further

RESOLVED, that our AMA staff study AMA-related corporate travel with respect to minimizing carbon emissions and/or mitigating or off-setting such emissions (Directive to Take Action); and be it further

1 RESOLVED, that our AMA adopt a policy for plant-based menus as the default option
 2 when planning meeting venues with an opt-out alternative as appropriate. (Directive to
 3 Take Action)

4
 5 Testimony in response to Board of Trustees Report 25 was generally supportive and
 6 suggested that the report addresses the issues raised in Resolution 605; however, some
 7 who testified believe that the report did not devote sufficient discussion and consideration
 8 to purchasing carbon offsets and this should not be overlooked, which is the basis for the
 9 amendment by deletion in Recommendation 2.

10 Your Reference Committee received testimony that the third Resolve contained in
 11 Resolution 605 to offer plant-based menus as the default option was not widely accepted.
 12 Your Reference Committee notes that our AMA meeting registration allows
 13 accommodations for dietary restrictions.

14
 15 Finally, testimony was supportive of additional recommendations calling for plan
 16 transparency by the 2024 Interim Meeting, as well as actionable goals for our AMA to lead
 17 by example in promoting environmental stewardship.

18
 19
 20 (14) BOARD OF TRUSTEES REPORT 35 - MITIGATING THE
 21 COST OF MEDICAL STUDENT PARTICIPATION IN AMA
 22 MEETINGS

23
 24 **RECOMMENDATION A:**

25
 26 **Madam Speaker, your Reference Committee**
 27 **recommends that the Recommendations in Board of**
 28 **Trustees Report 35 be amended by addition and**
 29 **deletion to read as follows:**

30
 31 **3. That our AMA will explore alternate mechanisms to**
 32 **provide financial assistance to facilitate attendance**
 33 **at MSS meetings with a report back ~~in A-26~~ at the**
 34 **2025 Annual Meeting.**

35
 36 **RECOMMENDATION B:**

37
 38 **Madam Speaker, your Reference Committee**
 39 **recommends that the Recommendations in Board of**
 40 **Trustees Report 35 be adopted as amended and the**
 41 **remainder of the Report be filed.**

42
 43 **HOD ACTION: Recommendations in Board of**
 44 **Trustees Report 35 adopted as further amended by**
 45 **deletion and the remainder of the Report filed.**

46
 47 **~~4. That AMA policy G-615.103 (4) be rescinded.~~**

48
 49 The Board of Trustees recommends that the following be adopted and the remainder of
 50 the report be filed:

- 1 1. That our AMA will promote the value of membership and meeting attendance to
2 encourage financial support by medical schools and other funding sources.
3
- 4 2. That our AMA will explore mechanisms to mitigate the cost of meeting attendance for
5 medical students.
6
- 7 3. That our AMA will explore alternate mechanisms to provide financial assistance to
8 facilitate attendance at MSS meetings with a report back in A-26.
9
- 10 4. That AMA policy G-615.103 (4) be rescinded.

11
12 Testimony presented by our AMA Board of Trustees indicated that while AMA has made
13 available additional travel funding in the two years since the adoption of the policy
14 directing this report, alternatives for funding student travel costs need to be further
15 explored and needs to consider factors such as potential tax implications for the AMA
16 and for medical students, as well as critical ties between medical students and their
17 Federation organizations. Our Board indicated more time is needed to fully research
18 medical student funding options, and our Board acknowledged the urgency expressed
19 by the testimony by agreeing to an earlier report back to be presented at the 2025
20 Annual Meeting.

21
22 Your Reference Committee believes our Board of Trustees should be allowed the time
23 needed to make a informed decision that is in the best interest of our AMA and our
24 medical student meeting participants.
25

26
27 (15) RESOLUTION 601 - ANNUAL HOLOCAUST
28 REMEMBRANCE EVENT
29

30 **RECOMMENDATION A:**

31
32 **Madam Speaker, your Reference Committee**
33 **recommends that Resolution 601 be amended by**
34 **addition and deletion to read as follows:**
35

36 **RESOLVED, that our American Medical Association**
37 **provide educational materials ~~host an annual event~~ in**
38 **support of International Holocaust Remembrance Day**
39 **(January 27) ~~to provide education to~~ physicians and**
40 **medical trainees about the role of physicians in the**
41 **Holocaust, and other human rights atrocities, and the**
42 **role this played in developing the current Code of**
43 **Medical Ethics. (Directive to Take Action)**

44 **RECOMMENDATION B:**

45
46 **Madam Speaker, your Reference Committee**
47 **recommends that Resolution 601 be adopted as**
48 **amended.**

1 **RECOMMENDATION C:**

2
3 **Madam Speaker, your Reference Committee**
4 **recommends that the title of Resolution 601 be changed**
5 **to read as follows:**

6
7 **HOLOCAUST REMEMBRANCE**

8
9 **HOD ACTION: Resolution 601 adopted as amended**
10 **with a changed title.**

11
12 **HOLOCAUST REMEMBRANCE**

13
14 RESOLVED, that our American Medical Association host an annual event in support of
15 International Holocaust Remembrance Day (January 27) to provide education to medical
16 trainees about the role of physicians in the Holocaust. (Directive to Take Action)

17
18 Testimony offered by the resolution author stated that “medical involvement in the
19 Holocaust has profoundly influenced contemporary medical ethics.” It was noted that
20 history is not generally prioritized in medical education, and a limited number of medical
21 schools allow curricular time to learn about the role of physicians in the Holocaust and its
22 implications.

23
24 Although testimony was overwhelmingly supportive of the intent of Resolution 601, there
25 was some disagreement on the implementation of an Annual Holocaust Remembrance
26 Event. Thus, the Texas Delegation proffered an amendment:

27
28 RESOLVED, that our American Medical Association encourage education
29 for all physicians and learners by supplying information on ~~host an annual~~
30 ~~event in support of~~ International Holocaust Remembrance Day (January
31 27) in reference to the participation to provide education to medical trainees
32 ~~about the role~~ of physicians in the Holocaust and the role this played in
33 developing the current code of medical ethics, with a goal of preventing this
34 from happening again. (Directive to Take Action)

35
36 While the resolution author was supportive of the Texas amendment, reception for the
37 amended language was mixed noting that a curriculum schedule change may not be
38 required as asynchronous learning is commonplace. Some Online Forum participants
39 shared that an AMA produced event could be recorded as a resource for medical schools,
40 residency programs, and continuing medical education.

41
42 Other Online Forum participants noted support for the intent of the Texas amendment and
43 one in particular indicated that additional educational resources, including a webinar, could
44 be produced for additional learning on this history and its relevance for today and for the
45 future.

1 Testimony also noted that this education should incorporate other human rights atrocities
 2 such as the U.S. Public Health Service Untreated Syphilis Study at Tuskegee. Additional
 3 testimony indicated that the Holocaust was the foundation for the Declaration of Helsinki,
 4 which provides a statement of ethical principles for medical research involving human
 5 subjects.

6
 7 Based on testimony, your Reference Committee recommends that Resolution 601 be
 8 adopted as amended.

9
 10
 11 (16) RESOLUTION 604 - CONFRONTING AGEISM IN
 12 MEDICINE

13
 14 **RECOMMENDATION A:**

15
 16 **Madam Speaker, your Reference Committee**
 17 **recommends that the third Resolve of Resolution 604**
 18 **be amended by addition and deletion to read as follows:**

19
 20 **RESOLVED, that our AMA will review all-existing policy**
 21 **and amend policies regarding discrimination, bias and**
 22 **microaggressions, and add age or ageism if ~~not already~~**
 23 **mentioned during the sunset review process (Directive**
 24 **to Take Action); and be it further**

25
 26 **RECOMMENDATION B:**

27
 28 **Madam Speaker, your Reference Committee**
 29 **recommends that Resolution 604 be adopted as**
 30 **amended.**

31
 32 **HOD ACTION: Resolution 604 adopted as amended.**

33
 34 RESOLVED, that our American Medical Association adopt the following definition of
 35 ageism based on the World Health Organization (WHO) and AGE Platform Europe:
 36 "Ageism refers to the stereotypes (how we think), prejudice (how we feel) and
 37 discrimination (how we act) towards others or oneself based on age; structural ageism is
 38 the way in which society and its institutions sustain ageist attitudes, actions or language
 39 in laws, policies, practices or culture" (New HOD Policy); and be it further

40
 41 RESOLVED, that our AMA establish a definition of "age equity," and consider adoption of
 42 the AGE Platform Europe vision: "Age equity is an inclusive society, based on well-being
 43 for all, solidarity between generations and full entitlement to enjoy life, participate in and
 44 contribute to society. At the same time, each person's rights and responsibilities
 45 throughout their life course have to be fully respected" (Directive to Take Action); and be
 46 it further

47
 48 RESOLVED, that our AMA review all existing policy regarding discrimination, bias and
 49 microaggressions, and add age or ageism if not already mentioned (Directive to Take
 50 Action); and be it further

1 RESOLVED, that our AMA routinely incorporate intersectional approaches to ageism
2 (Directive to Take Action); and be it further

3
4 RESOLVED, that our AMA conduct ongoing (1) advocacy for hospital and regulatory
5 policy changes focused on individual physicians' care quality data rather than their age;
6 and (2) educational outreach to AMA members (i.e. starting with a Prioritizing Equity
7 episode panel discussion to be posted on Ed Hub™ for CME, as a video and podcast, and
8 promoted through the UCEP/GCEP channels) (Directive to Take Action); and be it further

9
10 RESOLVED, that our AMA work with the World Medical Association (WMA) and other
11 interested stakeholders to have AMA's work significantly inform the global health
12 organization's work on ageism. (Directive to Take Action)

13
14 Supportive testimony noted that ageism is an important issue impacting physicians from
15 various age groups and concurred that this topic should be included in AMA efforts related
16 to diversity, equity, and inclusion.

17
18 The third Resolve calls for a review of all existing policy regarding discrimination, bias and
19 microaggressions, and add age or ageism. Testimony noted that the existing sunset
20 review process can be used while lowering the significant fiscal note.

21
22 Based on testimony, your Reference Committee recommends that Resolution 604 be
23 adopted as amended.

24
25
26 (17) RESOLUTION 606 - CREATION OF AN AMA COUNCIL
27 WITH A FOCUS ON DIGITAL HEALTH TECHNOLOGIES
28 AND AI

29
30 **RECOMMENDATION A:**

31
32 **Madam Speaker, your Reference Committee**
33 **recommends that Resolution 606 be amended by**
34 **addition and deletion to read as follows:**

35
36 **RESOLVED, that our American Medical Association**
37 **establish a task force by 1-24 ~~define and propose a new~~**
38 **~~AMA council~~ focused on digital health, technology,**
39 **informatics, and augmented/artificial intelligence with**
40 **the potential to transition this task force to a council,**
41 **~~whose members shall be elected by the House of~~**
42 **~~Delegates, for presentation and constitution at the 2025~~**
43 **~~Annual Meeting.~~ (Directive to Take Action)**

44 **RECOMMENDATION B:**

45
46 **Madam Speaker, your Reference Committee**
47 **recommends that Resolution 606 be adopted as**
48 **amended.**

1 **HOD ACTION: Resolution 606 adopted as further**
2 **amended by addition and deletion.**

3
4 **RESOLVED, that our American Medical Association**
5 **establish a task force by I-24 define and propose a**
6 **new AMA council** focused on digital health,
7 **technology, informatics, and augmented/artificial**
8 **intelligence with the potential to transition of this**
9 **task force to a new council and report back A-25 on**
10 **this transition, whose members shall be elected by**
11 **the House of Delegates, for presentation and**
12 **constitution at the 2025 Annual Meeting. (Directive**
13 **to Take Action)**

14
15 RESOLVED, that our American Medical Association define and propose a new AMA
16 council focused on digital health, technology, informatics, and augmented/artificial
17 intelligence, whose members shall be elected by the House of Delegates, for presentation
18 and constitution at the 2025 Annual Meeting. (Directive to Take Action)

19
20 Testimony was mixed regarding this topic. Supportive testimony indicated that a
21 centralized group of physicians is needed to consider the implications of digital health
22 technology and informatics advocacy and activities. Those in opposition indicated that
23 there are existing opportunities to convene members while minimizing fragmentation
24 within the AMA. Varying perspectives were presented on the best avenue for this work
25 (e.g., task force, ad hoc committee, existing AMA council, etc.).

26
27 During testimony, various questions related to the cost and composition of a new council
28 were raised: selection process for committee members, size of committee, and level of
29 staff support.

30
31 Your Reference Committee heard concern that our AMA needs to be more expeditious in
32 its efforts to lead on this issue. Therefore, your Reference Committee recommends the
33 establishment of a task force by the 2024 Interim Meeting with the potential to transition
34 to a council so that efforts will be ongoing.

1 (18) RESOLUTION 608 - THE AMERICAN MEDICAL
2 ASSOCIATION DIVERSITY MENTORSHIP PROGRAM

3
4 **RECOMMENDATION A:**

5
6 **Madam Speaker, your Reference Committee**
7 **recommends that Resolution 608 be amended by**
8 **addition to read as follows:**

9
10 **RESOLVED, that our American Medical Association**
11 **establish a diversity mentorship program to connect**
12 **volunteer mentors with residents, fellows, and medical**
13 **student mentees who are underrepresented in medicine**
14 **(Directive to Take Action); and be it further**
15 **RESOLVED, that the AMA encourages state, county,**
16 **and specialty medical societies to develop mentorship**
17 **programs that encourage people from under-**
18 **represented groups to pursue careers in medicine**
19 **(Directive to Take Action).**

20
21 **RECOMMENDATION B:**

22
23 **Madam Speaker, your Reference Committee**
24 **recommends that Resolution 608 be adopted as**
25 **amended.**

26
27 **HOD ACTION: Resolution 608 adopted as amended.**

28
29 **RESOLVED, that our American Medical Association establish a diversity mentorship**
30 **program to connect volunteer mentors with residents, fellows, and medical student**
31 **mentees who are underrepresented in medicine. (Directive to Take Action)**

32
33 Testimony was overwhelmingly supportive of Resolution 608 and commended the authors
34 for bringing forward this resolution. Many of those testifying shared their experiences and
35 concurred that mentorship plays an important role in supporting medical students and
36 reaffirms the AMA's commitment to diversity, equity, and inclusion. It was further noted
37 that a mentorship program focused on diversity in medicine will enhance the educational
38 experience for students from historically marginalized backgrounds and nurture a health
39 care environment that is inclusive and equitable for physicians and patients.

40
41 An additional Resolve clause was proffered to broaden the resolution's scope:

42
43 **RESOLVED, that the AMA encourages state, county, and specialty medical**
44 **societies to develop mentorship programs that encourage people from**
45 **underrepresented groups to pursue careers in medicine.**

46
47 A similar amendment was submitted during the Online Forum testimony. Your Reference
48 Committee favored the in-person amendment and recommends that Resolution 608 be
49 adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

1 (19) RESOLUTION 603 -END ATTACKS ON HEALTH AND
 2 HUMAN RIGHTS IN ISRAEL AND PALESTINE
 3 RESOLUTION 610 - OPPOSITION TO COLLECTIVE
 4 PUNISHMENT

5
 6 **RECOMMENDATION A:**

7
 8 **Madam Speaker, your Reference Committee**
 9 **recommends that Alternate Resolution 603 be adopted**
 10 **in lieu of Resolution 603 and Resolution 610.**

11
 12 **RESOLVED, that our AMA supports peace in Israel and**
 13 **Palestine in order to protect civilian lives and**
 14 **healthcare personnel (New HOD Policy); and be it**
 15 **further**

16
 17 **RESOLVED, that our AMA supports the safety of**
 18 **healthcare and humanitarian aid workers along with**
 19 **safe access to healthcare, healthcare facilities, and**
 20 **humanitarian aid for all civilians in areas of armed**
 21 **conflict (New HOD Policy); and be it further**

22
 23 **RESOLVED, that our AMA reaffirm AMA Policy D-**
 24 **65.993, War Crimes as a Threat to Physicians'**
 25 **Humanitarian Responsibilities. (Reaffirm HOD Policy)**

26
 27 **RECOMMENDATION B:**

28
 29 **Madam Speaker, your Reference Committee**
 30 **recommends that the title of Resolution 603 be changed**
 31 **to read as follows:**

32
 33 **PROTECTION OF HEALTHCARE AND HUMANITARIAN**
 34 **AID WORKERS IN ALL AREAS OF ARMED CONFLICT**

35
 36 **HOD ACTION: Alternate Resolution 603 adopted in**
 37 **lieu of Resolution 603 and Resolution 610 with a**
 38 **changed title.**

39
 40 **PROTECTION OF HEALTHCARE AND**
 41 **HUMANITARIAN AID WORKERS IN ALL AREAS OF**
 42 **ARMED CONFLICT**

1 Resolution 603

2 RESOLVED, that our American Medical Association supports a ceasefire in Israel and
3 Palestine in order to protect civilian lives and healthcare personnel. (New HOD Policy)

4
5 Resolution 610

6 RESOLVED, that our American Medical Association (AMA) oppose collective punishment
7 tactics—including restrictions on access to food, water, electricity, and healthcare—as
8 tools of war; and be it further

9
10 RESOLVED, that our AMA oppose the use of United States funding to any entities that
11 (1) do not uphold international law; or (2) commit or condone war crimes; and be it further
12 RESOLVED, that our AMA condemn the use of United States resources to enforce
13 collective punishment on civilians, including in Gaza; and be it further

14
15 RESOLVED, that our AMA advocate for federal funding and support for national and
16 international agencies and organizations that provide support for refugees, such as the
17 United Nations High Commissioner for Refugees (UNHCR) and the United Nations Reliefs
18 and Works Agency for Palestinian Refugees in the Near East (UNRWA).

19
20 Testimony in response to Resolutions 603 and 610 was collegial, passionate, and mixed.

21
22 Those in support stated:

- 23 • Our AMA should advocate for protecting patients and healthcare workers in conflict
24 zones.
25 • Our AMA plays a role in global health and human rights.
26 • Physicians have a responsibility to speak against war and its impacts on health.
27 • Our AMA needs to recognize the importance of addressing the United States' role in
28 funding the conflict and its impact on healthcare.
29 • Our AMA featured an [article](#) calling for a ceasefire in the Ukraine in April 2022.

30
31 Those opposed indicated:

- 32 • The issue is beyond our AMA's purview; focus on issues relevant to our mission.
33 • Our AMA should not engage in geopolitical issues, which could divide the membership
34 and have no tangible impact.
35 • The resolutions divert resources and credibility from our AMA's core issues.
36 • The AMA is a member of the World Medical Association, which issued a resolution on
37 the protection of healthcare in Israel and Gaza in April 2024.

38
39 Your Reference Committee agrees with testimony indicating that our AMA should support
40 the safety of healthcare and humanitarian aid workers, along with safe access to
41 healthcare, healthcare facilities, and humanitarian aid for all civilians in areas of armed
42 conflict.

1 Your Reference Committee recommends reaffirmation of AMA Policy D-65.993, War
2 Crimes as a Threat to Physicians' Humanitarian Responsibilities, which addresses the
3 concerns raised in testimony.

4
5 Our AMA will (1) implore all parties at all times to understand and
6 minimize the health costs of war on civilian populations generally and the
7 adverse effects of physician persecution in particular, (2) support the
8 efforts of physicians around the world to practice medicine ethically in any
9 and all circumstances, including during wartime, episodes of civil strife, or
10 sanctions and condemn the military targeting of health care facilities and
11 personnel and using denial of medical services as a weapon of war, by
12 any party, wherever and whenever it occurs, and (3) advocate for the
13 protection of physicians' rights to provide ethical care without fear of
14 persecution.

RECOMMENDED FOR NOT ADOPTION

1 (20) RESOLUTION 607 - APPEALING TO OUR AMA TO ADD
2 CLARITY TO ITS MISSION STATEMENT TO BETTER
3 MEET THE NEED OF PHYSICIANS, THE PRACTICE OF
4 MEDICINE AND THE PUBLIC HEALTH

RECOMMENDATION:

5
6
7
8 **Madam Speaker, your Reference Committee**
9 **recommends that Resolution 607 not be adopted.**

10
11 **HOD ACTION: Resolution 607 not adopted.**

12
13 RESOLVED, that our American Medical Association amends its mission's statement from
14 "to promote the art and science of medicine and the betterment of public health" to "to
15 empower physicians to better care for their patients, advance the art and science of
16 medicine, and promote the betterment of physicians and the public health." (Directive to
17 Take Action)

18
19 Testimony in response to Resolution 607 was generally opposed, and the authors
20 indicated referral for study would be acceptable; however, your Reference Committee
21 does not believe a study would overcome the opposing sentiment indicating that:

- 22
23
- the current mission statement is short and to the point;
 - mission statements do not drive membership; and
 - promoting physicians above others might be viewed negatively.
- 24
25
26

27 Your Reference Committee therefore recommends that Resolution 607 not be adopted.

RECOMMENDED FOR FILING

1 (21) BOARD OF TRUSTEES REPORT 1 - ANNUAL REPORT

2
3 **RECOMMENDATION:**

4
5 **Madam Speaker, your Reference Committee**
6 **recommends that Board of Trustees Report 1 be filed.**

7
8 **HOD ACTION: Board of Trustees Report 1 filed.**

9
10 The Consolidated Financial Statements for the years ended December 31, 2023 and 2022
11 and the Independent Auditor's report have been included in the 2023 Annual Report. This
12 is included in the Handbook mailing to members of the House of Delegates and will be
13 discussed at the Reference Committee F hearing.

14
15 Our AMA Board of Trustees highlighted activities related to the AMA Recovery Plan,
16 namely physician burnout and prior authorization, along with the 2023 consolidated
17 financial results. Our Board of Trustees noted that the financial condition of our AMA
18 remains strong with having a reserve portfolio of one billion dollars, which is crucial to
19 preserving the short- and long-term viability of the Association.

20
21 Your Reference Committee recommends that the 2023 Annual Report be filed.

22
23
24 (22) BOARD OF TRUSTEES REPORT 27 - AMA
25 REIMBURSEMENT OF NECESSARY HOD BUSINESS
26 MEETING EXPENSES FOR DELEGATES AND
27 ALTERNATES

28
29 **RECOMMENDATION:**

30
31 **Madam Speaker, your Reference Committee**
32 **Recommends that Board of Trustees Report 27 be filed.**

33
34 **HOD ACTION: Board of Trustees Report 27 adopted**
35 **as amended by addition of a recommendation.**

36
37 **RECOMMENDATION**

38 **The AMA Board of Trustees, with input from**
39 **Federation medical society physicians and staff**
40 **members, will present a comprehensive report at**
41 **I-24 that presents options for reducing the costs of**
42 **meetings and mechanisms to provide financial**
43 **support (including reimbursement of necessary**
44 **business expenses or grants) for Delegates and**
45 **Alternate Delegates who are credentialed to**
46 **participate in our House of Delegates.**

1 At the 2023 Annual Meeting of the AMA House of Delegates (HOD) Resolution 606, "AMA
2 Reimbursement of Necessary HOD Business Meeting Expenses for Delegates and
3 Alternates" was referred to the Board of Trustees for a report back to the HOD. The
4 reference committee heard mixed testimony, including compelling testimony from the
5 Board of Trustees regarding their fiduciary responsibility to our AMA and the need to allow
6 sufficient time to identify and fully assess the impact on our AMA.

7
8 Board of Trustees Report 27 indicates that the AMA will continue to study options for
9 strengthening state and specialty society participation in House of Delegates meetings.
10 Testimony voiced concerns over budget constraints impacting participation and potential
11 equity issues as some may be excluded due to lack of financial support.

12
13 While the Board of Trustees empathized with these concerns, it noted that this issue is
14 complex given potential legal and financial implications. Matters under consideration
15 encompass criteria to determine need-based support, development of a reimbursement
16 process in lieu of payment to attend HOD meetings, and alternative options for
17 participation.

18 The Board of Trustees requested additional time to explore appropriate solutions to
19 facilitate participation and present its findings in a report back to the House of Delegates
20 at the 2025 Annual Meeting.

21
22 Your Reference Committee recommends that this informational Board of Trustees report
23 be filed.

1 Madam Speaker, this concludes the report of Reference Committee F. I would like to thank
2 Brooks F. Bock, MD, Robyn F. Chatman, MD, MPH, Robert A. Gilchick, MD, MPH,
3 Richard F. Labasky, MD, MBA, Brandi N. Ring, MD, MBA, Michael B. Simon, MD, MBA,
4 and all those who testified before the Committee.

Brooks F. Bock, MD
American College of Emergency
Physicians

Richard F. Labasky, MD, MBA
Utah

Robyn F. Chatman, MD, MPH
Ohio

Brandi N. Ring, MD, MBA
American College of Obstetricians and
Gynecologists

Robert A. Gilchick, MD, MPH
American College of Preventive
Medicine

Michael B. Simon, MD, MBA
American Society of Anesthesiologists

Rebecca L. Johnson, MD
Florida
Chair

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2024 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-24)

Report of Reference Committee G

Yasser Zeid, MD, URPS, FACOG, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2
3 **RECOMMENDED FOR ADOPTION**

- 4 1. BOT Report 30 - Proper Use of Overseas Virtual Assistants in Medical Practice
5 2. CMS Report 1 – Sunset Review of 2014 House Policies
6 3. CMS Report 6 – Economics of Prescription Medication Prior Authorization
7 4. Resolution 701 – Opposition to the Hospital Readmission Reduction Program
8 5. Resolution 706 – Automatic Pharmacy-Generated Prescription Requests
9 6. Resolution 707 – Alternative Funding Programs
10 7. Resolution 709 – Improvements to Patient Flow in the U.S. Healthcare System
11 8. Resolution 718 – Transparency at the Pharmacy Counter

12
13 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 14 9. BOT Report 29 - Transparency and Accountability of Hospitals and Hospital
15 Systems
16 10. CMS Report 5 – Patient Medical Debt
17 11. Resolution 702 – The Corporate Practice of Medicine, Revisited
18 12. Resolution 703 – Upholding Physician Autonomy in Evidence-Based Off-Label
19 Prescribing and Condemning Pharmaceutical Price Manipulation
20 13. Resolution 704 – Pediatric Readiness in Emergency Departments
21 14. Resolution 705 – 20 Minute Primary Care Visits
22 15. Resolution 708 – Medicolegal Death Investigations
23 16. Resolution 710 – The Regulation of Private Equity in the Healthcare Sector
24 17. Resolution 712 – Full Transparency – Explanation of Benefits
25 18. Resolution 714 – Automatic Downcoding of Claims
26 19. Resolution 716 – Impact of Patient Non-adherence on Quality Score
27 20. Resolution 719 – Support Before, During, and After Hospital Closure or
28 Reduction in Services

29
30 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 31 21. Resolution 711 – Insurer Accountability When Prior Authorization Harms Patients
32 Resolution 720 – The Hazards of Prior Authorization
33 22. Resolution 721 – Developing Physician Resources to Optimize Practice
34 Sustainability
35 Resolution 717 – Mentorship to Combat Prior Authorization

1 **Amendments**

2 **If you wish to propose an amendment to an item of business, click here: [Submit](#)**

3 **[New Amendment](#)**

RECOMMENDED FOR ADOPTION

- 1 (1) BOT REPORT 30: PROPER USE OF OVERSEAS
2 VIRTUAL ASSISTANTS IN MEDICAL PRACTICE
3

4 **RECOMMENDATION:**
5

6 **Madam Speaker, your Reference Committee**
7 **recommends that Board of Trustees Report 30 be**
8 **adopted and the remainder of the report be filed.**
9

10 **HOD ACTION: Recommendations in Board of**
11 **Trustees Report 30 adopted and the remainder of**
12 **the Report filed.**
13

14 The Board of Trustees recommends that the following be adopted, and the remainder of
15 the report be filed:

- 16 1. That Our American Medical Association (AMA) reaffirm the following policies
17 a. H-385.951 – Remuneration for Physician Services
18 b. H-180.944 – Plan for Continued Progress Toward Health Equity
19 c. H-135.932 – Light Pollution: Adverse Health Effects of Nighttime Lighting
20 (Reaffirm HOD Policy)
21 2. That Policy H-200.947 be amended to read as follows: “Our AMA: (1) supports
22 the 15 concept that properly trained ~~overseas~~ virtual assistants, in the U.S. or
23 overseas, are an acceptable way to staff administrative roles in medical
24 practices; and (2) will ~~study and offer formal guidance for physicians on how best~~
25 ~~to utilize overseas virtual assistants to ensure protection of patients, physicians,~~
26 ~~practices, and equitable employment in communities served, in a manner~~
27 ~~consistent with appropriate compliance standards~~ create and publish educational
28 materials for medical practices that offer formal guidance on how best to utilize
29 virtual assistants to ensure protection of patients, physicians, virtual assistants
30 and practices.” (Modify Current HOD Policy).
31

32 Your Reference Committee heard supportive testimony on Board of Trustees Report
33 30. Testimony was unanimously supportive of the report as written, including from the
34 authors of the original resolution on which the report was based. Specifically, testimony
35 cited the improvement of the engagement of their staff and the overall benefit it
36 provided to her clinic. Therefore, your Reference Committee recommends that the
37 Recommendations in Board of Trustees Report 30 be adopted and the remainder of
38 the report filed.

1 (2) CMS REPORT 1 – SUNSET REVIEW ON 2014 HOUSE
2 POLICIES
3

4 **RECOMMENDATION A:**
5

6 **Madam Speaker, your Reference Committee recommends**
7 **that Recommendations in the Council on Medical Service**
8 **Report 1 be adopted and the remainder of the report be**
9 **filed.**

10
11 **HOD ACTION: Recommendations in the Council on Medical**
12 **Service Report 1 adopted and the remainder of the report**
13 **filed.**
14

15
16 The Council on Medical Service recommends that the House of Delegates policies that
17 are listed in the appendix to this report be acted upon in the manner indicated and the
18 remainder of this report be filed.
19

20 Your Reference Committee heard limited supportive testimony on Council on Medical
21 Service Report 1. The Council accepted the editorial change to remove gendered
22 language in the reviewed policies. Your Reference Committee recommends that the
23 recommendations in Council on Medical Service Report 1 be adopted, and the
24 remainder of the report be filed.
25

26 (3) CMS REPORT 6 – ECONOMICS OF PRESCRIPTION
27 MEDICATION PRIOR AUTHORIZATION
28

29 **RECOMMENDATION:**
30

31 **Madam Speaker, your Reference Committee**
32 **recommends that Recommendations in Council on**
33 **Medical Service Report 6 be adopted and the**
34 **remainder of the report be filed.**
35

36 **HOD ACTION: Recommendations in the Council on**
37 **Medical Service Report 6 adopted and the**
38 **remainder of the report filed.**
39

40 The Council on Medical Service recommends that the following be adopted in lieu of
41 Resolution 725-A-23, and the remainder of the report be filed:
42

43 That our American Medical Association supports working with payers and interested
44 parties to ensure that prior authorization denial letters include at a minimum:

- 45 a. a detailed explanation of the denial reasoning;
46 b. a copy of or publicly accessible link to any plan policy or coverage rules
47 cited or used as part of the denial; and

1 c. what rationale or additional documentation would need to be provided to
 2 approve the original prescription and alternative options to the denied
 3 medication.
 4

5 2. That our AMA amend Policy H-120.919 to read as follows:

6 That our AMA will: (1) continue to support efforts to publish implement a ~~Real-~~
 7 ~~Time Prescription Benefit (RTPB)~~ Real-Time Benefit Tool (RTBT) standard that
 8 meets the needs of all physicians and other prescribers, utilizing any electronic
 9 health record (EHR), and prescribing on behalf of any insured patient; (2) support
 10 efforts to ensure that provider-facing and patient facing RTBT systems align; and
 11 (3) advocate that all payers (i.e., public and private prescription drug plans) be
 12 required to implement and keep up to date an ~~RTPB~~ RTBT standard tool that
 13 integrates with all EHR vendors, and that any changes that must be made to
 14 accomplish ~~RTPB~~ RTBT tool integration be accomplished with minimal disruption
 15 to EHR usability and cost to physicians and hospitals; (4) advocate that RTBT
 16 systems provide a justification for why prior authorization is required and include
 17 approved/covered alternative prescription medications; ~~and~~ (35) develop and
 18 disseminate educational materials that will empower physicians to be prepared to
 19 optimally utilize ~~RTPB tools~~ RTBT and other health information technology tools
 20 that can be used to enhance communications between physicians and
 21 pharmacists to reduce the incidence of prescription abandonment; (6) advocate
 22 that payers honor coverage information that is based on a RTBT at the time of
 23 prescription and that prior authorization approvals should be valid for the duration
 24 of the prescribed/ordered treatment; and (7) continue to advocate for the
 25 accuracy and reliability of data provided by RTBTs and for vendor neutrality to
 26 ensure that it is supportive to physician efforts. (Modify Current HOD Policy)
 27

28 3. That our AMA Policy H-110.963, which addresses the regulation and monitoring
 29 of third-party Pharmacy Benefit Managers (PBMs) in an effort to control
 30 prescription drug pricing. (Reaffirm HOD Policy)
 31

32 4. That our AMA reaffirm Policy H-125.979, which outlines advocacy efforts to
 33 ensure that physicians have access to real-time formulary data when prescribing.
 34 (Reaffirm HOD Policy)
 35

36 5. That our AMA reaffirm Policy H-320.945, which details opposition to the abuse of
 37 prior authorization and the requirement for payers to accurately report denials
 38 and approvals. (Reaffirm HOD Policy)
 39

40 6. That our AMA reaffirm Policy H-125.986, which outlines the AMA's position that
 41 certain actions from PBMs interfere with physician practice and may impact the
 42 patient-physician relationship. (Reaffirm HOD Policy)
 43

44 7. That our AMA reaffirm Policy D-120.933, which encourages the gathering of data
 45 to better understand the impact that PBM actions may lead to an erosion of the
 46 patient-physician relationship. (Reaffirm HOD Policy)
 47

48 Your Reference Committee heard supportive testimony on Council on Medical
 49 Service Report 6. Testimony indicated the importance of ensuring that information on
 50 prior authorization denials is available to patients and physicians, particularly to

1 prevent delays in care. A delegation indicated support for the report but
 2 recommended clarification that the Real-Time Benefit Tool systems should be
 3 uniform. Based on testimony your Reference Committee believes that the inclusion
 4 of "standard" adequately addresses this concern, and the addition of additional
 5 language would be redundant. Based on the supportive testimony heard for this
 6 report, your Reference Committee recommends that the recommendations in
 7 Council on Medical Service Report 6 be adopted, and the remainder of the report be
 8 filed.

9
 10 (4) RESOLUTION 701 – OPPOSITION TO THE HOSPITAL
 11 READMISSIONS REDUCTION PROGRAM

12
 13 **RECOMMENDATION:**

14
 15 **Madam Speaker, your Reference Committee**
 16 **recommends that Resolution 701 be adopted.**

17
 18 **HOD ACTION: Resolution 701 adopted.**

19
 20 RESOLVED, that our American Medical Association oppose the Hospital Readmissions
 21 Reduction Program. (New HOD Policy)

22
 23 Your Reference Committee heard supportive testimony on Resolution 701. Delegations
 24 explained that the Hospital Readmissions Reduction Program (HRRP) is not supported
 25 by research and that the program has been linked with worse patient outcomes and
 26 increased readmissions. The Council on Medical Service testified that the removing of
 27 this program would require Congressional action and that this may not be the best use of
 28 AMA advocacy capital. However, compelling testimony was provided regarding the harm
 29 that the HRRP causes and therefore your Reference Committee recommends the
 30 adoption of Resolution 701.

31
 32 (5) RESOLUTION 706 – AUTOMATIC PHARMACY-
 33 GENERATED PRESCRIPTION REQUESTS

34
 35 **RECOMMENDATION:**

36
 37 **Madam Speaker, your Reference Committee**
 38 **recommends that Resolution 706 be adopted.**

39
 40 **HOD ACTION: Resolution 706 adopted.**

41
 42 RESOLVED, that Our American Medical Association advocates that pharmacy-
 43 generated requests for changes to a prescription (quantity dispensed, refills, or
 44 substitutions) clarify whether these requests are generated by the patient or patient's
 45 surrogates, or automatically by the pharmacy. (Directive to Take Action)

46
 47 Your Reference Committee heard exclusively supportive testimony of Resolution 706.
 48 Multiple delegations testified to the importance of ensuring that physicians and patients
 49 have accurate information about prescriptions, including automatically generated refill

1 requests. Testimony reflected that these automatic refills have the potential to cause
 2 patient harm should a patient unintentionally take too much of a medication or for a
 3 duration longer than intended by the physician. Therefore, your Reference Committee
 4 recommends Resolution 706 be adopted.

5 (6) RESOLUTION 707 – ALTERNATIVE FUNDING
 6 PROGRAMS

7
 8 **RECOMMENDATION:**

9
 10 **Madam Speaker, your Reference Committee**
 11 **recommends that Resolution 707 be adopted.**

12
 13 **HOD ACTION: Resolution 707 adopted.**

14
 15 RESOLVED, that Our American Medical Association will educate employers, benefits
 16 administrators, and patients on alternative funding programs (AFPs) and their negative
 17 impacts on patient access to treatment and will advocate for legislative and regulatory
 18 policies that would address negative impacts of AFPs. (Directive to Take Action)

19
 20 Your Reference Committee heard supportive testimony of Resolution 707. Multiple
 21 delegations indicated the significant harms that come from Alternative Funding
 22 Programs (AFPs). Specifically, testimony outlined that AFPs can cause significant
 23 delays in patients receiving medications, or in some cases prevent patients from
 24 accessing medications altogether. Your Reference Committee heard testimony
 25 suggesting referral of this item due to the complexity and novelty of AFPs. Additional
 26 concern was voiced that the AMA may not be the appropriate body to educate on this
 27 issue. However, a significant amount of testimony indicated the necessity of addressing
 28 this issue and explained that the AMA has similar ongoing education efforts on related
 29 drug pricing topics. Therefore, your Reference Committee believes that your AMA is the
 30 appropriate body to educate and advocate on this issue. Additionally, testimony reflected
 31 the urgency of this issue and the potential harm that could come if AMA action was
 32 delayed by referral of this resolution. Therefore, your Reference Committee
 33 recommends the adoption of Resolution 707.

34
 35 (7) RESOLUTION 709 – IMPROVEMENTS TO PATIENT
 36 FLOW IN THE U.S. HEALTHCARE SYSTEM

37
 38 **RECOMMENDATION:**

39
 40 **Madam Speaker, your Reference Committee**
 41 **recommends that Resolution 709 be adopted.**

42
 43 **HOD ACTION: Resolution 709 adopted.**

44
 45 RESOLVED, that Our American Medical Association will work with relevant stakeholders
 46 and propose recommendations to appropriate entities to improve patient flow and
 47 access to care throughout multiple environments in the U.S. healthcare system.
 48 (Directive to Take Action)

49

1 Your Reference Committee heard testimony that was supportive of Resolution 709 and
2 outlined that delayed patient flow throughout the U.S. health care system adversely affects
3 patient care and can threaten optimal outcomes. Testimony for the referral of this item
4 was heard from a few delegations, however, a number of delegations indicated that this
5 issue is one of significant relevance and importance. Specifically, testimony indicated that
6 efforts in this area are already underway and that the AMA has the opportunity to join a
7 wide variety of stakeholders to improve patient flow in the health care system. Due to the
8 supportive testimony, your Reference Committee recommends Resolution 709 be
9 adopted.

10
11 (8) RESOLUTION 718 – TRANSPARENCY AT THE
12 PHARMACY COUNTER

13
14 **RECOMMENDATION:**

15
16 **Madam Speaker, your Reference Committee**
17 **recommends that Resolution 718 be adopted.**

18
19 **HOD ACTION: Resolution 718 adopted.**

20
21 Our American Medical Association advocates for legislation or regulation that mandates
22 that pharmacies, whether physical or mail-order, must inform patients about their
23 prescriptions, to include at a minimum:

- 24 1. The dosage and schedule of treatments as written by the prescriber
- 25 2. Any restriction or alteration of the prescriber's intent due to third party or
- 26 pharmacy intervention, with the stated justification
- 27 3. Details of other avenues to obtain the original prescription, including out of
- 28 pocket options, with comparative costs (Directive to Take Action).

29
30 Your Reference Committee heard supportive testimony on Resolution 718. Testimony
31 explained the importance of ensuring that patients can access full information about their
32 prescriptions when picking them up at the pharmacy. Additionally, testimony explained
33 that patients are often not notified of prescription changes until they are at the pharmacy.
34 Based on this testimony, your Reference Committee recommends the adoption of 718.

RECOMMENDED FOR ADOPTION AS AMENDED

1
2 (9) BOT REPORT 29 – TRANSPARENCY AND
3 ACCOUNTABILITY OF HOSPITALS AND HOSPITAL
4 SYSTEMS

RECOMMENDATION A:

5
6
7
8 **Madam Speaker, your Reference Committee**
9 **recommends that the second Resolved clause of**
10 **Board of Trustees Report 29 be amended by**
11 **addition to read as follows:**

12
13 **2. That the following policy statement be adopted**
14 **to supersede Policy H-200.971, “Transparency and**
15 **Accountability of Hospitals and Hospital**
16 **Systems,”:**

17 **1. Our American Medical Association supports and facilitates transparent reporting of**
18 **final determinations of physician complaints against hospitals and health systems**
19 **through publicly accessible channels such as the Joint Commission Quality Check**
20 **reports to include periodic report back to the HOD with the first update to be given at A-**
21 **25.**

22
23 **2. Our AMA will develop educational materials on the peer review process and advocate**
24 **on behalf of doctors who have been subject to bad-faith peer review, including**
25 **information about what constitutes a bad-faith peer review and what options physicians**
26 **may have in navigating the peer review process.**

RECOMMENDATION B:

27
28
29
30 **Madam Speaker, your Reference Committee**
31 **recommends that Board of Trustees Report 29 be**
32 **adopted as amended and the remainder of the**
33 **report be filed.**

34
35 **HOD ACTION: Recommendations in Board of**
36 **Trustees Report 29 adopted as amended and the**
37 **remainder of the report filed.**

38 The Board of Trustees recommends:

39 The following policies be reaffirmed:

40 H-405.950, “Preserving the Practice of Medicine”

41 H-225.950, “Principles for Physician Employment”

1 H-225.952, "The Physician's Right to Exercise Independent Judgement in All Organized
2 Medical Staff Affairs"

3 H-230.965, "Immunity from Retaliation Against Medical Staff Representatives by
4 Hospital Administrators"

5 H-435.942, "Fair Process for Employed Physicians"

6 H-375.962, "Legal Protections for Peer Review"

7 D-375.987, "Effective Peer Review"

8 H-375.960, "Protection Against External Peer Review Abuses"

9
10 2. That the following policy statement be adopted to supersede Policy H-200.971,
11 "Transparency and Accountability of Hospitals and Hospital Systems,":

12 a. The AMA supports transparent reporting of final determinations of physician
13 complaints against hospitals and health systems through publicly accessible
14 channels such as the Joint Commission Quality Check reports (New HOD
15 Policy).

16 b. The AMA will develop educational materials on the peer review process,
17 including information about what constitutes a bad-faith peer review and what
18 options physicians may have in navigating the peer review process (Directive to
19 Take Action).

20 3. That the title of Policy H-200.971, "Transparency and Accountability of Hospitals and
21 Hospital Systems," be changed to:

22 a. "Transparent Reporting of Physician Complaints Against Hospitals and Health
23 Systems"

24 4. That the remainder of this report be filed.
25

26 Your Reference Committee heard supportive testimony on Board of Trustees Report 29.
27 Testimony outlined the importance of this issue and the need to ensure that
28 transparency in hospital complaint systems is improved. Additionally, testimony indicated
29 that this is a method that could help to dissuade gender bias in hospital settings.
30 Testimony indicated a desire to have the AMA provide legal defense for impacted
31 physicians, however while the AMA is able to advocate on behalf of physicians, but is
32 not able to provide legal defense to a physician. Finally, testimony indicated that AMA
33 efforts should not only support but also facilitate efforts, and that physicians should be
34 defended if they are subjected to bad-faith peer reviews. Therefore, your Reference
35 Committee recommends that the recommendation in Board of Trustees Report 29 be
36 adopted as amended and the remainder of the report be filed

1 (10) CMS REPORT 5 – PATIENT MEDICAL DEBT

2
3 **RECOMMENDATION A:**

4
5 **Madam Speaker, your Reference Committee**
6 **recommends that Recommendation 2 in Council on**
7 **Medical Service Report 5 be amended by addition**
8 **to read as follows:**

9
10 **2. That our AMA support innovative efforts to address**
11 **medical debt for patients, including requirements to**
12 **offer sliding-scale, interest-free payment plans before**
13 **collection or litigation activities and public and private**
14 **efforts to eliminate medical debt, such as purchasing**
15 **debt with the intent of cancellation. (New HOD Policy)**

16
17 **RECOMMENDATION B:**

18
19 **Madam Speaker, your Reference Committee**
20 **recommends that Council on Medical Service Report 5**
21 **be adopted as amended and the remainder of the report**
22 **be filed.**

23
24 **HOD ACTION: recommends that council on medical**
25 **service report 5 adopted as amended and the remainder**
26 **of the report be filed.**

27
28 **2. That our AMA support innovative efforts to address**
29 **medical debt for patients, including sliding-scale,**
30 **interest-free payment plans before collection or**
31 **litigation activities and public and private efforts to**
32 **eliminate medical debt, such as purchasing debt with**
33 **the intent of cancellation. (New HOD Policy)**

34
35 The Council on Medical Service recommends that the following recommendations be
36 adopted in lieu of Resolution 710-A-23 and Resolution 712-A-23, and the remainder of
37 the report be filed:

- 38
39 1) That our American Medical Association (AMA) encourage health care
40 organizations to manage medical debt with patients directly, considering several
41 options including but not limited to discounts, payment plans with flexibility and
42 extensions as needed, or forgiveness of debt altogether, before resorting to third-
43 party debt collectors or any punitive actions. (New HOD Policy)
- 44
45 2) That our AMA supports innovative efforts to address medical debt for patients,
46 including public and private efforts to eliminate medical debt. (New HOD Policy)
- 47
48 3) That our AMA support amending the Fair Debt Collection Practices Act to include
49 hospitals and strengthen standards within the Act to provide clarity to patients
50 about whether their insurance has been or will be billed, which would require

1 itemized debt statements to be provided to patients, thereby increasing
2 transparency, and prohibiting misleading representation in connection with debt
3 collection. (New HOD Policy)
4

5 4) That our AMA opposes wage garnishments and property liens being placed on
6 low-wage patients due to outstanding medical debt at levels that would preclude
7 payments for essential food and housing. (New HOD Policy)
8

9 5) That our AMA support patient education on medical debt that addresses
10 dimensions such as:

- 11 a. Patient financing programs that may be offered by hospitals, physicians
12 offices, and other non-physician provider offices;
- 13 b. The ramifications of high interest rates associated with financing programs
14 that may be offered by a hospital, physician's office, or other non-physician
15 provider's office;
- 16 c. Potential financial aid available from a patient's hospital and/or physician's
17 office; and
- 18 d. Methods to reduce high deductibles and cost-sharing. (New HOD Policy)
19

20 Your Reference Committee heard testimony in support of Council on Medical Service
21 Report 5. The authors of the resolutions that spurred the creation of this report supported
22 Council on Medical Service Report 5 as written. There were a handful of amendments
23 proposed and the Council defended their report recommendations as written. A delegation
24 proffered an amendment to ensure that medical debt is not included in credit reports and
25 the removal of the requirement that the debt level precludes payments for essential food
26 or housing. However, the Council provided compelling testimony to defend these positions
27 and explained that these qualifiers ensure that patients who can pay medical bills are held
28 accountable while ensuring that no patient is denied basic necessities. Your Reference
29 Committee found the following amendment compelling and recommends that it be
30 incorporated into the report; "requirements to offer sliding-scale, interest-free payment
31 plans before collection or litigation activities and", as well as "such as purchasing debt with
32 the intent of cancellation." The Council was amendable to this amendment. Your
33 Reference Committee recommends that the recommendations in Council on Medical
34 Service Report 5 be adopted as amended and the remainder of the report be filed.

1 (11) RESOLUTION 702 – THE CORPORATE PRACTICE OF
2 MEDICINE, REVISITED
3

4 **RECOMMENDATION A:**
5

6 **Madam Speaker, your Reference Committee recommends**
7 **that Resolution 702 be amended by addition to read as**
8 **follows:**
9

10 **Our American Medical Association will revisit the concept of**
11 **restrictions on the corporate practice of medicine, including,**
12 **but not limited to, private equities, hedge funds and similar**
13 **entities, review existing state laws and study needed**
14 **revisions and qualifications of such restrictions and/or**
15 **allowances, in a new report that will study and report back by**
16 **Annual 2025 with recommendations on how to increase**
17 **competition, increase transparency, support physicians and**
18 **physician autonomy, protect patients, and control costs in**
19 **already consolidated health care markets; and to inform**
20 **advocacy to protect the autonomy of physician-directed care,**
21 **patient protections, medical staff employment and contract**
22 **conflicts, and access of the public to quality health care, while**
23 **containing health care costs.**
24

25 **RECOMMENDATION B:**
26

27 **Madam Speaker, your Reference Committee recommends**
28 **that Resolution 702 be adopted as amended.**
29

30 **HOD ACTION: Resolution 702 adopted as amended.**
31

32 RESOLVED, that our American Medical Association revisit the concept of restrictions on
33 the corporate practice of medicine, including private equities, hedge funds and similar
34 entities, review existing state laws and study needed revisions and qualifications of such
35 restrictions and/or allowances, in a new report to our House of Delegates by Annual
36 2025 that will inform advocacy to protect the autonomy of physician-directed care,
37 patient protections, medical staff employment and contract conflicts, and access of the
38 public to quality healthcare, while containing healthcare costs. (Directive to Take Action)
39

40 Your Reference Committee heard supportive testimony of Resolution 702. One delegation
41 highlighted a situation in which the number of physicians at a hospital was decreased due
42 to the ownership by a private equity entity. The physicians went on strike and the private
43 equity firm removed their ownership stake in the hospital as a result. One delegation
44 proffered two amendments to expand the scope of the study requested by the resolution
45 authors to include physician autonomy and increased transparency. Therefore, your
46 Reference Committee recommends that Resolution 702 be adopted as amended.

1 (12) RESOLUTION 703 – UPHOLDING PHYSICIAN
 2 AUTONOMY IN EVIDENCE-BASED OFF-LABEL
 3 PRESCRIBING AND CONDEMNING PHARMACEUTICAL
 4 PRICE MANIPULATION
 5

6 **RECOMMENDATION A:**

7
 8 **Madam Speaker, your Reference Committee**
 9 **recommends that the first Resolve of Resolution 703**
 10 **be amended by deletion to read as follows:**

11
 12 **1. Our American Medical Association advocates for**
 13 **transparency, accountability, and fair pricing practices**
 14 **in pharmaceutical pricing.**

15
 16 **2. Our AMA condemns interference with a physician's**
 17 **ability to prescribe clinically appropriate medication**
 18 **without risk of harassment, prosecution, or loss of**
 19 **their medical license, and calls on regulatory**
 20 **authorities to investigate and take appropriate action**
 21 **against such practices. (New HOD Policy)**

22
 23 **RECOMMENDATION C:**

24
 25 **Madam Speaker, your Reference Committee**
 26 **recommends that Resolution 703 be adopted as**
 27 **amended.**

28
 29 **RECOMMENDATION D:**

30
 31 **The Title of Resolution 703 be changed:**

32
 33 **UPHOLDING PHYSICIAN AUTONOMY IN EVIDENCE-**
 34 **BASED OFF-LABEL PRESCRIBING**

35
 36 **HOD ACTION: Resolution 703 adopted as amended with**
 37 **a title change.**

38 RESOLVED, that our American Medical Association advocates for transparency,
 39 accountability, and fair pricing practices in pharmaceutical pricing, opposing differential
 40 pricing of medications manufactured by the same company with the same active
 41 ingredient, without clear clinical necessity (Directive to Take Action); and be it further
 42

43 RESOLVED, that our AMA condemns interference with a physician's ability to prescribe
 44 one medication over another with the same active ingredient, without risk of harassment,
 45 prosecution, or loss of their medical license, and calls on regulatory authorities to
 46 investigate and take appropriate action against such practices. (New HOD Policy)
 47

48 Your Reference Committee heard testimony in support of Resolution 703. Testimony
 49 was supportive of both resolved clauses, but primarily focused on the second resolved.
 50 The Council on Medical Service testified against opposing differential pricing in the first

1 resolved clause as this could have negative impacts on patient access to medication in
 2 some situations. An additional delegation indicated support for the Council's amendment
 3 as it negated potential issues with differential pricing in cases when it may be warranted
 4 due to the patient's diagnosis. The majority of testimony focused on the importance of
 5 ensuring that physicians have the autonomy to prescribe medications off-label when it is
 6 clinically appropriate and supported by evidence. Testimony indicated concern that only
 7 referring to the active ingredient in a medication may ignore differences in medication
 8 formulation beyond the active ingredient, however, this concern is addressed with the
 9 proffered amendment to refer to clinically appropriate medication. Finally, in order to
 10 ensure that the resolution title is an accurate reflection of the resolution itself, your
 11 Reference Committee recommends the adoption of Resolution 703 as amended with a
 12 title change.

13
 14 (13) RESOLUTION 704 – PEDIATRIC READINESS IN
 15 EMERGENCY DEPARTMENTS

16
 17 **RECOMMENDATION A:**

18
 19 **Madam Speaker, your Reference Committee**
 20 **recommends that the second Resolve of**
 21 **Resolution 704 be amended by deletion to read**
 22 **as follows:**

23
 24 **RESOLVED, that our American Medical**
 25 **Association (AMA) work with appropriate state**
 26 **and national organizations to advocate for the**
 27 **development and implementation of regional**
 28 **and/or state pediatric-ready facility recognition**
 29 **programs.**

30
 31 **RECOMMENDATION B:**

32
 33 **Madam Speaker, your Reference Committee**
 34 **recommends that Resolution 704 be adopted**
 35 **as amended.**

36
 37 **HOD ACTION: Resolution 704 adopted as amended.**

38 RESOLVED, that our American Medical Association reaffirm H-130.939 acknowledging
 39 the importance of pediatric readiness in all emergency departments with awareness of
 40 the guidelines for Pediatric Readiness in the Emergency Department and stand ready to
 41 care for children of all ages (Reaffirm HOD Policy); and be it further

42
 43 Our American Medical Association will work with appropriate state and national
 44 organizations to advocate for the development and implementation of regional and/or
 45 state pediatric-ready facility recognition programs. (Directive to Take Action)

46
 47 Your Reference Committee heard supportive testimony on Resolution 704 outlining that
 48 pediatric needs are nuanced and must be addressed separately from adult needs. Further
 49 testimony highlighted that this initiative would be especially beneficial to rural areas as a
 50 voluntary recognition program. The Council on Medical Service suggested a friendly

1 amendment to strike “regional and/or state” in order to ensure that standards are
 2 predictable for those seeking recognition. The amendment was supported by the original
 3 authors of the resolution. Your Reference Committee recommends that Resolution 704 be
 4 adopted as amended.

5
 6 (14) RESOLUTION 705 – 20 MINUTE PRIMARY CARE VISITS

7
 8 **RECOMMENDATION A:**

9
 10 **Madam Speaker, your Reference**
 11 **Committee recommends that**
 12 **Resolution 705 be adopted.**

13
 14 **RECOMMENDATION B:**

15
 16 **The Title of Resolution 705 be changed:**

17
 18 **TIME-LIMITED DIRECT PATIENT CARE**

19
 20 **HOD ACTION: Resolution 705 adopted with**
 21 **a title change.**

22
 23 Our American Medical Association will ask that the appropriate AMA Council to conduct
 24 a study of the adverse effects of direct patient care time limitations on the quality of care
 25 provided, as well as on patient and physician dissatisfaction, with a report back at the
 26 next AMA Annual Meeting. (Directive to Take Action)

27
 28 Your Reference Committee heard supportive testimony on Resolution 705. Several
 29 delegations provided testimony in support of the resolution and that this issue spans
 30 beyond impacting only primary care. The Council on Medical Service requested the
 31 authors of the original resolution provide more background information on what they would
 32 like to see in the requested study, as there was only one whereas clause included in the
 33 resolution, and the language in the resolved clause is vague. To ensure that the title of
 34 this resolution accurately reflects the broad scope of the resolution, a title change was
 35 proffered. Your Reference Committee recommends that Resolution 705 be adopted with
 36 a title change.

37 (15) RESOLUTION 708 – MEDICOLEGAL DEATH
 38 INVESTIGATIONS

39
 40 **RECOMMENDATION A:**

41
 42 **Your Reference Committee recommends that the**
 43 **first Resolved clause of Resolution 708 be amended**
 44 **by deletion to read as follows:**

45
 46 **1. Our American Medical Association supports the**
 47 **independent authority of physicians to provide**
 48 **accurate and transparent postmortem assessments**
 49 **and death investigation reporting in a manner free**
 50 **from undue influence.**

1
2 **RECOMMENDATION B:**

3
4 **Your Reference Committee recommends Resolution**
5 **708 be adopted as amended.**

6
7 **HOD ACTION: Resolution 708 adopted as amended.**

8
9 RESOLVED, that our American Medical Association supports the independent authority
10 of physicians practicing forensic pathology to provide accurate and transparent
11 postmortem assessments and death investigation reporting in a manner free from undue
12 influence (New HOD Policy); and be it further

13
14 2. Our AMA will advocate with state and federal governments to ensure laws and
15 regulations do not compromise a physician's ability to use their medical judgement in the
16 reporting of postmortem assessments and medicolegal death investigations.

17
18 Your Reference Committee heard overwhelmingly supportive testimony of Resolution
19 708. Testimony explained the importance of ensuring that physicians are not unduly
20 influenced by external factors when participating in a postmortem assessment. A
21 number of delegations testified that this concept is important not only for physicians
22 practicing forensic pathology but also in other situations like pediatric and obstetric death
23 investigations. Testimony from the original authors indicated support for broadening the
24 resolution beyond only those practicing forensic pathology. Specifically, testimony
25 indicated that influence may come in the form of politics or administration and that all
26 physicians should be able to participate in postmortem assessment in a manner they
27 feel is accurate and appropriate for the situation. Therefore, your Reference Committee
28 recommends the adoption of Resolution 708 as amended.

29 (16) RESOLUTION 710 – THE REGULATION OF PRIVATE
30 EQUITY IN THE HEALTHCARE SECTOR

31
32 **RECOMMENDATION A:**

33
34 **Madam Speaker, your Reference Committee**
35 **recommends that the first Resolved clause of**
36 **Resolution 710 be amended by addition to read as**
37 **follows:**

38
39 **1. Our American Medical Association will propose**
40 **appropriate guidelines for the use of private equity in**
41 **healthcare, ensuring that physician autonomy and**
42 **operational authority in clinical care is preserved and**
43 **protected.**

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolved clause of Resolution 710 be amended by addition and deletion to read as follows:

4. Our AMA will work with state and federal government and other interested parties to develop and advocate for regulations pertaining to corporate control of practices in the healthcare sector such that physician autonomy in clinical care is preserved and protected.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 710 be adopted as amended.

HOD ACTION: Resolution 710 adopted as amended.

RESOLVED, that our American Medical Association propose appropriate guidelines for the use of private equity in healthcare, ensuring that physician autonomy in clinical care is preserved and protected (Directive to Take Action); and be it further

RESOLVED, that our AMA modify policy H-215.981, Corporate Practice of Medicine, by addition:

4. Our AMA will work with the federal government and other interested parties to develop and advocate for regulations pertaining to the use of private equity in the healthcare sector such that physician autonomy in clinical care is preserved and protected. (Modify Current HOD Policy)

Your Reference Committee heard supportive testimony on Resolution 710 and highlighted that private equity contracts with physicians often do not protect physician autonomy to make decisions regarding care for patients. There were three friendly amendments proposed to broaden the language and expand the resolution to cover all corporate practice of medicine entities, not just private equity firms. Therefore, your Reference Committee recommends that Resolution 710 be adopted as amended.

(17) RESOLUTION 712 – FULL TRANSPARENCY –
EXPLANATION OF BENEFITS

RECOMMENDATION A:

Madam Speaker, your reference committee recommends that Resolution 712 be amended by addition and deletion to read as follows:

1 **Our American Medical Association advocates that the**
 2 **minimum information included in an explanation of**
 3 **benefits, whether sent to the patient or the physician**
 4 **practice, includes the actual CPT codes billed, DRG-**
 5 **codes, CPT descriptions, and optional consumer-**
 6 **friendly descriptions; and EOB must list the actual**
 7 **allowed amount, patient responsibilities (copay,**
 8 **deductible, coinsurance), non-covered and denied**
 9 **amounts with specific X12 reason codes in consumer-**
 10 **friendly explanations, what criteria is used for coverage**
 11 **and non-coverage, and includes detailed explanation**
 12 **on how to appeal, including contact information for**
 13 **plan administrator, applicable laws governing the plan**
 14 **benefits, and contact information to submit external**
 15 **complaints, in a manner that protects patient privacy.**

16
17 **RECOMMENDATION B:**

18
19 **Madam Speaker, your Reference Committee**
 20 **recommends that Resolution 712 be adopted as**
 21 **amended.**

22
23 **HOD ACTION: Resolution 712 adopted as amended.**

24
25 RESOLVED, that our American Medical Association will advocate legislation and
 26 regulations that mandate that explanation of benefits, whether sent to the patient or the
 27 physician practice, including the actual CPT codes billed, DRG-codes, CPT descriptions,
 28 and optional consumer-friendly descriptions; and EOB must list the actual allowed
 29 amount, patient responsibilities (copay, deductible, coinsurance), non-covered and
 30 denied amounts with specific X12 reason codes in consumer-friendly explanations, what
 31 criteria is used for coverage and non-coverage, and includes detailed explanation on
 32 how to appeal, including contact information for plan administrator, applicable laws
 33 governing the plan benefits, and contact information to submit external complaints.
 34 (Directive to Take Action)

35
36 Your Reference Committee heard supportive testimony on Resolution 712. The author
 37 testified that the resolution serves to modify the electronic standard for the Explanation
 38 of Benefits (EOB) and that paper EOBs should be subject to the same requirements as
 39 the electronic version. An individual testified that this information is critical in the fight
 40 against denials and underpayments, especially given how heavily billing is outsourced.
 41 The Council on Medical Service proffered an amendment to increase the actionability of
 42 this resolution. Testimony was supportive of the Council's amendment. Testimony was
 43 heard outlining potential concerns around patient privacy and ensuring that sensitive
 44 information was not shared on the EOB without patient consent. Accordingly, your
 45 Reference Committee recommends that Resolution 712 be adopted as amended.

46
47 (18) **RESOLUTION 714 – AUTOMATIC DOWNCODING OF**
 48 **CLAIMS**

49
50 **RECOMMENDATION A:**

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Madam Speaker, your Reference Committee recommends that the first Resolved of Resolution 714 be amended by addition and deletion to read as follows:

1. Our American Medical Association vigorously opposes health plans using software, algorithms, or methodologies, other than manual review of the patient's medical record, to deny or downcode evaluation and management services, except correct coding protocol denials, based solely on the Current Procedural Terminology/Healthcare Common Procedure Coding System codes, International Classification of Diseases, 10th revision, codes, and/or modifiers submitted on the claim.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the fourth Resolved of Resolution 714 be amended by addition and deletion to read as follows:

4. Our AMA will further 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.

RECOMMENDATION C:

**Madam Speaker, your Reference Committee recommends that Resolution 714 be adopted as amended.
HOD ACTION: Resolution 714 adopted as amended.**

2. Our AMA supports that, after review of the patient's medical record and determination that a lower level of evaluation and management code is warranted, the explanation of benefits, remittance advice documents, or other claim adjudication notices provide notice that clearly indicates a service was downcoded using the proper claim adjustment reason codes and/or remittance advice remark codes.

3. Our AMA will advocate for legislation to provide transparency and prohibit automated denials, other than National Correct Coding Initiative denials, or downcoding of evaluation and management services based solely on the Current Procedural Terminology/Healthcare Common Procedure Coding System codes, International Classification of Diseases, 10th Revision, codes, or modifiers submitted on the claim.

Your Reference Committee heard testimony in support of Resolution 714. The authors testified that in recent years technology has been leveraged to automatically downcode simply based on a diagnosis code without viewing the patient record. One delegation

1 testified that downcoding is tantamount to the illegal practice of medicine. Additionally,
 2 several members testified with examples of how insurers' downcoding practices are
 3 arbitrary and capricious. Testimony stressed that insurers should be held accountable
 4 for downcoding practices. Your Reference Committee amended the resolved clause to
 5 accurately reflect all testimony heard. Testimony was received to amend the resolution
 6 to indicate a stronger stance against downcoding and to ensure that payers are not able
 7 to utilize a loophole of non-exclusive use of software and algorithms. Therefore, your
 8 Reference Committee recommends Resolution 714 be adopted as amended.

9 (19) RESOLUTION 716 – IMPACT OF PATIENT NON-
 10 ADHERENCE ON QUALITY SCORES

11
 12 **RECOMMENDATION A:**

13
 14 **Madam Speaker, your Reference Committee**
 15 **recommends that Resolution 716 be amended**
 16 **by deletion to read as follows:**

17
 18 **Our American Medical Association will study**
 19 **the issue of patients and parents not adhering**
 20 **to physicians' recommendations such as**
 21 **preventive screenings and vaccinations**
 22 **resulting in a deficiency of quality metrics by**
 23 **physicians for which the physicians are**
 24 **penalized, identify equitable and actionable**
 25 **solutions, and report back at Annual 2025.**

26
 27 **RECOMMENDATION B:**

28
 29 **Madam Speaker, your Reference Committee**
 30 **recommends that Resolution 716 be adopted as**
 31 **amended.**

32
 33 **HOD ACTION: Resolution 716 adopted as amended.**

34
 35 RESOLVED, that our American Medical Association study the issue of patients and
 36 parents not adhering to primary care physicians' recommendations such as preventive
 37 screenings and vaccinations resulting in a deficiency of quality metrics by primary care
 38 physicians for which the physicians are penalized, identify equitable and actionable
 39 solutions, and report back at Annual 2025. (Directive to Take Action)

40
 41 Your Reference Committee heard supportive testimony of Resolution 716. Testimony
 42 from delegations and individuals indicated the importance of ensuring physicians are not

1 penalized for patient decisions. However, a significant amount of testimony explained
2 that this is an issue beyond primary care and amendments were proffered to expand the
3 resolution to indicate that this problem persists in more than just primary care settings.
4 Testimony explained that physicians should be allowed to present medical advice and
5 then respect their patient's choices. Additionally, testimony outlined the importance of
6 ensuring that reporting metrics are contextualized and do not unduly or inequitably
7 impact physicians who are practicing medically appropriate care. Therefore, your
8 Reference Committee recommends the adoption of Resolution 716 as amended.

9 (20) RESOLUTION 719 – SUPPORT BEFORE, DURING, AND
10 AFTER HOSPITAL CLOSURE OR REDUCTION IN
11 SERVICES

12
13 **RECOMMENDATION A:**

14
15 **Madam Speaker, your Reference Committee**
16 **recommends that the first resolved clause of**
17 **Resolution 719 be amended by addition to read as**
18 **follows:**

- 19
20 **1. Our American Medical Association will work with**
21 **appropriate federal and state bodies to assure that**
22 **whenever there is a threatened, or actual, hospital**
23 **closure a process be instituted to safeguard the**
24 **continuity of patient care and preserve the physician-**
25 **patient relationship. Such a process should:**
26 **a. Assure adequate capacity exists in the immediate**
27 **service area surrounding the hospital closure,**
28 **including independent health resources, physicians,**
29 **and support personnel to provide for the citizens of**
30 **that area;**
31 **b. Allow that in said circumstances, restrictive**
32 **covenants, records access, and financial barriers**
33 **which prevent the movement of physicians and their**
34 **patients to surrounding hospitals should be waived for**
35 **an appropriate period of time**
36 **c. Ensure financial reserves exist, and are sufficient to**
37 **cover any previous contractual obligations to**
38 **physicians, e.g., medical liability tail coverage.**

- 39
40 **2. Our AMA will proactively offer support to**
41 **physicians, residents and fellows, patients, and civic**
42 **leaders affected by threatened or actual healthcare**
43 **facility closures, change in ownership, or significant**
44 **reductions in services via provision of information,**
45 **resources, and effective, actionable advocacy.**

46
47 **RECOMMENDATION C:**

1 **Madam Speaker, your Reference Committee**
2 **recommends that Resolution 719 be adopted as**
3 **amended.**

4
5 **HOD ACTION: Resolution 719 adopted as**
6 **amended.**

7
8 RESOLVED, that our American Medical Association will work with appropriate federal
9 and state bodies to assure that whenever there is a threatened, or actual, hospital
10 closure a process be instituted to safeguard the continuity of patient care and preserve
11 the physician-patient relationship. Such a process should:

- 12 a) Assure adequate capacity exists in the immediate service area surrounding
13 the hospital closure, including independent health resources, physicians, and
14 support personnel to provide for the citizens of that area;
15 b) Allow that in said circumstances, restrictive covenants, records access, and
16 financial barriers which prevent the movement of physicians and their patients to
17 surrounding hospitals should be waived for an appropriate period of time
18 (Directive to Take Action); and be it further

19
20 RESOLVED, that our AMA will proactively offer support to physicians, residents and
21 fellows, patients, and civic leaders affected by threatened or actual healthcare facility
22 closures or significant reductions in services via provision of information, resources, and
23 effective, actionable advocacy. (Directive to Take Action)

24 Your Reference Committee heard supportive testimony on Resolution 719. Specifically,
25 delegations testified that this kind of support has been offered in certain states with
26 success for both patients and physicians. Specifically, delegations offered examples of
27 state support allowing physicians to negotiate for essential items such as medical liability
28 tail coverage after a hospital closure or reduction in services. Testimony from
29 delegations and individuals indicated support for amendments to outline assurances that
30 employers have the resources necessary to meet contractual obligations with physicians
31 and that the support be expanded to hospitals that are experiencing a change in
32 ownership. Testimony explained that a hospital change in ownership can have many of
33 the same negative impacts on physicians as a closure. To ensure that contractual
34 obligations to physicians are met and that support is extended to hospitals experiencing
35 ownership changes, your Reference Committee recommends the adoption of Resolution
36 719 as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

- 1 (21) RESOLUTION 711 – INSURER ACCOUNTABILITY
 2 WHEN PRIOR AUTHORIZATION HARMS PATIENTS
 3 RESOLUTION 720 – THE HAZARDS OF PRIOR
 4 AUTHORIZATION
 5

RECOMMENDATION A:

6 **Madam Speaker, your Reference Committee**
 7 **recommends that Resolution 711 be amended by**
 8 **addition to read as follows:**
 9

10
 11 **RESOLVED, that our American Medical Association**
 12 **advocate for increased legal accountability of**
 13 **insurers and other payers when delay or denial of**
 14 **prior authorization leads to patient harm, including**
 15 **but not limited to the prohibition of mandatory pre-**
 16 **dispute arbitration regarding prior authorization**
 17 **determinations and limitation on class action**
 18 **clauses in beneficiary contracts. (Directive to Take**
 19 **Action)**
 20

RECOMMENDATION B:

21
 22 **Madam Speaker, your Reference Committee**
 23 **recommends that amended Resolution 711 be**
 24 **adopted in lieu of Resolution 720.**
 25

26
 27 **HOD ACTION: Resolution 711 adopted in lieu of**
 28 **Resolution 720.**
 29
 30

31 RESOLVED, that our American Medical Association advocates that low-cost
 32 noninvasive procedures that meet existing standard Medicare guidelines should not
 33 require prior authorization (Directive to Take Action); and be it further
 34

35 RESOLVED, that our AMA support that physicians be allowed to bill insurance
 36 companies for all full time employee hours required to obtain prior authorization (New
 37 HOD Policy); and be it further
 38

39 RESOLVED, that our AMA support that patients be allowed to sue insurance carriers
 40 which preclude any and all clauses in signed contracts should there be an adverse
 41 outcome as a result of an inordinate delay in care. (New HOD Policy)
 42

43 Your Reference Committee heard testimony in favor of holding insurers accountable for
 44 patient harm caused by prior authorization. Several delegations testified to prior
 45 authorization causing care delays, adverse events, bottlenecks to access, costs to
 46 private practices and physician burnout, all noting that prior authorization is a hurdle to
 47 the practice of medicine and ultimately hurts patients. One individual testified how the
 unsustainable levels of prior authorization led them to abandon their sub-specialty. Other

1 testimony called out the current lack of legislative and regulatory teeth to combat these
 2 insurer practices. Your Reference Committee heard mixed testimony about combining
 3 Resolutions 711 and 720. The Council of Medical Service recommended adopting
 4 Resolution 711 in lieu of Resolution 720. The AMA has existing policies that cover the
 5 first and second resolve clauses of Resolution 720 which are related to prior
 6 authorization payment for and volume reduction. Testimony was received that
 7 Resolution 711 and the final resolved clause in Resolution 720 are exceptionally similar
 8 and sufficient to address the concerns at hand. A substitute resolution was proffered;
 9 however, it did not receive supportive testimony as it was said to be too general and
 10 already covered by AMA policy. Additionally, while supportive of the Resolution as a
 11 whole, there was mixed testimony as to the arbitration clause in Resolution 711 due to
 12 concerns about adverse consequences to physicians. An amendment was proffered to
 13 address this concern by specifying arbitration referenced is specific to prior authorization
 14 determinations. Overall, testimony was supportive of the amended Resolution 711 and
 15 indicated support for the intent of Resolution 720 but had concerns with the specifics.
 16 Therefore, your Reference Committee recommends that Resolution 711 be adopted as
 17 amended and in lieu of Resolution 720.

18
 19 (22) RESOLUTION 721 – DEVELOPING PHYSICIAN
 20 RESOURCES TO OPTIMIZE PRACTICE
 21 SUSTAINABILITY
 22 RESOLUTION 717 – MENTORSHIP TO COMBAT PRIOR
 23 AUTORIZATION

24
 25 **RECOMMENDATION:**

26
 27 **Madam Speaker, your Reference Committee**
 28 **recommends that Resolution 721 be adopted**
 29 **in lieu of Resolution 717.**

30
 31 **HOD ACTION: Resolution 721 adopted in lieu of**
 32 **Resolution 717.**

- 33
 34 1. Our American Medical Association will develop a toolkit for physicians as a means to
 35 reduce excessive healthcare costs as well as improve physician practice sustainability
 36 and wellbeing, with a report back by Annual 2025.
 37
 38 2. Our AMA will study the development of a template for a mentorship program for early
 39 career physicians as a means to reduce excessive healthcare costs, with a report back
 40 by Annual 2025.
 41
 42 3. Our AMA will develop modules of education centered on the economics of utilization
 43 of testing, pharmaceuticals, and procedures in various categories of common and
 44 exceptional medical care.
 45
 46 4. Our AMA will work with affected stakeholders, including government legislators and
 47 regulators, pharmaceutical and business interests, healthcare systems, and patient
 48 representatives as well as physicians on substitution of mentorship for frequent prior
 49 authorization requests.
 50

1 Your Reference Committee heard testimony outlining support for the development of
2 resources for physicians to reduce healthcare costs and improve sustainability and
3 wellbeing. While testimony was supportive of the concept of both Resolution 721 and
4 717, concern was expressed that the language of 717 was inappropriately focused only
5 on early career physicians and that the focus should be broader. Additional concerns
6 were expressed that the specificity of Resolution 717 could have adverse
7 consequences. Specifically, a number of individuals testified to the potential that
8 adopting Resolution 717 could indicate the AMA's approval or acknowledgement of the
9 necessity of prior authorization. Your Reference Committee believes that Resolution 721
10 did not indicate support for prior authorization nor place the burden of excessive health
11 care costs on physicians. In order to avoid these potential consequences, testimony
12 overwhelmingly indicated support for the adoption of 721 instead of 717. Therefore, your
13 Reference Committee recommends Resolution 721 be adopted in lieu of Resolution 717.

14 Madam Speaker, this concludes the report of Reference Committee G. I would like to
15 thank Rosalynn Conic, MD, PhD, MPH, Janine Fogarty, MD, Peter Hollman, MD, AGSF,
16 Robert Kramer, MD, FAAOS, Brian Privett, MD, Kim Yu, MD, FAFAP, and all those who
17 testified before the Committee.

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