



## **Specialty and Service Society (SSS) Virtual Meeting | Annual 2024**

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June 2, 2024



Specialty and Service Society (SSS)  
2024 Annual Meeting of the House of Delegates

<i>All times listed are Central Time</i>			<i>Schedule subject to change</i>
<b>Sunday, June 2</b>			
2-4 pm	<b>SSS Virtual Meeting</b>		<a href="#">Zoom Registration Link</a>
2 pm	<b>Welcome/Call to Order</b>	Adam Rubin, MD Chair, SSS Governing Council	
2:05 pm	<b>Approval of I23 SSS Meeting Minutes</b>	Adam Rubin, MD	
2:10 pm	<b>Rules Committee Report</b>	Alëna Balasanova, MD Chair	
2:15 pm	<b>Nominating Committee Report</b>	Meridith Englander, MD Chair	
2:20 pm	<b>House Business</b>	Stuart Glassman, MD Chair-elect, SSS Governing Council	
4 pm	<b>Adjourn</b>	Adam Rubin, MD	
<b>Saturday, June 8</b>			
10:30 am-12 pm	<b>SSS Assembly Meeting</b> <i>Refreshments provided</i>		Crystal B East Tower, Lobby Level
10:30 am	<b>Welcome/Call to Order</b>	Adam Rubin, MD	
10:40 am	<b>AMA Advocacy Update</b>	Todd Askew Senior Vice President, Advocacy	
11 am	<b>House Business</b>	Stuart Glassman, MD	
12 pm	<b>Adjourn</b>		
12:30 pm	<b>House of Delegates Second Opening</b>		
<b>Sunday, June 9</b>			
4:30-5 pm	<b>SSS Social Gathering</b>		Living Room West Tower, Skyway Level
<b>Monday, June 10</b>			
9 am-12 pm	<b>SSS Assembly Meeting</b> <i>Refreshments provided</i>	Adam Rubin, MD Stuart Glassman, MD	Regency B,C West Tower, Ballroom Level
9-11 am	<b>Candidate Forum Panels</b>		
9 am-10 am	<b>Board of Trustees</b> <i>4 open positions; 1 potential open position*</i> <ul style="list-style-type: none"><li>• <a href="#">David H. Aizuss, MD</a></li><li>• <a href="#">Melissa J. Garretson, MD</a></li></ul>	Adam Rubin, MD Stuart Glassman, MD	

	<ul style="list-style-type: none"> <li>• <a href="#">Lynn Jeffers, MD, MBA</a></li> <li>• <a href="#">Ilse Levin, DO, MPHTM</a></li> <li>• <a href="#">Thomas J. Madejski, MD</a></li> <li>• <a href="#">Shannon Pryor, MD</a></li> <li>• <a href="#">David Welsh, MD, MBA</a></li> </ul> <p><i>*Potential newly opened position: Position that may open as the result of the election of a currently announced candidate in another contest.</i></p>		
10-10:15 am	<p><b>Council on Constitution and Bylaws</b>  <i>1 open position</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Christopher E. Gribbin, MD</a></li> <li>• <a href="#">John W. Spurlock, MD</a></li> </ul>	Mark Milstein, MD Hilary Fairbrother, MD	
10:15-10:45 am	<p><b>Council on Medical Service</b>  <i>3 open positions</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Christine P. Bishof, MD, MPH</a></li> <li>• <a href="#">Steven Chen, MD, MBA</a></li> <li>• <a href="#">Erick Eiting, MD, MPH</a></li> <li>• <a href="#">Zeke Silva, III, MD</a></li> </ul>	Colin Edgerton, MD Laura McGuire, MD	
10:45-11 am	<p><b>Council on Science and Public Health</b>  <i>1 open position</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Nari Heshmati, MD, MBA</a></li> <li>• <a href="#">Raymond K. Tu, MD, MS</a></li> </ul>	Sarah Candler, MD Michael Simon, MD	
11 am- 12 pm	<b>House Business</b>	Stuart Glassman, MD	
12 pm	<b>Adjourn</b>	Adam Rubin, MD	
<b>1-6 pm</b>	House of Delegates Business Session		

# Interim 2023 Meeting Minutes

On November 5, 2023, at 1 pm CT, Adam Rubin, MD, Chair of the AMA Specialty and Service Society (SSS) called the Zoom meeting of the SSS to order and introduced the members of the Governing Council.

Dr. Rubin presented the minutes of the June 2023 meeting of the SSS for consideration. The minutes were approved.

Dr. Rubin recognized Shilpen Patel, MD, Chair of the SSS Rules Committee, who presented the committee report to the SSS for consideration. The SSS Rules Committee reviewed letters of compliance and membership data from organizations undergoing the five-year review, groups being reviewed following a one-year grace period, and one group applying for representation in the SSS. The Rules Committee recommended the following to the AMA Board of Trustees:

1. Having met all the necessary requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5, the American Academy of Ophthalmology, Inc., American Academy of Orthopaedic Surgeons, American Academy of Otolaryngology—Head and Neck Surgery, American Academy of Pain Medicine, American Academy of Pediatrics, American Academy of Physical Medicine and Rehabilitation, American Association of Neurological Surgeons, and Society of Nuclear Medicine and Molecular Imaging retain representation in the AMA House of Delegates.
2. Having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5, the American Academy of Allergy, Asthma & Immunology be given a one-year grace period to work with AMA membership staff to increase their AMA membership.

In addition:

3. Having met the requirements for representation the Academy of Consultation-Liaison Psychiatry, American College of Lifestyle Medicine, American Venous Forum, Association of Academic Physiatrists and Society for Pediatric Dermatology be considered for representation in the House of Delegates.
4. Having met the requirement for representation the American Urogynecologic Society be granted representation in the Specialty and Service Society.
5. Having failed to meet membership requirements, the American Society of General Surgeons be removed from the SSS.

Dr. Rubin recognized Stuart Glassman, MD, Chair-elect of the SSS, to preside over the discussion of House Business. Resolutions were discussed and SSS recommendations were determined.

The meeting recessed at approximately 4:00 pm CT.

Dr. Rubin reconvened the SSS meeting on November 11 at 10:00 am ET in Woodrow Wilson Ballroom A at the Gaylord National Resort and Convention Center.

Dr. Rubin presented candidates seeking SSS endorsement for AMA positions and the assembly voted to support John H. Armstrong, MD for Vice Speaker, Melissa J. Garretson, MD, Lynn Jeffers, MD, and Ilse Levin, DO for Board of Trustees, Hans Arora, MD and Hilary Fairbrother, MD for Council on Legislation, William Golden, MD and Shilpen Patel, MD for Council on Long Range Planning and Development, and Steven Chen, MD and Erick Eiting, MD for Council on Medical Service.

Dr. Rubin introduced Todd Askew, AMA Senior Vice President of Advocacy who provided the group with an update on Medicare physician payment reform.

Following Mr. Askew's presentation, Dr. Sandra Fryhofer provided an update on recent activities and decisions of the Center for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).

Following the presentations, Dr. Rubin recognized Dr. Glassman to preside over the remaining House Business.

The meeting recessed at approximately 12:00 pm ET.

On November 13 at 7:00 am ET, Dr. Rubin reconvened the SSS and introduced representatives from AMA Councils, including Council on Medical Service, Council on Long Range Planning and Development, Council on Science and Public Health, Council on Ethical and Judicial Affairs, Council on Medical Education, Council on Legislation, and Council on Constitution and Bylaws. Representatives provided the SSS Assembly with updates on the work of their respective councils.

Following the council reports, Dr. Rubin recognized Dr. Glassman to reconvene discussion on remaining House business.

The meeting was adjourned at approximately 9 am ET.

# Rules Committee Report



Memo To: Specialty and Service Society Members

From: SSS Rules Committee

Date: May 2024

Subject: Report of the Rules Committee

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The Specialty and Service Society (SSS) Rules Committee reviewed letters of compliance and membership data from societies undergoing the five-year review process and applying for representation in the American Medical Association (AMA) House of Delegates (HOD).

Organizations are required to submit information to demonstrate continuing compliance with the guidelines established for representation in the HOD (Exhibit 1 and 3). Also required is compliance with the five responsibilities of national medical specialty organizations (Exhibit 2).

The following organizations were reviewed in conjunction with the 2024 Annual Meeting in accordance with AMA Bylaw B-8.5:

American Academy of Cosmetic Surgery  
American Association for Thoracic Surgery  
American Association of Gynecologic Laparoscopists  
American Association of Plastic Surgeons  
American Association of Public Health Physicians  
American College of Allergy, Asthma, and Immunology  
American College of Medical Quality  
American Society for Metabolic and Bariatric Surgery  
American Society for Reconstructive Microsurgery  
American Society of Cytopathology  
American Society of Interventional Pain Physicians  
American Society of Neuroimaging  
Association of Academic Radiology (formerly Association of University Radiologists)  
GLMA—Health Professionals Advancing LGBTQ+ Equality  
Infectious Diseases Society of America  
Society for Laparoscopic and Robotic Surgeons

In addition, the American Foregut Association submitted materials to be considered for representation in SSS in compliance with the established guidelines (Exhibit 4).

The Committee reviewed the materials provided and found the American Academy of Cosmetic Surgery, American Association for Thoracic Surgery, American Association of Gynecologic Laparoscopists, American Association of Public Health Physicians, American College of

Allergy, Asthma and Immunology, American College of Medical Quality, American Society for Reconstructive Microsurgery, American Society of Interventional Pain Physicians, Association of Academic Radiology, GLMA—Health Professionals Advancing LGBTQ+ Equality, Infectious Diseases Society of America, and Society of Laparoscopic and Robotic Surgeons to be in compliance and eligible to retain their representation in the AMA House of Delegates.

The American Association of Plastic Surgeons, American Society for Metabolic and Bariatric Surgery, American Society of Cytopathology, and American Society of Neuroimaging were reviewed and found to not be in compliance with the membership requirements.

In addition, the Committee reviewed the materials for the American Foregut Association and found them to be in compliance with the requirements for representation in the SSS.

Therefore, based on the review of letters of compliance and the membership data (Exhibit 5) the SSS Rules Committee recommends the following to the AMA Board of Trustees:

1. Having met all the necessary requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5, American Academy of Cosmetic Surgery, American Association for Thoracic Surgery, American Association of Gynecologic Laparoscopists, American Association of Public Health Physicians, American College of Allergy, Asthma and Immunology, American College of Medical Quality, American Society for Reconstructive Microsurgery, American Society of Interventional Pain Physicians, Association of Academic Radiology, GLMA—Health Professionals Advancing LGBTQ+ Equality, Infectious Diseases Society of America and Society of Laparoscopic and Robotic Surgeons retain representation in the AMA House of Delegates.
2. Having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5, the American Association of Plastic Surgeons, American Society for Metabolic and Bariatric Surgery and American Society of Cytopathology be placed on probation and be given a one-year grace period to work with AMA membership staff to increase their AMA membership.
3. Having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in the AMA Bylaw B-8.5 by the end of the one-year grace period, the American Society of Neuroimaging lose representation in the House of Delegates but remain in the SSS and may apply for reinstatement in the House of Delegates, through the SSS, when they believe they can comply with all of the current guidelines for representation on the House of Delegates, in accordance with AMA Bylaw B-8.5.3.2.2.

The Rules Committee further recommends that the SSS approve the American Foregut Society for representation in the SSS.

Attachments

***Exhibit 1***

**GUIDELINES FOR REPRESENTATION IN & ADMISSION TO  
THE HOUSE OF DELEGATES FOR NATIONAL MEDICAL SPECIALTY SOCIETIES:**

1. The organization must not be in conflict with the constitution and bylaws of the American Medical Association by discriminating in membership on the basis of race, religion, national origin, sex, or handicap.
2. The organization must (a) represent a field of medicine that has recognized scientific validity; and (b) not have board certification as its primary focus, and (c) not require membership in the specialty organization as a requisite for board certification.
3. The organization must meet one of the following criteria:
  - 1,000 or more AMA members;
  - At least 100 AMA members and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of the AMA; or
  - Have been represented in the House of Delegates at the 1990 Annual Meeting and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of the AMA.
4. The organization must be established and stable; therefore, it must have been in existence for at least 5 years prior to submitting its application.
5. Physicians should comprise the majority of the voting membership of the organization.
6. The organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges and are eligible to hold office.
7. The organization must be active within its field of medicine and hold at least one meeting of its members per year.
8. The organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states.
9. The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization.
10. If international, the organization must have a US branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines.

*Exhibit 2*

**RESPONSIBILITIES OF NATIONAL MEDICAL SPECIALTY ORGANIZATIONS**

1. To cooperate with the AMA in increasing its AMA membership.
2. To keep its delegate to the House of Delegates fully informed on the policy positions of the organizations so that the delegate can properly represent the organization in the House of Delegates.
3. To require its delegate to report to the organization on the actions taken by the House of Delegates at each meeting.
4. To disseminate to its membership information to the actions taken by the House of Delegates at each meeting
5. To provide information and data to the AMA when requested.

***Exhibit 3***

**GUIDELINES FOR REPRESENTATION IN & ADMISSION**  
**TO THE AMA HOUSE OF DELEGATES (HOD) FOR PROFESSIONAL INTEREST**  
**MEDICAL ASSOCIATIONS**

Professional Interest Medical Associations (PIMAs) are organizations that relate to physicians along dimensions that are primarily ethnic, cultural, demographic, minority, etc., and are neither state associations nor specialty societies. The following guidelines will be utilized in evaluating PIMA applications for representation in our AMA House of Delegates (new applications will be considered only at Annual Meetings of the House of Delegates):

1. The organization must not be in conflict with the Constitution and Bylaws of our AMA.
2. The organization must demonstrate that it represents and serves a professional interest of physicians that is relevant to our AMA's purpose and vision and that the organization has a multifaceted agenda (i.e., is not a single-issue association).
3. The organization must meet one of the following criteria: (i) the organization must demonstrate that it has 1,000 or more AMA members; or (ii) the organization must demonstrate that it has a minimum of 100 AMA members and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of our AMA; or (iii) that the organization was represented in the House of Delegates at the 1990 Annual Meeting and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of our AMA.
4. The organization must be established and stable; therefore, it must have been in existence for at least five years prior to submitting its application.
5. Physicians should comprise the majority of the voting membership of the organization.
6. The organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges, and are eligible to hold office.
7. The organization must be active within the profession and hold at least one meeting of its members per year.
8. The organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states.

9. The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization.
10. If international, the organization must have a US. branch or chapter, and this chapter must meet the above guidelines.

**Exhibit 4**

**SPECIALTY AND SERVICE SOCIETY**  
**STANDING RULES AND PROCEDURES**

**I. SPECIALTY SOCIETY APPLICATION PROCESS**

**A. Application for Membership in the SSS:**

1. Specialty societies and PIMAs may apply for membership in the SSS by writing to the SSS Governing Council at least two months prior to the annual or interim meeting at which they wish to be seated. The societies must submit their bylaws with the application. The SSS Rules Committee shall make a recommendation to the full SSS on whether the applying society complies as defined below. The SSS Rules Committee shall notify SSS societies which new groups are seeking admission to the SSS two months prior to the meeting. If approved by the voting members of the SSS, the society may select a representative and alternate representative, who are AMA members, to represent them in the SSS.
2. Once an organization is approved for SSS membership, the SSS will assist the organization in affiliating with an appropriate section council. If no section council is appropriate, the SSS will notify the AMA Board of Trustees, and ask it to encourage the House of Delegates to establish a new section council. The SSS will offer to assist the AMA Board of Trustees in organizing the new section council. The SSS will serve the function of section council for PIMAs.
3. In deciding whether to accept a society that applies for membership in SSS, the rules committee will be guided by the following criteria:
  - a) the organization must not be in conflict with the AMA Constitution and Bylaws as membership shall not be denied or abridged because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason unrelated to character, competence, ethics, professional status or professional activities;
  - b) the organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges and are eligible to hold office;
  - c) the organization must be active within its field of medicine and hold at least one meeting of its members per year;
  - d) the organization must be national in scope; it must not restrict its members geographically and must have members from a majority of the states.
  - e) the organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization;

- f) if international, the organization must have a U.S. branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines;
- g) organizations not applying as a professional interest medical association must represent a field of medicine that has recognized scientific validity; an applicant society cannot have board certification as its primary focus, and not require membership in the specialty organization as a requisite for board certification. An organization applying as a professional interest medical association must demonstrate that it represents and serves a professional interest of physicians that is relevant to the AMA's purpose and vision and that the organization has a multifaceted agenda (i.e., is not a single-issue association);
- h) a SSS applicant society must meet 50% of the current AMA membership requirement for delegate status in the AMA House of Delegates in order to be granted or to maintain representation in the SSS. The society must be able to demonstrate active recruitment for AMA membership to meet the House of Delegates requirement for representation;
- i) the organization must be established and stable; therefore, it must have been in existence for at least five years prior to submitting its application to the SSS; and the physician members of the organization should comprise the majority of the voting membership of the organization.

4. Applicants must demonstrate that they meet the criteria for delegate status in the AMA House of Delegates (as delineated in AMA Policies G-600.020 and G-600.022) as defined in a) through i) above.
5. Its report to the AMA Board of Trustees for consideration. Approval of the action of the governing council will be voted upon at the next SSS meeting.
6. If the SSS recommends a seat in the AMA House of Delegates, but the House rejects the application, then the society may remain in the SSS and request reconsideration one time every three years.

***Exhibit 5 - Summary Membership Information***

<b>Organization</b>	<b>AMA Membership of Organization's Total Eligible Membership</b>
American Academy of Cosmetic Surgery	217 of 651 (33%)
American Association for Thoracic Surgery	188 of 923 (20%)
American Association of Gynecologic Laparoscopists	1,370 of 3,663 (37%)
American Association of Plastic Surgeons	152 of 788 (19%)
American Association of Public Health Physicians	64 of 86 (74%)
American College of Allergy, Asthma, and Immunology	577 of 2,760 (21%)
American College of Medical Quality	54 of 148 (36%)
American Foregut Association	83 of 400 (21%)
America Society for Metabolic and Bariatric Surgery	292 of 1,802 (16%)
American Society for Reconstructive Microsurgery	158 of 798 (20%)
American Society of Cytopathology	179 of 1,093 (16%)
American Society of Interventional Pain Physicians	605 of 2,816 (21%)
American Society of Neuroimaging	58 of 161 (36%)
Association of Academic Radiology	274 of 1,225 (22%)
GLMA—Health Professionals Advancing LGBTQ+ Equality	127 of 406 (31%)
Infectious Diseases Society of America	964 of 3,746 (26%)
Society for Laparoscopic and Robotic Surgeons	520 of 1,138 (46%)

# Nominating Committee Report



Memo to: Specialty and Service Society Members

From: Nominating Committee

Date: May 2024

Subject: Nominating Committee Report

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In accordance with the Specialty and Service Society (SSS) Standing Rules, the Nominating Committee is providing SSS members advance notice of its nominations for elected offices:

- Chair: Stuart Glassman, MD
- Chair-Elect: Michael Simon, MD
- Secretary: Hilary Fairbrother, MD
- Member At Large (two-year term): Sarah Candler, MD
- Member At Large (two-year term): Shilpen Patel, MD

This report and its recommendations are presented to the SSS. Absent objections the slate put forth by the nominating committee will be adopted and begin service following the June meeting of the Specialty and Service Society.

# Meeting Guidelines

## SSS Virtual Meeting Guidelines

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- The purpose of SSS review of specialty-introduced resolutions is to gain consensus on the general intent of the resolution and determine a position. Wordsmithing should be handled directly with authors or in the reference committees, not during the virtual meeting.
- The Specialty Society Resolutions chart is submitted as a consent agenda.
- SSS members may request that specific resolutions be extracted from the consent agenda for discussion.
  - **So we can best prepare, if you would like a resolution extracted from the consent agenda for discussion, please let [jim.pawelski@ama-assn.org](mailto:jim.pawelski@ama-assn.org) know by 5 pm CT on Wednesday, May 29.**
  - Extractions requested after the deadline, including during the virtual meeting itself, will be addressed after all other extractions which were requested by the deadline. We will address specialty resolutions first followed by non specialty resolutions.
- Items remaining on the consent agenda will be voted on as a single item.
- Resolutions removed from the consent agenda will then be considered in numerical order.
- The individual who requested the removal will be recognized to speak to the resolution.
- Recommendations for action will be limited to **SUPPORT, OPPOSE, or NO POSITION**.
- In the interest of time and efficiency, amendments will not be considered during the virtual meeting. However, they may be proposed at the in-person SSS Assembly meeting on June 8 & 10. Those proposing amendments should have language prepared before they approach the microphone to speak.
- Speaker comments should be 30 seconds on average—but must not exceed 45 seconds.
- Following discussion, resolutions removed from the consent calendar will be voted on individually via Zoom poll.
  - Vote tallies will be analyzed after the meeting to ensure that they meet the required three-fifths majority of members present and voting, with a minimum of 30 organizations voting in the affirmative.
- Resolutions that have not been finalized and/or submitted will not be considered during the SSS virtual meeting.
- Non specialty resolutions will only be considered during the virtual meeting if time allows. Otherwise, they will be deferred to the **Monday, June 10** in-person meeting and will be taken up only if time allows.

- **So we can best prepare, if you would like the SSS to consider non specialty resolutions, please share them with [jim.pawelski@ama-assn.org](mailto:jim.pawelski@ama-assn.org) by 5 pm CT on Wednesday, May 29.**
- Extractions requested after the deadline, including during the virtual meeting itself, will be addressed after all other extractions which were requested by the deadline. We will address specialty resolutions first followed by non specialty resolutions.

# House Business



## SPECIALTY SOCIETY RESOLUTIONS

## 2024 Annual Meeting of the House of Delegates

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
<u><b>CONSTITUTION &amp; BYLAWS</b></u>				
<i>B of T Report 02-A-24 (New Specialty Organizations Representation in the House of Delegates) will be considered in Ref Comm on Amendments to Constitution &amp; Bylaws on Saturday, June 8.</i>				
007	<ul style="list-style-type: none"><li>• American Association of Public Health Physicians</li></ul>	<p><b>AMA Supports a Strategy for Eliminating Nuclear Weapons</b></p> <p><i>RESOLVED, that our American Medical Association calls for the United States and the other nuclear weapons states to sign and ratify the United Nations Treaty on the Prohibition of Nuclear Weapons and to pursue good-faith negotiations on effective measures relating to the</i></p>	NO POSITION	



## SPECIALTY SOCIETY RESOLUTIONS

## 2024 Annual Meeting of the House of Delegates

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>cessation of the nuclear arms race (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA calls for the United States to renounce the option to be the first country to use nuclear weapons ("first use") during a conflict (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA supports a process whereby multiple individuals, rather than solely the President, are required to approve a nuclear attack, while still allowing a swift response when needed (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA calls on the US government to cancel plans to rebuild its entire nuclear arsenal and instead to reassess its true strategic needs for the types and numbers of nuclear weapons and delivery systems. (Directive to Take Action)</i></p>		
013	• American College of Obstetricians and Gynecologists	<b>Ethical Impetus for Research in Pregnant and Lactating Individuals</b>	<b>NO POSITION</b>	



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Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>RESOLVED, that our American Medical Association Council on Ethical and Judicial Affairs update its ethical guidance on research in pregnant and lactating individuals. (Directive to Take Action)</i></p>		
<b><u>REFERENCE COMMITTEE A</u></b>				
106	<ul style="list-style-type: none"><li>• American Society for Gastrointestinal Endoscopy</li><li>• American College of Gastroenterology</li><li>• American Gastroenterological Association</li></ul>	<p><b>Incorporating Surveillance Colonoscopy into the Colorectal Cancer Screening Continuum</b></p> <p><i>RESOLVED, that our American Medical Association Policy <a href="#">H-185.960</a>, "Support for the Inclusion of the Benefit for Screening for Colorectal Cancer in All Health Plans" be amended by addition to read as follows:</i></p> <p><i>3. Our AMA will seek to eliminate cost-sharing in all health plans for "follow-on" colonoscopies performed for colorectal cancer screening and all associated</i></p>	SUPPORT	



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Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><u>costs, defined as when other alternative screening tests are found to be positive.</u></p> <p>4. <u>Our AMA will seek to classify follow-up, follow-on, or surveillance, colonoscopy after an original screening colonoscopy that required polyp removal as a screening service under the Affordable Care Act preventive services benefit and will seek to eliminate patient cost sharing in all health plans under such circumstances.</u></p>		
109	<ul style="list-style-type: none"><li>• Association for Clinical Oncology</li><li>• American Society for Radiation Oncology</li></ul>	<p><b>Coverage for Dental Services Medically Necessary for Cancer Care</b></p> <p><i>RESOLVED, that our American Medical Association supports that oral examination and dental services prior to and following the administration of radiation, chemotherapy, chimeric antigen receptor (CAR) T-cell therapy and high-dose bone-modifying agents for the treatment of cancer are part of medically necessary care (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA will advocate that all insurers cover medically necessary oral examination and dental</i></p>	SUPPORT	



## SPECIALTY SOCIETY RESOLUTIONS

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Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<i>services prior to the administration of and resulting as a complication of radiation, chemotherapy and/or surgery for all cancer of the head and neck region. (Directive to Take Action)</i>		
110	<ul style="list-style-type: none"><li>• American Academy of Physical Medicine and Rehabilitation</li><li>• American Association of Neuromuscular &amp; Electrodiagnostic Medicine</li><li>• American Academy of Pediatrics</li></ul>	<p><b>Coverage for Shoes and Shoe Modifications for Pediatrics Patients Who Require Lower Extremity Orthoses</b></p> <p><i>RESOLVED, that our American Medical Association support coverage by all private and government insurance companies for pediatric footwear suitable for use with lower extremity orthoses and medically necessary shoe modifications. (New HOD Policy)</i></p>	SUPPORT	
112	<ul style="list-style-type: none"><li>• American Academy of Physical Medicine and Rehabilitation</li></ul>	<p><b>Private and Public Insurance Coverage for Adaptive Sports Equipment including Prostheses and Orthoses</b></p> <p><i>RESOLVED, that our American Medical Association recognizes activity-specific adaptive sports and exercise equipment as assistive devices that are integral to the health maintenance of persons with disabilities in</i></p>	SUPPORT	



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		<p><i>accordance with national exercise guidelines (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA recognizes activity-specific adaptive sports and exercise equipment, such as activity-specific prostheses and orthoses, as medical devices that facilitate independence and community participation (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for coverage by all private and public insurance plans for activity-specific adaptive sports and exercise equipment for eligible beneficiaries with disabilities in order to promote health maintenance and chronic disease prevention. (Directive to Take Action)</i></p>		



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<u>REFERENCE COMMITTEE B</u>				
201	<ul style="list-style-type: none"><li>American Academy of Ophthalmology</li></ul>	<p><b>Research Correcting Political Misinformation and Disinformation on Scope of Practice</b></p> <p><i>RESOLVED, that our American Medical Association perform a comprehensive literature review on current research on correcting political misinformation and disinformation and conduct field research on ways to correct political misinformation and disinformation amongst policymakers as it pertains to scope of practice (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA Board of Trustees report its findings and recommendations by the I-24 meeting to the HOD on correcting political misinformation and disinformation and that our AMA incorporate these findings to the extent possible into our AMA's advocacy efforts on scope of practice. (Directive to Take Action)</i></p>	SUPPORT	
202	<ul style="list-style-type: none"><li>American Association of Clinical Urologists</li></ul>	<p><b>Use of Artificial Intelligence and Advanced Technology by Third Party Payors to Deny Health Insurance Claims</b></p>	SUPPORT	



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		<p><i>RESOLVED, that our American Medical Association adopt as policy that Commercial third-party payors, Medicare, Medicaid, Workers Compensation, Medicare Advantage and other health plans ensure they are making medical necessity determinations based on the circumstances of the specific patient rather than by using an algorithm, software, or Artificial Intelligence (AI) that does not account for an individual's circumstances (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA adopt as policy that coverage denials based on a medical necessity determination must be reviewed by a physician in the same specialty or by another appropriate health care professional for non-physician health care providers. (New HOD Policy)</i></p>		
205	<ul style="list-style-type: none"><li>• (Medical Student Section)</li><li>• American Association of Public Health Physicians</li></ul>	<p><b>Medical-Legal Partnerships &amp; Legal Aid Services</b></p> <p><i>RESOLVED, that our American Medical Association support the establishment and funding of medical-legal partnerships and civil legal aid services to meet patients' legal needs. (New HOD Policy)</i></p>	<b>SUPPORT</b>	



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208	<ul style="list-style-type: none"><li>• (Medical Student Section)</li><li>• American College of Physicians</li></ul>	<b>Improving Supplemental Nutrition Programs</b>  <i>RESOLVED, that our American Medical Association support regulatory and legal reforms to extend multieligibility for USDA Food Assistance to enrolled members of federally-recognized American Indian and Alaska Native Tribes and Villages to all federal feeding programs, such as, but not limited to, Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR). (New HOD Policy)</i>	SUPPORT	
210	<ul style="list-style-type: none"><li>• (Oregon)</li><li>• American College of Physicians</li></ul>	<b>Support for Physicians Pursuing Collective Bargaining and Unionization</b>  <i>RESOLVED, that our American Medical Association convenes an updated study of opportunities for the AMA or physician associations to support physicians initiating a collective bargaining process, including but not limited to unionization. (Directive to Take Action)</i>	SUPPORT	
216	<ul style="list-style-type: none"><li>• American College of Legal Medicine</li></ul>	<b>The AMA Supports H.R. 7225, the Bipartisan “Administrative Law Judges Competitive Service Restoration Act”</b>  <i>RESOLVED, that our American Medical Association</i>	NO POSITION	



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		<i>support H.R. 7225, the bipartisan “Administrative Law Judges Competitive Service Restoration Act” that supports the merit-based process for the selection of all Medicare/Medicaid Administrative Law Judges. (New HOD Policy)</i>		
217	<ul style="list-style-type: none"><li>• American Society for Reproductive Medicine</li><li>• American College of Obstetricians and Gynecologists</li></ul>	<p><b>Protecting Access to IVF Treatment</b></p> <p><i>RESOLVED, that our American Medical Association oppose any legislation or ballot measures that could criminalize in-vitro fertilization (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA work with other interested organizations to oppose any legislation or ballot measures or court rulings that equate gametes (oocytes and sperm) or embryos with children (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA report back at A-25, on the status of, and AMA’s activities surrounding, ballot measures, court rulings, and legislation that equate embryos with children. (Directive to Take Action)</i></p>	<b>SUPPORT</b>	
219	<ul style="list-style-type: none"><li>• American College of Obstetricians and Gynecologists</li></ul>	<p><b>Bundling for Maternity Care Services</b></p> <p><i>RESOLVED, that our American Medical Association</i></p>	<b>SUPPORT</b>	



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		<i>advocates for the separate payment of services not accounted for in the valuation of the maternity global codes and opposes the inappropriate bundling of related services. (Directive to Take Action)</i>		
223	<ul style="list-style-type: none"><li>• American Academy of Pediatrics</li><li>• American College of Obstetricians and Gynecologists</li></ul>	<p><b>Increase in Children's Hospital Graduate Medical Education Funding</b></p> <p><i>RESOLVED, that our American Medical Association collaborate with other relevant medical organizations to support and advocate for increased funding for the Children's Hospitals Graduate Medical Education program, recognizing the vital role it plays in shaping the future of pediatric healthcare in the United States. (Directive to Take Action)</i></p>	SUPPORT	
230	<ul style="list-style-type: none"><li>• American Academy of Dermatology Association</li><li>• American Society for Dermatologic Surgery Association</li><li>• American Contact Dermatitis Society</li><li>• American College of Mohs Surgery</li></ul>	<p><b>Protecting Patients from Inappropriate Dentist and Dental Hygienist Scope of Practice Expansion</b></p> <p><i>RESOLVED, that our American Medical Association advocacy efforts recognize the threat posed to patient safety when dentists and dental hygienists are authorized to practice medicine and administer procedures outside their level of education and training (New HOD Policy); and be it further</i></p>	SUPPORT	



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		<i>RESOLVED, that our AMA actively oppose regulatory and legislative efforts authorizing dentists and dental hygienists to practice outside their level of education and training. (Directive to Take Action)</i>		
231	<ul style="list-style-type: none"><li>American College of Medical Genetics and Genomics</li></ul>	<b>Supporting the Establishment of Rare Disease Advisory Councils</b>  <i>RESOLVED, that our American Medical Association will support state legislation for the establishment of Rare Disease Advisory Councils in each state (New HOD Policy)</i>	SUPPORT	
232	<ul style="list-style-type: none"><li>Association for Clinical Oncology</li><li>American College of Rheumatology</li></ul>	<b>Medicare Advantage Part B Drug Coverage</b>  <i>RESOLVED, that our American Medical Association will advocate with Congress, through the appropriate oversight committees, and with the Centers for Medicare &amp; Medicaid Services (CMS) to require that Medicare Advantage (MA) plans cover physician-administered drugs and biologicals in such a way that the patient out of pocket cost is the same or less than the amount that a patient with traditional Medicare plus a Medigap plan would pay. (Directive to Take Action)</i>	SUPPORT	
233	<ul style="list-style-type: none"><li>Association for Clinical Oncology</li><li>American College of Rheumatology</li></ul>	<b>Prohibiting Mandatory White Bagging</b>  <i>RESOLVED, that our American Medical Association urge</i>	SUPPORT	



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		<i>state and federal policymakers to enact legislation to prohibit the mandatory use of white bagging. (Directive to Take Action)</i>		
234	<ul style="list-style-type: none"><li>• Association for Clinical Oncology</li><li>• American Academy of Dermatology Association</li><li>• American College of Mohs Surgery</li><li>• American Contact Dermatitis Society</li><li>• American College of Rheumatology</li></ul>	<b>State Prescription Drug Affordability Boards - Study</b>  <i>RESOLVED, that our American Medical Association conduct a study to determine how upper payment limits (UPLs) established by state prescription drug affordability boards (PDABs) will impact reimbursement for physician-administered drugs and what impact state UPLs will have on patient access to care (Directive to Take Action); and be it further</i>  <i>RESOLVED, that our AMA report the results of the study on UPLs to the House of Delegates at A-25. (Directive to Take Action)</i>	SUPPORT	
237	<ul style="list-style-type: none"><li>• American College of Preventive Medicine</li></ul>	<b>Encouraging the Passage of the Preventive Health Savings Act (S.114)</b>  <i>RESOLVED, that our American Medical Association encourages continued advocacy to federal and state legislatures of the importance of more accurately and effectively measuring the health and economic impacts of investing in preventive health services to improve health</i>	NO POSITION	



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		<p><i>and reduce healthcare spending costs in the long term. (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA reaffirm the following policy: D-155.994, "Value-Based Decision Making in the Health Care System" to encourage legislation and efforts to allow the 37 Congressional Budget Office to more effectively project long-term budget deficit reductions and 38 costs associated with legislation related to preventive health services. (Reaffirm HOD Policy)</i></p>		
<u>REFERENCE COMMITTEE C</u>				
318	• American Urological Association	<p><b>Variation in Board Certification and Licensure Requirements for Internationally-Trained Physicians and Access to Care</b></p> <p><i>RESOLVED, that our American Medical Association work with the American Board of Medical Specialties to study the variation in board certification requirements for internationally trained physicians as well as the impact this may have on physician practices and addressing physician shortages including the impact of these</i></p>	SUPPORT	



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		<p><i>pathways on maintaining public assurance of a well-trained physician workforce (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA study the potential effects of increasing access to board certification for internationally-trained physicians on projected physician workforce shortages (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA work with the Federation of State Medical Boards to study the existing alternate pathways to licensure for physicians who have not completed an ACGME-accredited post-graduate training program and the positive and negative impacts of these pathways on addressing physician shortages. (Directive to Take Action)</i></p>		



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<u>REFERENCE COMMITTEE D</u>				
406	<ul style="list-style-type: none"><li>• (Medical Student Section)</li><li>• American Association of Public Health Physicians</li></ul>	<p><b>Opposition to Pay-to-Stay Incarceration Fees</b></p> <p><i>RESOLVED, that our American Medical Association oppose fees charged to incarcerated individuals for room and board and advocate for federal and state efforts to repeal statutes and ordinances which permit inmates to be charged for room and board. (Directive to Take Action)</i></p>	SUPPORT	
407	<ul style="list-style-type: none"><li>• (Medical Student Section)</li><li>• American Association of Public Health Physicians</li></ul>	<p><b>Racial Misclassification</b></p> <p><i>RESOLVED, that our American Medical Association amend <a href="#">H-85.953</a>, "Improving Death 19 Certification Accuracy and Completion," by addition as follows: as follows</i></p> <p>4. <i>Our AMA further supports HIPAA-compliant data linkages between Native Hawaiian and Tribal Registries, population-based and hospital-based clinical trial and disease registries, and local, state, tribal, and federal vital statistics databases aimed at minimizing racial misclassification. (Modify Current HOD Policy)</i></p>	NO POSITION	



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408	<ul style="list-style-type: none"><li>• (Medical Student Section)</li><li>• American College of Physicians</li></ul>	<p><b>Indian Water Rights</b></p> <p><i>RESOLVED, that our American Medical Association raise awareness about ongoing water rights issues for federally-recognized American Indian and Alaska Native Tribes and Villages in appropriate forums (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA support improving access to water and adequate sanitation, water treatment, and environmental support and health services on American Indian and Alaska Native trust lands. (New HOD Policy)</i></p>	SUPPORT	
409	<ul style="list-style-type: none"><li>• (Medical Student Section)</li><li>• American Association of Public Health Physicians</li></ul>	<p><b>Toxic Heavy Metals</b></p> <p><i>RESOLVED, that our American Medical Association urge governmental agencies to establish and enforce limits for identified hazardous pollutants and heavy metals in our food, water, soil, and air (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA support efforts to monitor and educate individuals on (a) the chronic effects of exposure to toxic heavy metals including at levels below regulation</i></p>	SUPPORT	



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		<i>limits, and (b) the burden of toxicity in communities, especially near urban, Superfund, and industrial sites. (New HOD Policy)</i>		
421	<ul style="list-style-type: none"><li>• American Society for Metabolic and Bariatric Surgery</li><li>• Obesity Medicine Association</li><li>• Society of American Gastrointestinal and Endoscopic Surgeons</li></ul>	<p><b>Annual Conference on the State of Obesity and its Impact on Disease in America (SODA)</b></p> <p><i>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</i></p> <p><i>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</i></p>	NO POSITION	



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		<p><i>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</i></p> <p><i>RESOLVED, that our AMA 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</i></p> <p><i>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</i></p> <p><i>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,</i></p>		



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		<i>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)</i>		
432	<ul style="list-style-type: none"><li>• American College of Preventive Medicine</li></ul>	<p><b>Resolution to Decrease Lead Exposure in Urban Areas</b></p> <p><i>RESOLVED, that our American Medical Association reaffirm the following policy H-135.928, "Safe Drinking Water" in support of EPA's Lead and Copper Rule and evidence-based research demonstrating there is no safe level of lead for humans and therefore warrants immediate Federal, State, and municipal action (Reaffirm HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocates for accessible testing of domestic water supplies, prioritizing testing for lead in potable water used by pregnant women, newborns and young children, with the provision of accessible water filters in homes found to have elevated lead levels in potable water (Directive to Take Action); and be it further</i></p>	SUPPORT	



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		<p><i>RESOLVED, that our AMA supports increased funding for lead pipe replacement and other steps to eliminate lead from public and private drinking water supplies (New HOD Policy); and be it further RESOLVED, that our AMA promotes community awareness and education campaigns on the causes and risks of lead and drinking water and steps that can be taken to eliminate these risks (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA supports the development and use of searchable registries of housing units known to have unresolved lead in the drinking water due to lead connectors to water mains or other sources of lead in the drinking water in cities with significant public lead exposure (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA urges healthcare providers to increase screening for lead exposure, particularly in areas known to have lead pipes, and particularly in underserved areas (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA calls for research into innovative and cost-effective methods for elimination of lead in public and private water supplies and lead from lead pipe</i></p>		



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		<i>connectors to such water supplies (Directive to Take Action)</i>		
<b>REFERENCE COMMITTEE E</b>				
511	<ul style="list-style-type: none"><li>• (New England)</li><li>• American Academy of Allergy, Asthma, and Immunology</li></ul>	<b>National Penicillin Allergy Day and Penicillin Allergy Evaluation &amp; Appropriate Delabeling</b>  RESOLVED, that National Penicillin Allergy Day, September 28, be recognized by the American Medical Association (New HOD Policy); and be it further  RESOLVED, that our AMA promote penicillin allergy evaluation and appropriate delabeling. (New HOD Policy)	SUPPORT	
<b>REFERENCE COMMITTEE F</b>				
<b><i>No specialty resolutions</i></b>				



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<u>REFERENCE COMMITTEE G</u>				
704	• American Academy of Pediatrics	<p><b>Pediatric Readiness in Emergency Departments</b></p> <p><i>RESOLVED, that our American Medical Association reaffirm H-130.939 acknowledging the importance of pediatric readiness in all emergency departments with awareness of the guidelines for Pediatric Readiness in the Emergency Department and stand ready to care for children of all ages (Reaffirm HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA work with appropriate state and national organizations to advocate for the development and implementation of regional and/or state pediatric-ready facility recognition programs. (Directive to Take Action)</i></p>	SUPPORT	
706	• Association for Clinical Oncology	<p><b>Automatic Pharmacy-Generated Prescription Requests</b></p> <p><i>RESOLVED, that our American Medical Association advocates that pharmacy-generated requests for changes to a prescription (quantity dispensed, refills, or</i></p>	SUPPORT	



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		<i>substitutions) clarify whether these requests are generated by the patient or patient's surrogates, or automatically by the pharmacy. (Directive to Take Action)</i>		
707	<ul style="list-style-type: none"><li>• Association for Clinical Oncology</li><li>• American College of Rheumatology</li></ul>	<b>Alternative Funding Programs</b>  <i>RESOLVED, that our American Medical Association will educate employers, benefits administrators, and patients on alternative funding programs (AFPs) and their negative impacts on patient access to treatment and will advocate for legislative and regulatory policies that would address negative impacts of AFPs. (Directive to Take Action)</i>	SUPPORT	
708	<ul style="list-style-type: none"><li>• National Association of Medical Examiners</li><li>• American Society for Clinical Pathology</li><li>• American Society of Cytopathology</li><li>• College of American Pathologists</li></ul>	<b>Medicolegal Death Investigations</b>  <i>RESOLVED, that our American Medical Association supports the independent authority of physicians practicing forensic pathology to provide accurate and transparent postmortem assessments and death investigation reporting in a manner free from undue influence (New HOD Policy); and be it further</i>  <i>RESOLVED, that our AMA advocate with state and federal governments to ensure laws and regulations do not</i>	NO POSITION	



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		<i>compromise a physician's ability to use their medical judgement in the reporting of postmortem assessments and medicolegal death investigations. (Directive to Take Action)</i>		
709	<ul style="list-style-type: none"><li>• American College of Emergency Physicians</li></ul>	<p><b>Improvements to Patient Flow in the U.S. Healthcare System</b></p> <p><i>RESOLVED, that our American Medical Association work with relevant stakeholders and propose recommendations to appropriate entities to improve patient flow and access to care throughout multiple environments in the U.S. healthcare system. (Directive to Take Action)</i></p>	NO POSITION	
710	<ul style="list-style-type: none"><li>• American College of Emergency Physicians</li></ul>	<p><b>The Regulation of Private Equity in the Healthcare Sector</b></p> <p><i>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</i></p> <p><i>RESOLVED, that our AMA modify policy <a href="#">H-215.981</a>, Corporate Practice of Medicine, by addition:</i></p>	SUPPORT	



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		<p><i>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)</i></p>		

NON SPECIALTY RESOLUTION CONSIDERATION REQUESTS WILL ONLY BE CONSIDERED IF TIME ALLOWS

# Specialty and Service Society Member Organizations



## Specialty and Service Society (SSS) Member Organizations

The Specialty and Service Society provides a forum for collaboration among the medical specialties, professional interest medical associations (PIMAs), and the federal service branches to further promote the interests of its members within our American Medical Association and to serve as a resource to our AMA.

Academy of Consultation-Liaison Psychiatry<sup>=</sup>  
Academy of Physicians in Clinical Research  
Aerospace Medical Association  
AMDA—The Society for Post-Acute and Long-Term Care Medicine  
American Academy of Addiction Psychiatry  
American Academy of Allergy, Asthma & Immunology  
American Academy of Child & Adolescent Psychiatry  
American Academy of Cosmetic Surgery  
American Academy of Dermatology Association  
American Academy of Emergency Medicine<sup>\*</sup>  
American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Family Physicians  
American Academy of Hospice and Palliative Medicine  
American Academy of Insurance Medicine  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Orthopaedic Surgeons  
American Academy of Otolaryngic Allergy  
American Academy of Otolaryngology—Head and Neck Surgery  
American Academy of Pain Medicine  
American Academy of Pediatrics  
American Academy of Physical Medicine & Rehabilitation  
American Academy of Psychiatry and the Law  
American Academy of Sleep Medicine  
American Association for Geriatric Psychiatry  
American Association for Hand Surgery  
American Association for Thoracic Surgery  
American Association of Clinical Endocrinology  
American Association of Clinical Urologists  
American Association of Endocrine Surgeons<sup>\*</sup>  
American Association of Gynecologic Laparoscopists  
American Association of Hip and Knee Surgeons<sup>\*</sup>  
American Association of Neurological Surgeons  
American Association of Neuromuscular & Electrodiagnostic Medicine  
American Association of Physicians of Indian Origin<sup>+</sup>  
American Association of Plastic Surgeons

American Association of Public Health Physicians  
American Clinical Neurophysiology Society  
American College of Allergy, Asthma & Immunology  
American College of Cardiology  
American College of Chest Physicians  
American College of Correctional Physicians<sup>\*</sup>  
American College of Emergency Physicians  
American College of Gastroenterology  
American College of Legal Medicine  
American College of Lifestyle Medicine<sup>=</sup>  
American College of Medical Genetics and Genomics  
American College of Medical Quality  
American College of Mohs Surgery  
American College of Nuclear Medicine  
American College of Obstetricians and Gynecologists  
American College of Occupational and Environmental Medicine  
American College of Physicians  
American College of Preventive Medicine  
American College of Radiation Oncology  
American College of Radiology  
American College of Rheumatology  
American College of Surgeons  
American Contact Dermatitis Society  
American Dermatological Association<sup>\*</sup>  
American Epilepsy Society<sup>\*</sup>  
American Gastroenterological Association  
American Geriatrics Society  
American Hernia Society  
American Institute of Ultrasound in Medicine  
AMGA—American Medical Group Association<sup>+</sup>  
American Medical Womens Association  
American Orthopaedic Association  
American Orthopaedic Foot & Ankle Society  
American Osteopathic Association<sup>+</sup>  
American Psychiatric Association  
American Rhinologic Society  
American Roentgen Ray Society  
American Society for Aesthetic Plastic Surgery  
American Society for Clinical Pathology  
American Society for Dermatologic Surgery Association  
American Society for Gastrointestinal Endoscopy

## Specialty and Service Society (SSS) Member Organizations

American Society for Laser Medicine and Surgery\*

American Society for Metabolic and Bariatric Surgery

American Society for Radiation Oncology

American Society for Reconstructive Microsurgery

American Society for Reproductive Medicine

American Society for Surgery of the Hand

American Society of Addiction Medicine

American Society of Anesthesiologists

American Society of Breast Surgeons

American Society of Cataract and Refractive Surgery

American Society of Clinical Oncology/Association for Clinical Oncology

American Society of Colon & Rectal Surgeons

American Society of Cytopathology

American Society of Dermatopathology

American Society of Echocardiography

American Society of Hematology

American Society of Interventional Pain Physicians

American Society of Maxillofacial Surgeons

American Society of Nephrology\*

American Society of Neuroimaging

American Society of Neuroradiology

American Society of Nuclear Cardiology

American Society of Ophthalmic Plastic and Reconstructive Surgery

American Society of Plastic Surgeons

American Society of Regional Anesthesia and Pain Medicine

American Society of Retina Specialists

American Society of Transplant Surgeons

American Thoracic Society

American Urogynecologic Society\*

American Urological Association

American Vein and Lymphatic Society

American Venous Forum<sup>+</sup>

AMSUS—The Society of Federal Health Professionals

Association of Academic Physiatrists<sup>=</sup>

Association of Professors of Dermatology\*

Association of Academic Radiology

College of American Pathologists

Congress of Neurological Surgeons

Endocrine Society

Federal Service Branches

Air Force, Army, Navy,  
Public Health Service, Veterans Affairs

GLMA—Health Professionals Advancing LGBTQ+

Equality<sup>+</sup>

Heart Rhythm Society

Infectious Diseases Society of America

International Academy of Independent Medical Evaluators\*

International College of Surgeons—US Section

International Pain and Spine Intervention Society

International Society for the Advancement of Spine Surgery

International Society of Hair Restoration Surgery

Korean American Medical Association<sup>\*\*</sup>

National Association of Medical Examiners

National Medical Association<sup>+</sup>

North American Neuromodulation Society

North American Neuro-Ophthalmology Society

North American Spine Society

Obesity Medicine Association

Outpatient Endovascular and Interventional Society

Radiological Society of North America

Renal Physicians Association

Society for Cardiovascular Angiography & Interventions

Society for Cardiovascular Magnetic Resonance

Society for Investigative Dermatology

Society for Pediatric Dermatology<sup>=</sup>

Society for Vascular Surgery

Society of American Gastrointestinal and Endoscopic Surgeons

Society of Cardiovascular Computed Tomography

Society of Critical Care Medicine

Society of Hospital Medicine

Society of Interventional Radiology

Society of Laparoscopic & Robotic Surgeons

Society of Nuclear Medicine and Molecular Imaging

The Society of Thoracic Surgeons

The Triological Society

Undersea and Hyperbaric Medical Society

United States and Canadian Academy of Pathology\*

KEY

\* Represented in Specialty and Service Society only, not AMA

House of Delegates

=HOD admission anticipated in June 2024

+Professional Interest Medical Association

# 5 Year Review Schedule



## **5-year Review of National Medical Specialty Societies and Professional Interest Medical Associations**

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In 1987, the American Medical Association (AMA) House of Delegates (HOD) adopted Report A of the Council on Long-range Planning and Development, which established a 5-year review for specialty organizations seated in the HOD.

The 5-year review is a process designed to verify:

- That AMA membership within the specialty society is sufficient for continued eligibility in the AMA HOD
- That the specialty society meets the guidelines and bylaw requirements for representation in the HOD
- Every specialty organization and professional interest medical association represented in the HOD participates in the five-year review process according to the following schedule:

### **I-19, I-24, I-29**

American College of Cardiology  
American College of Chest Physicians  
American College of Emergency Physicians  
American College of Gastroenterology  
American College of Nuclear Medicine  
American Medical Group Association  
International Society for the Advancement of Spine Surgery  
National Association of Medical Examiners

### **A-20, A-25, A30**

American Academy of Otolaryngic Allergy  
American Association for Geriatric Psychiatry  
American College of Legal Medicine  
American College of Mohs Surgery  
American College of Physicians  
American College of Preventive Medicine  
American College of Radiology  
American College of Surgeons  
American Congress of Obstetricians and Gynecologists  
American Society of Breast Surgeons  
American Society of Retina Specialists  
American Vein and Lymphatic Society

Heart Rhythm Society  
Society of Hospital Medicine  
Undersea and Hyperbaric Medical Society

**I-20, I-25, I-30**

American College of Occupational and Environmental Medicine  
American Gastroenterological Association  
American Geriatrics Society  
American Orthopaedic Association  
American Psychiatric Association  
American Roentgen Ray Society  
American Society of Nuclear Cardiology  
Society of Cardiovascular Computed Tomography  
The Triological Society

**A-21, A-26, A31**

AMDA - The Society for Post-Acute and Long-Term Care Medicine  
American Academy of Child and Adolescent Psychiatry  
American Association of Clinical Endocrinologists American  
Association of Physicians of Indian Origin  
American College of Medical Genetics and Genomics  
American College of Radiation Oncology  
American Institute of Ultrasound in Medicine  
American Orthopaedic Foot and Ankle Society  
American Society for Clinical Pathology  
American Society of Anesthesiologists  
American Society of Cataract and Refractive Surgery  
American Society of Colon and Rectal Surgeons  
American Society of Dermatopathology  
American Society of Neuroradiology  
Obesity Medicine Association  
Renal Physicians Association  
Society of Critical Care Medicine  
Society of Interventional Radiology

**I-21, I-26, I-31**

American Academy of Insurance Medicine  
American Academy of Sleep Medicine  
American Society for Gastrointestinal Endoscopy  
American Society for Radiation Oncology  
American Society for Surgery of the Hand  
American Society of Plastic Surgeons  
American Urological Association  
AMSUS The Society of Federal Health Professionals

**A-22, A-27, A32**

Academy of Physicians in Clinical Research  
American Contact Dermas Society  
American Hernia Society  
American Society for Reproductive Medicine  
American Society of General Surgeons  
American Society of Hematology  
American Society of Regional Anesthesia and Pain Medicine  
American Society of Transplant Surgeons  
American Thoracic Society  
College of American Pathologists  
Congress of Neurological Surgeons  
International College of Surgeons  
International Society of Hair Restoration Surgery  
Outpatient Endovascular & Interventional Society  
Society for Cardiovascular Angiography and Interventions  
Society for Investigative Dermatology, Inc.  
United States and Canadian Academy of Pathology

**I-22, I-27, I-32**

American Association of Neuromuscular and Electrodiagnostic Medicine  
American College of Rheumatology  
American Society for Dermatologic Surgery Association  
American Society of Clinical Oncology/ Association for Clinical Oncology  
American Society of Maxillofacial Surgeons  
Radiological Society of North America  
Society of Nuclear Medicine and Molecular Imaging  
Society of Thoracic Surgeons

**A-23, A-28, A-33**

Aerospace Medical Association  
American Academy of Addiction Psychiatry  
American Academy of Dermatology  
American Academy of Facial Plastic and Reconstructive Surgery, Inc.  
American Academy of Family Physicians  
American Academy of Hospice and Palliative Medicine  
American Academy of Neurology  
American Academy of Psychiatry and the Law  
American Association for Hand Surgery  
American Association of Clinical Urologists, Inc.  
American Clinical Neurophysiology Society  
American Rhinologic Society  
American Society for Aesthetic Plastic Surgery  
American Society for Reconstructive Microsurgery

American Society of Addiction Medicine  
American Society of Echocardiography  
American Society of Neuroimaging  
American Society of Ophthalmic Plastic and Reconstructive Surgery  
GLMA - Health Professionals Advancing LGBTQ+ Equality  
North American Neuromodulation Society  
North American Neuro-Ophthalmology Society  
Society for Cardiovascular Magnetic Resonance  
The Endocrine Society  
The Spine Intervention Society

**I-23, I-28, I-23**

American Academy of Allergy, Asthma and Immunology American  
Academy of Ophthalmology, Inc.  
American Academy of Orthopaedic Surgeons  
American Academy of Otolaryngology—Head and Neck Surgery, Inc.  
American Academy of Pain Medicine  
American Academy of Pediatrics  
American Academy of Physical Medicine and Rehabilitation  
American Association of Neurological Surgeons

**A-24, A-29, A-34**

American Association of Gynecologic Laparoscopists  
American Academy of Cosmetic Surgery  
American Academy of Sleep Medicine  
American Association for Thoracic Surgery  
American Association of Plastic Surgeons  
American Association of Public Health Physicians  
American College of Allergy, Asthma and Immunology American  
American College of Medical Quality  
Society for Metabolic and Bariatric Surgery  
American Society of Cytopathology  
American Society of Interventional Pain Physicians  
Association of Academic Radiology  
Infectious Diseases Society of America  
Society of Laparoscopic Surgeons