

EMERGENCY RESOLUTION

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: Emergency 1001
(A-25)

Introduced by: American College of Physicians, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Association of Public Health Physicians, Infectious Diseases Society of America, American College of Medical Quality, American Society for Reproductive Medicine, American College of Gastroenterology, American Association of Gynecologic Laparoscopists, Endocrine Society, American Academy of Hospice and Palliative Medicine, American College of Lifestyle Medicine, American Association of Clinical Endocrinology, American College of Preventive Medicine, American College of Chest Physicians, American College of Medical Genetics and Genomics, American Geriatrics Society, GLMA: Health Professionals Advancing LGBTQ+ Equality, California Medical Association, Illinois State Medical Society, Medical Society of New Jersey, North Carolina Medical Society, Oklahoma State Medical Association, Medical Association of the State of Alabama, Medical Society of Virginia, South Dakota State Medical Association, Indiana State Medical Association, Washington State Medical Association, PacWest, LGBTQ+ Section, Medical Student Section, Women Physicians Section, Integrated Physicians Practice Section, Senior Physician Section, Preventive Medicine Section Council, Kansas Medical Society, Society of American Gastrointestinal and Endoscopic Surgeons

Subject: Advisory Committee on Immunization Practices

1 Whereas, the Advisory Committee on Immunization Practices (ACIP) is a public body; and

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3 Whereas, ACIP is a federal advisory committee that develops evidence-based recommendations
4 on the use of vaccines in the civilian population in the United States; and

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6 Whereas, the Centers for Disease Control and Prevention (CDC) sets the U.S. adult and
7 childhood immunization schedule based on recommendations of ACIP; and

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9 Whereas, vaccines recommended by the CDC must be covered under preventive services
10 mandate of the Affordable Care Act (ACA); and

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12 Whereas, ACIP is comprised of medical experts from several fields of medicine as well as public
13 members; and

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15 Whereas, ACIP decisions are evidenced-based and informed by input from stakeholders and
16 subject matter experts; and

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18 Whereas, conflicts of interest are always declared and open for review; and

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20 Whereas, the most recent decision by Secretary Kennedy to fundamentally alter the structure
21 and membership of ACIP is without appropriate due process or rationale; and

1 Whereas, vaccines have been proven to dramatically reduce hospitalization and death; and
2 Whereas, the public must have confidence in the science and process of vaccine
3 recommendations; and
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5 Whereas, it is imperative for recommendations to be made without political interference;
6 therefore be it
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8 RESOLVED, that our American Medical Association initiate sustained public advocacy in
9 support of the current Advisory Committee on Immunization Practices structure, including the
10 liaison representative program (Directive to Take Action); and be it further
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12 RESOLVED, that our AMA immediately send a letter to the Secretary of Health and Human
13 Services calling for an immediate reversal of the recent changes to the Advisory Committee on
14 Immunization Practices (Directive to Take Action); and be it further
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16 RESOLVED, that our AMA immediately send a letter to the Senate Committee on Health,
17 Education, Labor and Pensions (HELP) and request an investigation into the actions of the
18 Secretary regarding his administration of the Centers for Disease Control and Prevention and
19 Advisory Committee on Immunization Practices (Directive to Take Action); and be it further
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21 RESOLVED, that our AMA will identify and evaluate alternative evidence-based vaccine
22 advisory structures and invest resources in such initiatives, as necessary. (Directive to Take
23 Action)

Fiscal Note: \$2.5 Million annually: advocacy, committee operations, and staffing

Received: 6/10/25

RELEVANT AMA POLICY

Assuring Access to ACIP/AAFP/AAP-Recommended Vaccines H-440.875

1. It is our American Medical Policy that all persons, regardless of economic and insurance status, receive all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines as soon as possible following publication of these recommendations in the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR).
2. Our AMA will continue to work with the federal government, Congress, and other stakeholders to improve liability protection for vaccine manufacturers and health care professionals who provide immunization services and to examine and improve compensation mechanisms for patients who were legitimately injured by a vaccine.
3. Our AMA will continue to work with the federal government, Congress, and other appropriate stakeholders to enhance public opinion of vaccines and to monitor and ensure the continued safety of existing and newly approved vaccines (including providing adequate resources for post-approval surveillance) so as to maintain and improve public confidence in the safety of vaccines.
4. Our AMA will work with appropriate stakeholders, including vaccine manufacturers, vaccine distributors, the federal government, medical specialty societies, and third party payers, to guarantee a robust vaccine delivery infrastructure (including but not limited to, the research and development of new vaccines, the ability to track the real-time supply status of ACIP-recommended vaccines, and the timely distribution of ACIP-recommended vaccines to providers).
5. Our AMA will work with appropriate federal and state agencies and private sector entities to ensure that state Medicaid agencies and private insurance plans pay health care professionals at least the approved Relative Value Unit (RVU) administration Medicare rates for payment when they administer ACIP-recommended vaccines.

6. Our AMA will work with the Centers for Medicare and Medicaid Services (CMS) to address barriers associated with Medicare recipients receiving live zoster vaccine and the routine boosters Td and Tdap in physicians' offices.
7. Our AMA will work through appropriate state entities to ensure all health insurance plans rapidly include newly ACIP-recommended vaccines in their list of covered benefits, and to pay health care professionals fairly for the purchase and administration of ACIP-recommended vaccines.
8. Our AMA will urge Medicare to include Tdap (Tetanus, Diphtheria, Acellular Pertussis) under Medicare Part B as a national public health measure to help prevent the spread of Pertussis.
9. Until compliance of our AMA Policy H-440.875(6) is actualized to the AMA's satisfaction regarding the tetanus vaccine, our AMA will aggressively petition CMS to include tetanus and Tdap at both the "Welcome to Medicare" and Annual Medicare Wellness visits, and other clinically appropriate encounters, as additional "triggering event codes" (using the AT or another modifier) that allow for coverage and payment of vaccines to Medicare recipients.
10. Our AMA will aggressively petition CMS to include coverage and payment for any vaccinations administered to Medicare patients that are recommended by the ACIP, the US Preventive Services Task Force (USPSTF), or based on prevailing preventive clinical health guidelines.