AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-25)

Final Report of Reference Committee E

Charles Van Way, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Council on Science and Public Health Report 5 – Screening for Image Manipulation in Research Publications
2. Resolution 501 – Safer Buttons/Coin Batteries
3. Resolution 504 – Physician Performed Microscopy Designation for Synovial Fluid Crystal Exam: Modify the Clinical Laboratory Amendment of 1988
4. Resolution 513 - Transparency on Comparative Effectiveness in Direct-to-Consumer Advertising
5. Resolution 516 – Creating a Registry of Potential Side Effects of GIP & GLP-1 Medications
6. Resolution 518 – Mandatory Accreditation and Regular Inspections of Hyperbaric Chambers
7. *Resolution 519 – Framework to Convey Evidence-Based Medicine in AI Tools Used in Clinical Decision Making

RECOMMENDED FOR ADOPTION AS AMENDED

8. Council on Science and Public Health Report 1 – Council on Science and Public Health Sunset Review of 2015 House Policies
9. *Council on Science and Public Health Report 8 – Explainability of Artificial/Augmented Intelligence and Machine Learning Algorithms
10. Council on Science and Public Health Report 9 – Rare Disease Advisory Councils
11. Resolution 502 – NIH Grant Funding for Medical Research
12. *Resolution 503 – Safeguarding Neural Data Collected by Neurotechnologies
13. Resolution 506 – Opposing the use of harm reduction items as evidence of commercial sex work
14. *Resolution 507 Clinical and Public Safety Implications of AI-Generated Content and Symbolic Compliance Infrastructure and Resolution
15. Resolution 509 – Allergen Labeling for Spices and Herbs
16. Resolution 510 - Improving Cybersecurity Standards for Healthcare Entities
17. *Resolution 511 – Increased Transparency Among Psychotropic Drug Administration in Prisons
18. *Resolution 512 – Preventing Drug-Facilitated Sexual Assault in Drinking Establishments
19. Resolution 515 – Nitrous Oxide Abuse
20. *Resolution 517 – In Support of a National Drug Checking Registry
21. *Resolution 522 – Access to Important and Essential Drugs

RECOMMENDED FOR ADOPTION IN LIEU OF

22. *Resolution 514 – Support for a Nicotine Free Generation

RECOMMENDED FOR REFERRAL

23. Resolution 505 - Mandating Properly Fitting Lead Aprons in Hospitals
24. *Resolution 508 - Standardizing Safety Requirements for Traditional and Rideshare-Based Non-Emergency Medical Transportation
25. Resolution 520 - Study of Grading Systems in AMA Board Reports

RECOMMENDATION FOR REAFFIRMATION IN LIEU OF

26. Resolution 521 – Warning Labels on OTC Sleep Aids

Amendments

If you wish to propose an amendment to an item of business, click here:
Submit New Amendment

*Your Reference Committee recommendation has changed from the Preliminary Report

RECOMMENDED FOR ADOPTION

(1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 5 - SCREENING FOR IMAGE MANIPULATION IN RESEARCH PUBLICATIONS

RECOMMENDATION:

Your Reference Committee recommends the recommendations in Council on Science and Public Health Report 5 be adopted and the remainder of the report be filed.

The Council on Science and Public Health recommends that the following be adopted in lieu of Resolution 506-A-24, and that the remainder of the report be filed:

The policy H-460.972, "Fraud and Misrepresentation in Science," be amended by addition to read as follows:

Our American Medical Association supports the promotion of structured discussions of ethics that include research, clinical practice, and basic human values within all medical school curricula and fellowship training programs;
Our AMA supports the promotion, through AMA publications and other vehicles, of
A clear understanding of the scientific process, possible sources of error, and the difference between intentional and unintentional scientific misrepresentation.
Multidisciplinary discussions to formulate a standardized definition of scientific fraud and misrepresentation that elaborates on unacceptable behavior.
Our AMA supports the promotion of discussions on the peer review process and the role of the physician investigator.
Our AMA supports the development of specific standardized guidelines dealing with the disposition of primary research data, authorship responsibilities, supervision of research trainees, role of institutional standards, and potential sanctions for individuals proved guilty of scientific misconduct.
Our AMA supports the sharing of information about scientific misconduct among institutions, funding agencies, professional societies, and biomedical research journals
Our AMA will educate, at appropriate intervals, physicians and physicians-in-training about the currently defined difference between being an "author" and being a "contributor" as defined by the Uniform Requirements for Manuscripts of the International Committee of Medical Journal Editors, as well as the varied potential for industry bias between these terms.
Our AMA supports policies requiring authors to disclose the use of generative artificial/augmented intelligence programs to best allow for content to be reviewed for intentional and unintentional scientific misrepresentation.
Our AMA supports efforts to disseminate accurate and valid research findings, and to combat research and publication fraud, in the face of rapidly advancing technology. (Modify HOD Policy)

That policy H-460.980, "Ethical and Societal Considerations in Research" be reaffirmed. (Reaffirm HOD Policy)

Your Reference Committee heard supportive testimony for this report, noting the timely need for policy regarding the concerns for augmented intelligence interfering with the authenticity and validity of research and scholarship. The original authors of the resolution, which resulted in this report, supported the report's recommendations despite this study pivoting from their initial request given the feasibility and the potential for duplicating current academic efforts. Therefore, your Reference Committee recommends that Council on Science and Public Health Report 5 be adopted.

(2) RESOLUTION 501 – SAFER BUTTONS/COIN BATTERIES

RECOMMENDATION:

Your Reference Committee recommends that Resolution 501 be <u>adopted</u>.

RESOLVED, that our American Medical Association promote a definition of safer button or coin cell battery as one which will not cause significant tissue injury if lodged in the body but will still adequately function to power electronic devices (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for industry development and employment of safer button battery technology. (Directive to Take Action)

Your Reference Committee heard unanimously supportive testimony for this resolution, noting the many injuries that batteries can cause to children and infants. Therefore, your Reference Committee recommends this resolution be adopted.

(3) RESOLUTION 504 - PHYSICIAN PERFORMED MICROSCOPY DESIGNATION FOR SYNOVIAL FLUID CRYSTAL EXAM: MODIFY THE CLINICAL LABORATORY AMENDMENT OF 1988

RECOMMENDATION:

Your Reference Committee recommends that Resolution 504 be <u>adopted</u>.

RESOLVED, that our American Medical Association adopt the position that the CLIA Laboratory Amendment of 1988 should be modified to categorize synovial fluid crystal analysis as a permitted PPMP, to be performed by appropriately trained physicians. (New HOD Policy)

Your Reference Committee heard unanimously supportive testimony on this resolution. It was noted that there previously was a mechanism for physician input into this process, but that mechanism has been closed. Therefore, your Reference Committee recommends that Resolution 504 be adopted.

(4) RESOLUTION 513 - TRANSPARENCY ON COMPARATIVE EFFECTIVENESS IN DIRECT-TO-CONSUMER ADVERTISING

RECOMMENDATION:

Your Reference Committee recommends that Resolution 513 be <u>adopted</u>.

RESOLVED, that our American Medical Association supports the designation of an appropriate government health agency, such as the Agency for Healthcare Research and Quality (AHRQ), to:

a. Review data on diagnostic and treatment modalities, prioritizing evidence from randomized controlled clinical trials;
b. Evaluate their comparative effectiveness when compared to existing standard of care and other benefits such as convenience, formulation, and route of administration;
c. Require that any corporate advertisements for a modality include agency-approved information on comparative effectiveness. (New HOD Policy)

Your Reference Committee heard supportive testimony on Resolution 513. Testimony noted that the proposed policy is in line with existing policy from other physician organizations and that direct-to-consumer advertising is a pervasive issue in the United States. Your Reference Committee notes the similarities with existing policy, but recognizes the resolution broadens the scope and oversight over direct-to-consumer advertising claims. Testimony noted that this should apply not just to television advertising but also to digital and social media advertisements. Your Reference Committee agrees that social media advertising would be an important place for this work but agrees the language in the resolve statement is broad enough to be inclusive of all advertising as written. Therefore, your Reference Committee recommends that Resolution 513 be adopted.

(5) RESOLUTION 516 - CREATING A REGISTRY OF POTENTIAL SIDE EFFECTS OF GIP & GLP-1 MEDICATIONS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 516 be <u>adopted</u>.

RESOLVED, that our American Medical Association support and call for a registry of GIP and GLP-1 receptor agonists' side effects, as well as potential impacts on pregnancy (Directive to Take Action).

Your Reference Committee heard extensive and mixed testimony on resolution 516. Testimony against this resolution noted that GLP-1 drugs have been available since at least 2006 with almost 20 years of existing data and a sizeable amount of peer-reviewed research demonstrating safety in patients with diabetes. Additionally, testimony noted that a new registry is unnecessary as the FDA has a public registry on adverse drug events,

the FDA Adverse Event Reporting System (FAERS). In contrast, considerable testimony raised concerns regarding the widespread usage of GIP and GLP-1 drugs outside of patients with diabetes, especially in relation to pregnancy. The potential side effects associated with long-term usage were also noted repeatedly. Given the broader utilization of GIP and GLP-1 drugs, your Reference Committee recommends that Resolution 516 be adopted.

(6) RESOLUTION 518 - MANDATORY ACCREDITATION AND REGULAR INSPECTIONS OF HYPERBARIC CHAMBERS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 518 be <u>adopted</u>.

RESOLVED, that our American Medical Association recommend that all states within the United States require hyperbaric chamber facilities to be accredited by the Undersea and Hyperbaric Medical Society (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for at least annual inspections of hyperbaric chambers by the manufacturer or other approved biomedical equipment personnel to ensure compliance with safety standards (Directive to Take Action); and be it further

RESOLVED, that our AMA support legislative efforts to establish uniform national standards for the operation and maintenance of hyperbaric chambers. (New HOD Policy)

Your Reference Committee heard supportive testimony on this resolution noting that there has been widespread usage of hyperbaric chambers for many indications both medical and non-medical. Testimony noted that while there are approximately 1,200 hyperbaric chamber facilities in the U.S., only 200 are accredited. In addition to the recent death of a child in Michigan, there have been numerous other tragedies over decades. In online testimony, one delegation recommended amending the resolution by asking AMA to advocate that accreditation be necessary for payor reimbursement of hyperbaric therapy. There was no additional support for this potential amendment. There was some testimony suggesting a change in the title noting that hyperbaric chambers are inspected and facilities are accredited. Your Reference Committee thought the current title was sufficient. Therefore, your Reference Committee recommends that Resolution 518 be adopted.

(7) *RESOLUTION 519 - FRAMEWORK TO CONVEY EVIDENCE-BASED MEDICINE IN AI TOOLS USED IN CLINICAL DECISION MAKING

RECOMMENDATION:

Your Reference Committee recommends that Resolution 519 be adopted.

RESOLVED, that our American Medical Association collaborate with stakeholders, including physicians, academic institutions, and industry leaders, to create a report by A-26 with recommendations for how AI tools used in clinical decision support convey transparency in the quality of medical evidence and the grading of medical evidence to physicians and advanced care practitioners so clinical recommendations can be accurately verified and validated. (Directive to Take Action)

Your Reference Committee heard copious and passionate testimony regarding Resolution 519. It was noted that augmented intelligence (AI) is moving quickly and there is a strong interest in being proactive with our policy. Authors of this resolution noted the need to build a framework of collaborators, including our AI Task Force among other stakeholders, to fully understand how to effectively and accurately convey the quality of medical evidence for use as a clinical decision-making tool. As such, your Reference Committee recommends that Resolution 519 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(8) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 1 - COUNCIL ON SCIENCE AND PUBLIC HEALTH SUNSET REVIEW OF 2015 HOUSE POLICIES

RECOMMENDATION A:

Your Reference Committee recommends that Council on Science and Public Health Report 1 be amended by addition to read as follows:

That our AMA policies listed in the appendix to this report be acted upon in the manner indicated, with the exception of policy D-65.995, which should be amended by addition and deletion to read as follows:

Health Disparities Among ~~Gay, Lesbian, Bisexual, Transgender and Queer~~ LGBTQ+ Families

Our AMA supports reducing the health disparities suffered because of unequal treatment of minor children and ~~same sex parents in same sex households~~ their parents in LGBTQ+ households by supporting equality in laws affecting health care of ~~members~~ LGBTQ+ families ~~in same sex partner households and their dependent children~~.

RECOMMENDATION B:
Your Reference Committee recommends that Council on Science and Public Health Report 1 be adopted as amended and the remainder of the report be filed.

The Council on Science and Public Health recommends that the House of Delegates policies listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. (Directive to Take Action)

Your Reference Committee heard limited but supportive testimony for the annual sunset review of 2015 policies, with editorial amendments to align grammar and/or person-first language where appropriate. A CDC representative proposed amendments to expand several policies. The proposed amendments were determined to be outside the scope of the sunset review process, which is limited to retaining the policy, sunsetting the policy, or retaining the policy in part. Therefore, your Reference Committee recommends that the recommendations be adopted as amended.

(9) *COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 8 - EXPLAINABILITY OF ARTIFICIAL/AUGMENTED INTELLIGENCE AND MACHINE LEARNING ALGORITHMS

RECOMMENDATION A:

Your Reference Committee recommends that the first resolve of Council on Science and Public Health Report 8 be amended by addition and deletion to read as follows:

1. To maximize the impact and trustworthiness of augmented intelligence and machine-learning (AI/ML) tools in clinical settings, our AMA recognizes that:
a. Explainable AI with safety and efficacy data should be the expected form of AI tools for clinical applications, and exceptions should be rare and justified and require at minimum safety and efficacy data prior to their adoption or regulatory approval.
b. To be considered "explainable," an AI device's explanation of how it arrived at its output must be interpretable and actionable by a qualified human ~~trained expert~~. Claims that an algorithm is explainable should be adjudicated only by independent third parties, such as regulatory agencies or appropriate specialty societies, rather than by declaration from its developer.
c. Explainability should not be used as a substitute for other means of establishing safety and efficacy of AI tools, such as through randomized clinical trials.
d. Concerns of intellectual property (IP) infringement, when provided as rationale for not explaining how an AI device created its output, does not nullify a patient's right to transparency and autonomy in medical decision-making. While intellectual property should be afforded a certain level of protection, concerns of infringement should not outweigh the need for explainability for AI with medical applications. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that the recommendations in Council on Science and Public Health Report 8 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 that the remainder of the report be filed:

2. To maximize the impact and trustworthiness of augmented intelligence and machine-learning (AI/ML) tools in clinical settings, our AMA recognizes that:

a. Explainable AI with safety and efficacy data should be the expected form of AI tools for clinical applications, and exceptions should be rare and require at minimum safety and efficacy data prior to their adoption or regulatory approval.

b. To be considered "explainable," an AI device's explanation of how it arrived at its output must be interpretable and actionable by a trained expert. Claims that an algorithm is explainable should be adjudicated only by independent third parties, such as regulatory agencies or appropriate specialty societies, rather than by declaration from its developer.

c. Explainability should not be used as a substitute for other means of establishing safety and efficacy of AI tools, such as through randomized clinical trials.

d. Concerns of intellectual property (IP) infringement, when provided as rationale for not explaining how an AI device created its output, does not nullify a patient's right to transparency and autonomy in medical decision-making. While intellectual property should be afforded a certain level of protection, concerns of infringement should not outweigh the need for explainability for AI with medical applications. (New HOD Policy)

3. That our American Medical Association will collaborate with experts and interested parties to develop and disseminate a list of definitions for key concepts related to medical AI and its oversight. (Directive to Take Action)

4. That policies H-480.931, "Assessing the Intersection Between AI and Health Care," H-480.939, "Augmented Intelligence in Health Care," and H-480.940, "Augmented Intelligence in Health Care" be reaffirmed. (Reaffirm HOD Policy)

Your Reference Committee heard testimony that was largely supportive of the spirit and content of the report, highlighting the need for transparency of AI products. Additional testimony noted how explainability with AI products cannot be a substitute, but a supportive tool for safe and effective patient care. An amendment was proffered for language alignment across other work in this area. Another amendment with minor language adjustments was proposed to avoid boxing in the policy work of our AMA. Your Council rebutted that one portion of the amendment altered the meaning of the resolve substantially, which your Reference Committee agreed. It is recognized by testimony and by your Reference Committee that this is a novel area that requires continued study as this technology evolves. Therefore, your Reference Committee recommends that the recommendations in Council on Science and Public Health Report 8 be adopted as amended.

(10) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 9 – RARE DISEASE ADVISORY COUNCILS

RECOMMENDATION A:

Your Reference Committee recommends that the addition to Policy H-460.880 be amended by addition to read as follows:

Our AMA supports the establishment of Rare Disease Advisory Councils to inform policymakers and other interested parties about the unique challenges faced by patients with rare diseases and their caregivers. Rare Disease Advisory Councils should include voting representation from patients with rare disease and a range of physicians who specialize in the diagnosis and/or treatment of rare disease, among other interested parties.

RECOMMENDATION B:

Your Reference Committee recommends that the 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 that the remainder of the report be filed:
That Policy H-460.880, "Recognizing the Burden of Rare Disease" be amended by addition to read as follows:
H-460.880, "Recognizing the Burden of Rare Disease"
Our American Medical Association recognizes the under-treatment and under-diagnosis of orphan diseases, the burden of costs to health care systems and affected individuals, and the health disparities among patients with orphan diseases.
Our AMA supports efforts to increase awareness of patient registries, to improve diagnostic and genetic tests, and to incentivize drug companies and medical device companies to develop novel therapeutics and devices to better understand and treat orphan diseases.
Our AMA supports the study, approval, and coverage of implantable medical devices and therapeutics via FDA Humanitarian Device Exemption for treatment of orphan diseases.
Our AMA supports the establishment of Rare Disease Advisory Councils to inform policymakers and other interested parties about the unique challenges faced by patients with rare diseases and their caregivers. Rare Disease Advisory Councils should include voting representation from patients with rare disease and physicians who specialize in the diagnosis and/or treatment of rare disease, among other interested parties.
Our AMA recommends Rare Disease Advisory Councils should develop guidance on management of conflicts of interest (especially financial conflicts) and appropriate conditions for recusal from discussions and decisions. (Modify Current HOD Policy)

Your Reference Committee heard mostly supportive testimony on this report, citing the need for awareness and support for patients with rare diseases. One amendment was proffered to ensure a variety of physicians are included in rare disease advisory councils. Another amendment sought to clarify that “range” of physicians means “at least two” physicians. Your Reference Committee recognizes that each state’s rare disease advisory committee is different, and we are therefore hesitant to be overly prescriptive. We ultimately felt that leaving the word “range” was sufficient. Testimony at the in-person hearing noted that an amendment was going to be submitted listing specific rare diseases. However, that amendment language was not received by your Reference Committee, and it was ultimately decided that listing specific rare diseases was unnecessary. Furthermore, an amendment was proposed to help foster specialized training for health care professionals and trainees. While important, your Reference Committee believes this amendment was outside the scope of this report. Your Reference Committee recommends that the recommendations in Council of Science and Public Health Report 9 be adopted as amended.

(11) *RESOLUTION 502 - NIH GRANT FUNDING FOR MEDICAL RESEARCH

RECOMMENDATION A:

Your Reference Committee recommends that the first Resolve of Resolution 502 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA will work with the National Institutes of Health (NIH), other governmental funding agencies, and ~~other~~ relevant stakeholders to ~~1)~~ oppose arbitrary and unilateral caps on indirect costs, including facilities and administrative reimbursements, in federal grants (including NIH grants and other governmental funding agencies) or any funding policy that restricts critical early-stage and independent research as well as grant-funded training programs. ~~and 2) protect the ability of research institutions to negotiate indirect cost rates to ensure researchers can recover the full cost of conducting federally funded research~~ (Directive to Take Action)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 502 be amended by addition of a second Resolve to read as follows:

RESOLVED, that our AMA will work with the National Institutes of Health (NIH), other governmental funding agencies, and relevant stakeholders to protect the ability of research institutions to negotiate indirect cost rates to ensure the sustainability of federally funded biomedical research. (Directive to Take Action)

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 502 be adopted as amended.

RESOLVED, that our American Medical Association will work with the National Institutes of Health (NIH) and other relevant stakeholders to 1) oppose caps on indirect costs, including facilities and administrative reimbursements, in federal grants (including NIH grants) or any funding policy that restricts critical early-stage and independent research, and 2) protect the ability of research institutions to negotiate indirect cost rates to ensure researchers can recover the full cost of conducting federally funded research (Directive to Take Action); and be it further

RESOLVED, that our AMA will advocate for targeted reforms to streamline administrative and regulatory requirements in order to achieve sustainable cost reductions while preserving essential research infrastructure. (Directive to Take Action)

Your Reference Committee heard extensive supportive testimony highlighting the urgent need for our AMA to advocate for federal research funding and oppose caps on indirect costs in federal grants, such as NIH grants. There were many amendments proffered online, that were included in the Preliminary Report. In-person testimony noted the importance of indirect funding going to support research and not to simply fund an institution, seeking a focused and sustainable model, and your Reference Committee agreed. As such, your Reference Committee recommends that Resolution 502 be adopted as amended.

(12) *RESOLUTION 503 - SAFEGUARDING NEURAL DATA COLLECTED BY NEUROTECHNOLOGIES

RECOMMENDATION A:

Your Reference Committee recommends that the first Resolve of Resolution 503 be deleted.

~~**RESOLVED, that our American Medical Association recognizes and supports the extraordinary developments in neurotechnologies and the promise they hold for building understanding of how the brain and nervous system work, for the treatment and curing of neurological diseases, and for helping all people achieve their maximum potential (New HOD Policy); and be it further**~~

RECOMMENDATION B:

Your Reference Committee recommends that the second Resolve of Resolution 503 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA support legislative and regulatory efforts to protect the privacy and security of individuals' neurological data ~~patients and all people in the United States from risks to mental privacy, identity, and agency,~~ as well as protection from discrimination and inequality that may be caused by the use of neurotechnologies (New HOD Policy).

RECOMMENDATION C:

Your Reference Committee recommends that the third resolve of Resolution 503 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA ~~reaffirm~~ recognizes that neural data is information obtained by measuring the activity of a person's central or peripheral nervous system through the use of neurotechnologies, but ~~and~~ neural data does not include ~~inferential~~ data inferred from nonneural information (New HOD Policy); and be it further

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 503 be adopted as amended.

RESOLVED, that our American Medical Association recognizes and supports the extraordinary developments in neurotechnologies and the promise they hold for building understanding of how the brain and nervous system work, for the treatment and curing of neurological diseases, and for helping all people achieve their maximum potential (New HOD Policy); and be it further

RESOLVED, that our AMA support legislative and regulatory efforts to protect patients and all people in the United States from risks to mental privacy, identity, and agency, as well as from discrimination and inequality that may be caused by neurotechnologies (New HOD Policy); and be it further

RESOLVED, that our AMA reaffirm that neural data is information obtained by measuring the activity of a person's central or peripheral nervous system through the use of neurotechnologies and neural data does not include inferential data from nonneural information (New HOD Policy); and be it further

RESOLVED, that our AMA oppose any efforts to broaden the consensus medical definition of neural data to include data inferred from nonneural information gathered by biosensors (including biometric devices), as this is a distinct category of data with its own independent qualities and regulatory needs. (New HOD Policy)

Your Reference Committee heard mixed but generally supportive testimony on Resolution 503. Online testimony included strong support for this resolution and emphasized the urgent need for regulations on data protection and privacy in commercial neurotechnology products. An amendment was submitted by the original authors to emphasize the definition of neural data. This amendment was agreed upon in further testimony. While other testimony suggested striking out the later resolve clauses to focus on the core intent of the resolution, others disagreed. Therefore, Your Reference Committee agrees with the initial proffered amendment and recommends Resolution 503 be adopted as amended.

(13) RESOLUTION 506 - OPPOSING THE USE OF HARM REDUCTION ITEMS AS EVIDENCE OF COMMERCIAL SEX WORK

RECOMMENDATION A:

Your Reference Committee recommends that the first Resolve of Resolution 506 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association supports the availability and access to harm reduction tools for ~~sex workers~~ people who exchange sex for money to protect their health and well-being (New HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second Resolve of Resolution 506 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA opposes the use of harm reduction tools as evidence in the prosecution of ~~sex workers~~ people who exchange sex for money.

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 506 be adopted as amended.

RECOMMENDATION D:

Your Reference Committee recommends that the title be changed of Resolution 506 to read as follows:

OPPOSING THE USE OF HARM REDUCTION ITEMS AS EVIDENCE OF EXCHANGING SEX FOR MONEY

RESOLVED, that our American Medical Association supports the availability and access to harm reduction tools for sex workers to protect their health and well-being; and be it further (New HOD Policy); and be it further

RESOLVED, that our AMA opposes the use of harm reduction tools as evidence in the prosecution of sex workers. (New HOD Policy)

Your Reference Committee heard supportive testimony on Resolution 506. An amendment was proffered to ensure the usage of person-first language in the resolution. There was one piece of testimony that opposed this amendment, with concern that broadening the language implied that the term “sex-worker” was derogatory. However,

others noted that the amendments help to target many groups, including people who are being sex trafficked. Therefore, Your Reference Committee recommends that Resolution 506 be adopted as amended.

(14) *RESOLUTION 507 – CLINICAL AND PUBLIC SAFETY IMPLICATIONS OF AI-GENERATED CONTENT AND SYMBOLIC COMPLIANCE INFRASTRUCTURE

RECOMMENDATION A:

Your Reference Committee recommends that the first resolve of Resolution 507 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association recognize the necessity of symbolic safety mechanisms—including, but not limited to watermarking, authorship attribution, pediatric safety filtering, public safety modes, mirroring control, fallback logic, and symbolic audit trails—as ~~critical~~ infrastructure components for the safe use of AI-generated content in clinical and public health settings (New HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the third resolve of Resolution 507 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA advocate for public and private entities developing or deploying generative AI in healthcare, education, and public communication to consider including ~~include~~ symbolic safety features such as authorship attribution, pediatric safeguards, fallback systems, and traceability mechanisms to potentially help ensure ethical and regulatory alignment across all deployment contexts. (Directive to Take Action)

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 507 be adopted as amended.

RESOLVED, that our American Medical Association recognize symbolic safety mechanisms—including watermarking, authorship attribution, pediatric safety filtering, public safety modes, mirroring control, fallback logic, and symbolic audit trails—as critical infrastructure components for the safe use of AI-generated content in clinical and public health settings (New HOD Policy); and be it further

RESOLVED, that our AMA request that the Council on Science and Public Health (CSAPH) prepare a report evaluating the clinical, scientific, and public health implications of symbolic safety infrastructure for AI-generated content, including its role in protecting patient trust, minimizing medical misinformation, ensuring age-appropriate communication, and preserving accountability in health-related decision making (Directive to Takek Action); and be it further

RESOLVED, that our AMA advocate for public and private entities developing or deploying generative AI in healthcare, education, and public communication to include symbolic safety features such as authorship attribution, pediatric safeguards, fallback systems, and traceability mechanisms to ensure ethical and regulatory alignment across all deployment contexts. (Directive to Take Action)

Your Reference Committee heard copious and mixed testimony on Resolution 507. From all the testimony, it was clear that transparency in AI for clinicians and their patients is quickly evolving, and delegates are interested in policy to support their work. Your Council and others testified that this policy asks for a study while also actively recognizing and advocating for the evidence therein – placing the cart in front of the horse, potentially placing our AMA at risk for advocate in the absence of evidence. Your Reference Committee agreed that advocating for this work without the evidence to support would be premature, but also recognizes the interest for policy to drive work in this fast-moving industry. The resolution was amended to temper the language to support the work but provide flexibility as we gain more information. As such, your Reference Committee recommends Resolution 507 be adopted as amended.

(15) RESOLUTION 509 - ALLERGEN LABELING FOR SPICES AND HERBS

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 509 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, that our American Medical Association support requirements for ~~transparent~~ <u>public</u> disclosure of individual ingredients in aggregate categories, such as "spices and herbs," and regular U.S. Food and Drug Administration (FDA) evaluation of labeling exemptions. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 509 be <u>adopted as amended.</u>

RESOLVED, that our American Medical Association support requirements for transparent disclosure of individual ingredients in aggregate categories, such as "spices and herbs," and regular U.S. Food and Drug Administration (FDA) evaluation of labeling exemptions. (New HOD Policy)

Your Reference Committee heard limited but supportive testimony on this resolution. Testimony noted gaps in physicians' ability to diagnose and manage reactions in non-allergens, but was supportive of the amended language. As such, your Reference Committee recommends Resolution 509 be adopted as amended.

(16) RESOLUTION 510 - IMPROVING CYBERSECURITY STANDARDS FOR HEALTHCARE ENTITIES

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 510 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, that our American Medical Association support the establishment of ~~minimum~~ cybersecurity standards, including, but not limited to~~,~~ the use of multi-factor authentication, timely updates, and encryption for HIPAA covered entities, <u>designed to support a risk-based approach with security-by-design principles that are subject to periodic review and updating</u>. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 510 be <u>adopted as amended</u>.

RESOLVED, that our American Medical Association support the establishment of minimum cybersecurity standards, including, but not limited to, the use of multi-factor authentication, timely updates, and encryption for HIPAA covered entities. (New HOD Policy)

Your Reference Committee heard generally supportive testimony for this resolution. Online testimony noted concerns with the sweeping nature of minimum cybersecurity standards being too onerous financially and practically for smaller practices. Your Reference Committee addressed these concerns in the preliminary report and called for a risk-based approach using security-by-design principles, which provide flexibility and financial stability for cybersecurity, where larger institutions with a higher risk profile may need higher levels of security and can support a higher cost. The in-person testimony noted support for the Reference Committee's approach to this resolution, which provides an equitable solution for smaller practices. As such, your Reference Committee recommends Resolution 510 be adopted as amended.

(17) *RESOLUTION 511 - INCREASED TRANSPARENCY AMONG PSYCHOTROPIC DRUG ADMINISTRATION IN PRISONS

RECOMMENDATION A:

Your Reference Committee recommends that the second resolve of Resolution 511 be amended by deletion to read as follows:

RESOLVED, that our AMA support increased transparency from ~~state and federal~~ jails and prisons surrounding protocols pertaining to the administration of psychotropic medications, including components such as dosage, frequency, duration, allowed formularies, management of side effects, and requirements for oversight by a psychiatrist or another physician with expertise in mental illness. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 511 be adopted as amended.

RESOLVED, that our American Medical Association study issues surrounding the use of psychotropic medications in the carceral system, including inconsistencies in dosage, frequency, duration, allowed formularies, side effects, and oversight by a psychiatrist or another physician with expertise in mental illness (Directive to Take Action); and be it further

RESOLVED, that our AMA support increased transparency from state and federal jails and prisons surrounding protocols pertaining to the administration of psychotropic medications, including components such as dosage, frequency, duration, allowed formularies, management of side effects, and requirements for oversight by a psychiatrist or another physician with expertise in mental illness. (New HOD Policy)

Your Reference Committee heard supportive testimony on this resolution. Amendments were suggested to broaden the categorization to include all jails and prisons. Your Reference Committee thought the best approach was to delete reference to “state and federal” to focus the policy on jails and prisons broadly and make it inclusive of privately owned prisons as well. An amendment was proffered removing the requirements of oversight by a physician, however testimony in opposition of this amendment prevailed primarily due to scope of practice concerns. Therefore, your Reference Committee recommends that Resolution 511 be adopted as amended.

(18) *RESOLUTION 512 - PREVENTING DRUG-FACILITATED SEXUAL ASSAULT IN DRINKING ESTABLISHMENTS

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 512 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA support federal, state, and local efforts to prevent drug-facilitated sexual assault, including: 1) the legalization and provision of drug detection equipment in establishments that sell alcohol and 2) ~~through~~ the establishment of public education campaigns. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 512 be adopted as amended.

RESOLVED, that our American Medical Association support federal, state, and local efforts to prevent drug-facilitated sexual assault, including provision of drug detection equipment in establishments that sell alcohol and through public education campaigns. (New HOD Policy)

Your Reference Committee heard limited, but supportive testimony on this resolution. Two amendments were proffered to add in language related to legalization and the establishment of public education campaigns for readability. Your Reference Committee agreed with these amendments. Therefore, your Reference Committee recommends that Resolution 512 be adopted as amended.

(19) RESOLUTION 515 – NITROUS OXIDE ABUSE

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 515 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association support efforts on the federal level to educate the public regarding the harmful effects of recreational use of inhaled nitrous oxide ~~use~~ and work with all relevant local stakeholders to limit the ability of non-medical facilities to acquire nitrous oxide for recreational inhalation purposes. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 515 be adopted as amended.

RECOMMENDATION C:

Your Reference Committee recommends that the title of Resolution 515 be changed to read as follows:

NITROUS OXIDE MISUSE

RESOLVED, that our American Medical Association support efforts on the federal level to educate the public regarding the harmful effects of inhaled nitrous oxide use and work with local stakeholders to limit the ability to acquire nitrous oxide for inhalation purposes. (New HOD Policy)

Your Reference Committee heard only supportive testimony on Resolution 515. Amendments were proffered to ensure the delineation between medical use and recreational use of nitrous oxide. The title revision ensures continuity with current AMA language policy. Therefore, your Reference Committee recommends that Resolution 515 be adopted as amended.

(20) *RESOLUTION 517 - IN SUPPORT OF A NATIONAL DRUG CHECKING REGISTRY

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 517 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association study the creation of a national drug-checking data system ~~registry~~ that would provide a mechanism whereby community-run drug-checking services may communicate their de-identified results, with legal protections, data use agreements, and user opt-in/opt-out mechanisms. (Directive to Take Action)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 517 be adopted as amended.

RESOLVED, that our American Medical Association study the creation of a national drug-checking registry that would provide a mechanism whereby community-run drug-checking services may communicate their results. (Directive to Take Action)

Your Reference Committee heard supportive testimony on this resolution. An amendment was submitted to avoid the use of the word “registry”, because it implied nefariously tracking people. The amendment recommended the words “data system” as an alternative, which was supported by the authors of the resolution. It was also noted results should be de-identified and there should be legal protections as well as user opt-in/opt-out mechanisms. Testimony was heard in support of the amended language; therefore, your Reference Committee recommends that Resolution 517 be adopted as amended.

(21) *RESOLUTION 522 - ACCESS TO IMPORTANT AND ESSENTIAL DRUGS

RECOMMENDATION A:
Your Reference committee recommends that the second resolve clause of Resolution 522 be amended by addition to read as follows:

RESOLVED, that our AMA urges Congress to pass comprehensive legislation to mitigate existing drug shortages and prevent future shortages of lifesaving and life-prolonging drugs. A comprehensive approach would include, but not be limited to the following:

- **Address economic factors that drive generic manufacturers out of the market and consider stabilizing the market with long-term contracts and guaranteed prices.**
- **Reward reliable U.S. manufacturing of critical and supportive medications through prices that support continued quality production and investment in continuous manufacturing or other advanced manufacturing for critical drugs and active pharmaceutical ingredients (APIs), which could include onshoring or nearshoring as components of a solution.**
- **Recognize potential shortages earlier by increasing the Food and Drug Administration's (FDA) visibility into the supply chain so the agency can predict and respond to potential shortages earlier.**
- **Relay information about potential shortages to health systems and providers to help them prepare for and mitigate possible supply challenges. (Directive to Take Action)**

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 522 be adopted as amended.

RESOLVED, that our American Medical Association work with policymakers, regulatory bodies, drug manufacturers, and the health care community to address access issues and drug shortages by identifying solutions to ensure long-term stability and preserve patient access to treatments (Directive to Take Action); and be it further

RESOLVED, that our AMA urges Congress to pass comprehensive legislation to mitigate existing drug shortages and prevent future shortages of lifesaving and life-prolonging drugs. A comprehensive approach would:

- Address economic factors that drive generic manufacturers out of the market and consider stabilizing the market with long-term contracts and guaranteed prices.

- Reward reliable U.S. manufacturing of critical and supportive medications through prices that support continued quality production and investment in continuous manufacturing or other advanced manufacturing for critical drugs and active pharmaceutical ingredients (APIs), which could include onshoring or nearshoring as components of a solution.
- Recognize potential shortages earlier by increasing the Food and Drug Administration's (FDA) visibility into the supply chain so the agency can predict and respond to potential shortages earlier.
- Relay information about potential shortages to health systems and providers to help them prepare for and mitigate possible supply challenges. (Directive to Take Action)

Your Reference Committee heard mostly supportive testimony for Resolution 522. Drug shortages were noted as a critical issue across practice areas and is a place for our AMA to make significant impact. An amendment was submitted by your Council to ensure the comprehensive approach towards drug shortages was not limited to the four items included in the resolution given the breadth of policy that has been developed on this issue through the Council's fourteen annual reports issued to this House. Your Reference Committee addressed this by keeping the word comprehensive but noting that the approach should not be limited to these four areas given the AMA's extensive existing drug shortage policy. Your Reference Committee recommends Resolution 522 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(22) *RESOLUTION 514 - SUPPORT FOR A NICOTINE FREE GENERATION

RECOMMENDATION:

Your Reference Committee recommends that alternate Resolution 514 be adopted in lieu of Resolution 514.

RESOLVED, that our American Medical Association supports jurisdictional attempts to pilot a gradual phaseout of nicotine delivery (combustible and noncombustible) device sales as part of a multi-pronged approach to end the use of commercial tobacco and nicotine products in the United States; and be it further

RESOLVED, that our American Medical Association supports the availability of FDA-approved products for nicotine replacement therapy for cessation purposes when sales of commercial tobacco and all other nicotine products are phased out; and be it further

RESOLVED, that our American Medical Association supports periodic comprehensive evaluations of the impacts of commercial tobacco-free generation policies in jurisdictions that implement them so that pilot results can inform the refinement and potential broader implementation of such policies (Directive to Take Action); and be it further

RESOLVED, that our AMA develop model legislation to support a gradual phaseout of nicotine delivery (combustible and non-combustible) device sales to those born after a defined year throughout their lifetimes (Directive to Take Action); and be it further

RESOLVED, that our AMA alert its members to current opportunities to create "Nicotine Free Generation" policies through the prohibition on sale of addictive nicotine products to anyone born after a chosen date within the jurisdictions where they practice and live. (Directive to Take Action)

RESOLVED, that our American Medical Association advocate for legislation establishing a "Nicotine Free Generation" through the prohibition on sale of addictive nicotine products to anyone born after a chosen date (Directive to Take Action); and be it further

RESOLVED, that our AMA alert its members to current opportunities to create “Nicotine Free Generation” policies through the prohibition on sale of addictive nicotine products to anyone born after a chosen date within the towns, cities, and states where they practice and live. (Directive to Take Action)

Your Reference Committee heard extensive and mixed testimony on Resolution 514. Several members who were in opposition to the resolution noted that it was largely impractical and compared nicotine free generation policies to alcohol prohibition, which was a failure. There was substantial testimony from both individuals and delegations praising nicotine-free policies, noting that some jurisdictions are already implementing nicotine free generations. It was mentioned that nicotine is different than alcohol and “never use” is an effective strategy with nicotine. Approximately 70 percent of people in the U.S. who smoke say they want to quit. Those who testified noted that the AMA should support these efforts. Numerous amendments were proffered to more broadly refer to jurisdictional policy so not to limit policy to local levels. An additional amendment included language to ensure FDA approved nicotine cessation products will not be included in nicotine-free generation policies. Your Reference Committee agreed with several of these amendments and recommends Alternate 514 be adopted in lieu of the original resolution 514.

RECOMMENDED FOR REFERRAL

(23) RESOLUTION 505 - MANDATING PROPERLY FITTING LEAD APRONS IN HOSPITALS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 505 be referred.

RESOLVED, that our American Medical Association collaborate with relevant stakeholders to ensure:

1. Adequate stocking of diverse lead apron sizes for all radiation-exposed personnel and medical trainees, and
2. Consistent implementation of evidence-based radiation safety principles to keep exposure as low as reasonably achievable in accordance with specialty society guidelines, in order to promote optimal protection practices.

Your Reference Committee heard generally supportive testimony on this resolution, regarding the need to ensure radiation safety through the stocking of appropriate personal protective equipment. However, it was also noted that your Council on Science and Public Health is currently studying this topic as directed by the House of Delegates at I-24. Multiple delegations recommended adding the ask of this resolution into the study underway with report back at I-25. As such, your Reference Committee recommends that Resolution 505 be referred.

(24) *RESOLUTION 508 - STANDARDIZING SAFETY REQUIREMENTS FOR TRADITIONAL AND RIDESHARE-BASED NON-EMERGENCY MEDICAL TRANSPORTATION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 508 be referred.

RESOLVED, that our American Medical Association study and report back with recommendations on appropriate minimum safety requirements/certifications (e.g., vehicle, Basic Life Support, Health Insurance Portability and Accountability Act) for non-emergency medical transportation (NEMT) and rideshare-based non-emergency medical transportation (RB-NEMT). (Directive to Take Action)

Your Reference Committee heard mixed testimony on this resolution. Those in support of this resolution noted that there are concerns with non-licensed transport options and this is a call for a study to examine this complex landscape. Those who spoke against this resolution noted that many organizations are already working on this and AMA does not need to duplicate those efforts. There were also concerns that establishing such requirements on rideshare-based, non-emergency medical transportation may ultimately limit patient access to care and there was a preference to keep it simple. Given the mixed

testimony on this item, your Reference Committee recommends Resolution 508 be referred.

(25) RESOLUTION 520 - STUDY OF GRADING SYSTEMS IN AMA BOARD REPORTS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 520 be referred.

RESOLVED, that our American Medical Association study the use of a system for assessing the quality of evidence and the strength of recommendations in board reports when appropriate. (Directive to Take Action)

Your Reference Committee heard limited but supportive testimony on this resolution. The online testimony received noted that since this is a grading system for Board reports, the Board's input would be beneficial, particularly with reporting back to the House of Delegates. The Board of Trustees noted that they were in support of referral of this resolution for study. Therefore, your Reference Committee recommends that this resolution be referred.

RECOMMENDATION FOR REAFFIRMATION IN LIEU OF

(26) RESOLUTION 521 - WARNING LABELS ON OTC SLEEP AIDS

RECOMMENDATION:

Your Reference Committee recommends that policy H-100.968 be reaffirmed in lieu of Resolution 521.

RESOLVED, that our American Medical Association advocate for legislation or mandate from the appropriate regulators that over the counter (OTC) sleep medications containing antihistamines carry a warning label for adverse effects including, but not limited to for dizziness, risk of falling, and, with long term use, memory impairment, when used by elderly persons. (Directive to Take Action)

Your Reference Committee heard supportive testimony for reaffirmation of Improving the Quality of Geriatric Pharmacotherapy H-100.968 policy. Thus, your Reference Committee recommends that this policy be reaffirmed in lieu of Resolution 521.

Improving the Quality of Geriatric Pharmacotherapy H-100.968
Our AMA believes that the Food and Drug Administration should encourage manufacturers to develop low dose formulations of medications commonly used by older patients in order to meet the special needs of this group; require geriatric-relevant labeling for over-the-counter medications; provide incentives to pharmaceutical manufacturers to better study medication effects in the frail elderly and oldest-old in pre- and post-marketing clinical trials; and establish mechanisms for data collection, monitoring, and analysis of medication-related problems by age group.

This concludes the report of Reference Committee E. I would like to thank Po-Yin Samuel Huang, MD, FAAFP, Martha Menchaca, MD, Sandhya Malhotra, MD, Michael Medlock, MD, FAANS, FASAM, Erin Schwab, MD, MPH, Shalmali Bhadkamkar, and all those who testified before the Committee.

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