

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2025 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-25)

Final Report of Reference Committee F

Michael B. Simon, MD, MBA, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 4 - AMA 2026 Dues
2. Board of Trustees Report 22 - Ranked Choice Voting
3. Report of the House of Delegates Committee on the Compensation of the Officers
4. Council on Long Range Planning and Development Report 1 - International Medical Graduates Section Five-Year Review
5. Council on Long Range Planning and Development Report 2 - Organized Medical Staff Section Five-Year Review
6. Resolution 603 - Renaming the Minority Affairs Section to the Underrepresented in Medicine Advocacy Section

RECOMMENDED FOR ADOPTION AS AMENDED

7. Board of Trustees Report 23 - Financial Assistance to Facilitate Attendance at MSS Meetings
8. Board of Trustees Report 24 - Creation of an AMA Council with a Focus on Digital Health Technologies and AI
9. Council on Constitution and Bylaws/Council on Long Range Planning and Development Report 1 - Joint Council Sunset Review of 2015 House Policies
10. Resolution 602 - Enabling AMA BOT Expediency for Actions, Advocacy, and Responses During Urgent Situations

Amendments

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

[A25 HOD AMENDMENT](#)

- 1 11. Resolution 604 - Advisory Committee on Tribal Affairs
2

3 **RECOMMENDED FOR REFERRAL**
4

- 5 12. Resolution 601 - AMA to Develop Patient Educational Materials Regarding Ultra-
6 processed Foods for Distribution by AMA Members
7

8 **RECOMMENDED FOR FILING**
9

- 10 13. Board of Trustees Report 1 - Annual Report

RECOMMENDED FOR ADOPTION

(1) BOARD OF TRUSTEES REPORT 4 - AMA 2026 DUES

RECOMMENDATION:

Your Reference Committee recommends that the Recommendation in Board of Trustees Report 4 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendation in Board of Trustees Report 4 adopted and the remainder of the Report filed.

The Board of Trustees recommends no change to the dues levels for 2026, that the following be adopted and that the remainder of this report be filed:

Regular Members	\$420
Physicians in Their Fourth Year of Practice	\$315
Physicians in Their Third year of Practice	\$210
Physicians in Their Second Year of Practice	\$105
Physicians in Their First Year of Practice	\$60
Physicians in Military Service	\$280
Semi-Retired Physicians	\$210
Fully Retired Physicians	\$84
Physicians in Residency/Fellow Training	\$45
Medical Students	\$20

(Directive to Take Action)

Testimony was limited but generally favorable. While one individual raised concern about the sustainability of the tiered AMA dues structure, the 2024 Annual Report highlights a 3.1% increase in dues-paying members—marking the 13th year of growth in the past 14 years. Your Reference Committee commends our AMA Board of Trustees for their continued fiscal discipline in maintaining dues levels and for their ongoing success in demonstrating a strong value proposition to our members.

Your Reference Committee recommends that Board of Trustees Report 4 be adopted.

(2) BOARD OF TRUSTEES REPORT 22 - RANKED CHOICE VOTING

RECOMMENDATION:

Your Reference Committee recommends that the Recommendation in Board of Trustees Report 22 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendation in Board of Trustees Report 22 adopted and the remainder of the Report filed.

The Board recommends that Policy G-610.009 be rescinded having been accomplished by this report and that the remainder of the report be filed.

Board of Trustees Report 22 is presented in response to Policy G-610.009, which directs our AMA to study the use of ranked choice voting for all House of Delegates elections. Study findings indicate that ranked choice voting presents concerns with adhering to AMA policy, reporting outcomes, and administering fair and expedient elections. Based on these findings, Board of Trustees Report 22 proposes retention of the current system used in AMA elections and recommends rescission of Policy G-610.009.

Testimony in favor of ranked choice voting indicated that it is an efficient and fair system that enhances transparency. Concerns about being able to report vote totals and the impact of eliminating runoff elections were cited in testimony opposed to ranked choice voting. Further opposing testimony noted potential security concerns and the burden of switching to a new election system. Additional testimony called for further study on specific aspects of using ranked choice voting and its implications on our elections.

Your Reference Committee recommends that Board of Trustees Report 22 be adopted.

(3) REPORT OF THE HOUSE OF DELEGATES COMMITTEE ON COMPENSATION OF THE OFFICERS

RECOMMENDATION:

Your Reference Committee recommends that the Recommendations in the Report of the House of Delegates Committee on Compensation of the Officers be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in the Report of the House of Delegates Committee on the Compensation of the Officers adopted and the remainder of the Report filed.

The Committee on Compensation of the Officers recommends the following recommendations be adopted effective July 1, 2025, and the remainder of this report be filed:

1 1. That the Governance Honorarium for the Speaker and Vice Speaker be increased to
2 \$125,000 and \$115,000 respectively and include all representation days.

3
4 2. That the definition of the Governance Honorarium be revised as follows:

5
6 The purpose of this payment is to 1) compensate the Board Chair, Chair-Elect,
7 Presidents and Speakers for all Chair-assigned internal and external AMA work and
8 related travel, and 2) compensate other Officers, excluding Board Chair, Chair-Elect,
9 Presidents and Speakers, for all Chair-assigned internal AMA work and related travel.
10 This payment is intended to cover the yearly slate of meetings as approved by the
11 Board, which include: Board meetings and additional meetings including but not limited
12 to: State Advocacy Summit, National Advocacy Conference, and Annual and Interim
13 meetings; special Board or Board committee, subcommittee and task force meetings;
14 Board orientation, Board development and media training; and Board conference calls.
15 This includes any associated review or preparatory work, and all travel days related to
16 all such meetings. The Governance Honorarium also covers all internal representation,
17 such as section and council liaison meetings, any associated review or preparatory
18 work, and all travel days related to all such meetings. ~~The Governance Honorarium also~~
19 ~~covers Internal Representation, such as section and council liaison meetings (and~~
20 ~~associated travel) or calls, up to eleven (11) Internal Representation days.~~

21
22 3. That the definition of the Per Diem for External Representation and the related
23 Telephonic Per Diem Representation be revised as follows:

24
25 The purpose of this payment is to compensate for Board Chair-assigned representation
26 day(s) and related travel. Representation is ~~either~~ external to the AMA, or with
27 organizations in with which the AMA has a key role in creating/partnering/facilitating
28 achievement of the respective organization goals such as the AMA Foundation. ~~PCPI,~~
29 ~~etc. or for Internal Representation days above eleven (11).~~ The Board Chair may also
30 approve per diem for special circumstances that cannot be anticipated such as
31 weather-related travel delays. Per Diem for Chair-assigned representation and related
32 travel is \$1,550 per day.

33
34 Definition of Telephone Per Diem for External Representation ~~effective July 1, 2017:~~

35
36 Officers, excluding the Board Chair, Chair Elect, Presidents, and Speakers, who are
37 assigned by the Board Chair as the AMA representative to outside groups as one of
38 their specific Board assignments ~~or assigned Internal Representation days above~~
39 ~~eleven (11),~~ receive a per diem for teleconference meetings when the total of all
40 external teleconference meetings of 30 minutes or longer during a calendar day equal
41 2 or more hours. Payment for those meetings would require the approval of the ~~Chair~~
42 ~~of the Board Chair.~~ The amount of the Telephonic Per Diem will be ½ of the full Per
43 Diem which is \$775.

44
45 4. That the remainder of the report be filed.

46
47 Testimony was limited but generally supportive. One individual expressed concern, citing
48 a comparison between prior authorization calls and governance meetings. While your
49 Reference Committee acknowledges our colleague's frustration, we support the

1 recommendations put forth by the House of Delegates Committee on Compensation of
2 the Officers.

3
4 Your Reference Committee recommends that the Report of the House of Delegates
5 Committee on Compensation of the Officers be adopted.

6
7
8 (4) COUNCIL ON LONG RANGE PLANNING AND
9 DEVELOPMENT REPORT 1 - INTERNATIONAL
10 MEDICAL GRADUATES SECTION FIVE-YEAR REVIEW

11
12 RECOMMENDATION:

13
14 Your Reference Committee recommends that the
15 Recommendation in Council on Long Range Planning and
16 Development Report 1 be adopted and the remainder of the
17 Report be filed.

18
19 **HOD ACTION: Recommendation in Council on Long Range**
20 **Planning and Development Report 1 adopted and the**
21 **remainder of the Report filed.**

22
23 The Council on Long Range Planning and Development recommends that our American
24 Medical Association renew delineated section status for the International Medical
25 Graduates Section through 2030 with the next review no later than the 2030 Annual
26 Meeting and that the remainder of this report be filed. (Directive to Take Action)

27
28 Based on the Council on Long Range Planning and Development's positive review and
29 the favorable testimony for renewal of delineated status for the International Medical
30 Graduates Section, your Reference Committee recommends that CLRPD Report 1 be
31 adopted.

32
33 (5) COUNCIL ON LONG RANGE PLANNING AND
34 DEVELOPMENT REPORT 2 - ORGANIZED MEDICAL
35 STAFF SECTION FIVE-YEAR REVIEW

36
37 RECOMMENDATION:

38
39 Your Reference Committee recommends that the
40 Recommendation in Council on Long Range Planning and
41 Development Report 2 be adopted and the remainder of the
42 Report be filed.

43
44 **HOD ACTION: Recommendation in Council on Long Range**
45 **Planning and Development Report 2 adopted and the**
46 **remainder of the Report filed.**

47
48 The Council on Long Range Planning and Development recommends that our American
49 Medical Association renew delineated section status for the Organized Medical Staff

1 Section through 2030 with the next review no later than the 2030 Annual Meeting and that
2 the remainder of this report be filed. (Directive to Take Action)

3
4 Supportive testimony was received for renewal of delineated status for the Organized
5 Medical Staff Section. Your Reference Committee recommends that CLRPD Report 2 be
6 adopted.

7
8
9 (6) RESOLUTION 603 - RENAMING THE MINORITY
10 AFFAIRS SECTION TO THE UNDERREPRESENTED IN
11 MEDICINE ADVOCACY SECTION

12
13 RECOMMENDATION:

14
15 Your Reference Committee recommends that Resolution
16 603 be adopted.

17
18 **HOD ACTION: Resolution 603 adopted.**

19
20 RESOLVED, that our American Medical Association Minority Affairs Section (MAS) be
21 renamed the Underrepresented in Medicine Advocacy Section (UMAS). (Directive to Take
22 Action)

23
24 Testimony in response to Resolution 603 was overwhelmingly supportive, noting that the
25 term “minority” is outdated and not inclusive.

26
27 There were concerns, however, that the requested name change could pose unintended
28 consequences, such as limiting the function of the section or excluding certain populations
29 from representation. Supportive testimony from the author and others confirmed that the
30 intent of the name change is to be more inclusive of underrepresented physicians without
31 precluding ways to address the needs of specific populations of patients or physicians in
32 the future.

33
34 Your Reference Committee wishes to note that AMA Policy B-7.0.1, “Mission of the
35 Sections,” describes activities and responsibilities that facilitate advocacy and
36 representation of the unique interests of each Section. The policy is applicable to all
37 Sections.

38
39 Your Reference Committee recommends that Resolution 603 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(7) BOARD OF TRUSTEES REPORT 23 - FINANCIAL
ASSISTANCE TO FACILITATE ATTENDANCE AT MSS
MEETINGS

RECOMMENDATION A:

Your Reference Committee recommends that the
Recommendation in Board of Trustees Report 23 be
amended by addition and deletion to read as follows:

The Board of Trustees recommends that the following be
adopted and the remainder of the report be filed:

That AMA policy G-665.998(3), Mitigating the Cost of
Medical Student Participation in AMA Meetings, be
amended by addition and deletion:

(3) Our AMA will develop a mechanism ~~explore alternate~~
~~mechanisms~~ to provide financial assistance to facilitate
medical student leadership attendance at MSS the Annual
and Interim Medical Student Section meetings, with a report
back to be implemented no later than at the 2025-2026
Annual Meeting, subject to confirmation by the AMA's
outside tax counsel that such mechanism will not result in
adverse tax or other legal consequences to the AMA.
(Modify HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that the
Recommendations in Board of Trustees Report 23 be
adopted as amended and the remainder of the Report be
filed.

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

The Board of Trustees recommends that the following be adopted and the reminder of the
report be filed:

That AMA policy G-665.998(3), Mitigating the Cost of Medical Student Participation
in AMA Meetings, be amended by addition and deletion:

(3) Our AMA will explore alternate mechanisms to provide financial assistance to
facilitate attendance at MSS meetings with a report back at the 2025 2026 Annual
Meeting. (Modify HOD Policy)

1 Your Reference Committee notes that the testimony presented by our Board of Trustees
2 emphasized that the primary focus of Board Report 23 is the exploration of alternative
3 funding mechanisms. These mechanisms referenced by the Board are intended to identify
4 funding sources external to our AMA, rather than to propose the expansion of existing
5 AMA grant programs or the establishment of new ones. Furthermore, your Reference
6 Committee acknowledges that Board Report 23 cites potential tax implications for both
7 our AMA and medical students who may receive travel assistance directly from the
8 Association.

9
10 Specifically, the amended language reflects that our AMA develop a plan to provide
11 financial support for MSS leaders whose service is integral to the planning and execution
12 of Medical Student Section Annual and Interim Section meetings. It was noted that criteria
13 for providing financial support must consider tax implications for the Association, to reduce
14 the risk of loss to our non-profit status.

15
16 Testimony from the Board of Trustees indicated that to reduce the risk to the organization,
17 any direct AMA funding mechanism must include at least, but not limited to: a cap on the
18 number of attendees, an application process, that it not be a subsidy, there be
19 demonstrated financial need, and reporting that shows benefit to the organization.

20
21 The Reference Committee encourages the Board of Trustees to work in conjunction with
22 the Medical Student Section in the development of the eligibility criteria for financial
23 support.

24
25 Your Reference Committee believes this language enables our Board of Trustees to
26 maintain its fiduciary responsibilities while allowing financial support of medical students
27 actively contributing to the work of the Medical Student Section Assembly Meeting.

28
29 Your Reference Committee recommends that Board of Trustees Report 23 be adopted as
30 amended.

(8) BOARD OF TRUSTEES REPORT 24 - CREATION OF AN
AMA COUNCIL WITH A FOCUS ON DIGITAL HEALTH
TECHNOLOGIES AND AI

RECOMMENDATION A:

Your Reference Committee recommends that the
Recommendation in Board of Trustees Report 24 be
amended by addition and deletion to read as follows:

The Board of Trustees recommends that our AMA Task
Force on AI, Digital Health, and Informatics work toward an
informed recommendation on the long-term model for HOD
input with a report back at the 2026 Interim meeting ~~Policy
G-615.998, "Creation of an AMA Council with a Focus on
Digital Health Technologies and AI," be rescinded as having
been fulfilled by this report~~ and that the remainder of this
report be filed.

RECOMMENDATION B:

Your Reference Committee recommends that the
Recommendation in Board of Trustees Report 24 be
adopted as amended and the remainder of the Report be
filed.

**HOD ACTION: Recommendation in Board of Trustees
Report 24 adopted as amended and the remainder of the
Report filed.**

The Board of Trustees recommends that Policy G-615.998, "Creation of an AMA Council
with a Focus on Digital Health Technologies and AI," be rescinded as having been fulfilled
by this report and that the remainder of this report be filed.

Board of Trustees Report 24 describes the formation and work of our AMA Task Force on
AI, Digital Health, and Informatics. The report also outlines related AMA resources and
policies.

Testimony reflected concern over rescinding AMA Policy G-615.998, "Creation of an AMA
Council with a Focus on Digital Health Technologies and AI," noting that the work of the
Task Force is ongoing. Based on the testimony presented, our Board of Trustees is
supportive of amending the report's recommendation to align with the approved two-year
charter for the Task Force.

While your Reference Committee acknowledges testimony in support of establishing a
council, it wishes to note that Policy G-615.998 calls for the creation of a task force with
the potential to transition to a new council. Additionally, the Board report notes that the
Task Force was established "to assess long-term HOD input on AI, digital health, and
informatics, identify resource and policy gaps, and amplify physicians' voices in health

1 care technology advancements. It was determined that a decision would be made on the
2 long-term model for HOD input after two years.”

3
4 Accordingly, your Reference Committee recommends that Board of Trustees Report 24
5 be adopted as amended.
6

7
8 (9) COUNCIL ON CONSTITUTION AND BYLAWS/COUNCIL
9 ON LONG RANGE PLANNING AND DEVELOPMENT
10 REPORT 1 - JOINT COUNCIL SUNSET REVIEW OF
11 2015 HOUSE POLICIES
12

13 RECOMMENDATION A:
14

15 Your Reference Committee recommends that the
16 Recommendation in Council on Constitution and
17 Bylaws/Council on Long Range Planning and Development
18 Report 1 be amended by addition to read as follows:
19

20 The Councils on Constitution and Bylaws and Long Range
21 Planning and Development recommend that the House
22 policies that are listed in the appendix to this report be acted
23 upon in the manner indicated, with the exception of Policy
24 G-615.035, which should be retained, and the remainder of
25 this report be filed.
26

27 RECOMMENDATION B:
28

29 Your Reference Committee recommends that the
30 Recommendation in Council on Constitution and
31 Bylaws/Council on Long Range Planning and Development
32 Report 1 be adopted as amended and the remainder of the
33 Report be filed.
34

35 **HOD ACTION: Recommendation in Council on Constitution**
36 **and Bylaws/Council on Long Range Planning and**
37 **Development Report 1 adopted as amended and the**
38 **remainder of the Report filed.**
39

40 The Councils on Constitution and Bylaws and Long Range Planning and Development
41 recommend that the House policies that are listed in the appendix to this report be acted
42 upon in the manner indicated and the remainder of this report be filed.
43

44 The Joint Council Sunset Review of 2015 House Policies called for sunset of AMA Policy
45 G-615.035, “Technology and the Practice of Medicine,” which is based on the belief that
46 the policy is superseded by more recent policies, including G-615.998, “Creation of an
47 AMA Council with a Focus on Digital Health Technologies and AI.”
48

49 Testimony opposing sunset of Policy G-615.035 indicated that Board of Trustees Report
50 24-A-25, “Creation of an AMA Council with a Focus on Digital Health Technologies and

1 AI,” called for sunset of Policy G-615.998. The latter policy calls for the establishment of
2 a task force with the potential to transition this task force to a new council. Testimony
3 further noted that only the task force has been formed, and the establishment of an AMA
4 council has not yet been fully vetted.

5
6 Given our Board of Trustees has committed to issuing a follow-up report at the 2026
7 Interim Meeting, testimony supported, and your Reference Committee agrees, that there
8 should be no immediate change to current policy. Therefore, your Reference Committee
9 recommends that this report be adopted as amended.

10
11
12 (10) RESOLUTION 602 - ENABLING AMA BOT EXPEDIENCY
13 FOR ACTIONS, ADVOCACY, AND RESPONSES
14 DURING URGENT SITUATIONS

15
16 RECOMMENDATION A:

17
18 Your Reference Committee recommends that the first
19 Resolve in Resolution 602 be amended by addition and
20 deletion to read as follows:

- 21
22 4. In urgent situations, the Board of Trustees has the
23 will exercise its authority to take such action as it
24 determines is appropriate action. in urgent situations
25 to take those policy actions that the Board deems
26 best represent the interests of patients, physicians,
27 and the AMA. The Board shall make decisions that
28 it deems to best represent the interests of patients,
29 physicians, and to advocate for science and public
30 health. In representing AMA policy in critical
31 situations, the The Board will take into consideration
32 existing AMA policy, recommendations from AMA
33 policy staff, and input solicited or obtained from the
34 House of Delegates or its Councils and Sections to
35 inform its position on the interests of patients,
36 physicians, and the AMA. The Board will
37 immediately inform the Speaker of the House of
38 Delegates and direct the Speaker to promptly inform
39 the members of the House of Delegates when the
40 Board has taken actions which differ from existing
41 policy. Any action taken by the Board which is not
42 consistent with existing policy requires a 2/3 vote of
43 the Board. When the Board takes action which
44 differs from existing policy, such action must be
45 placed before the House of Delegates at its next
46 meeting for deliberation.

RECOMMENDATION B:

Your Reference Committee recommends that AMA Policy G-600.071 be amended by addition and deletion to read as follows:

5. Our AMA considers transformational occurrences, including public health phenomena, sudden changes to national health policies, and sudden disruptions of health and science funding, to be urgent situations worthy of AMA Board of Trustees advocacy and action.

6. Our AMA considers sudden federal funding cuts to foundational institutions of science research and public health to be urgent situations and requests the Board of Trustees take immediate action to respond responsibly, clearly, and expediently as an advocate for science, health care, and public health.

4.7. Our AMA will provide an online list of AMA Council and Board reports under development, including a staff contact for providing stakeholder input.

RECOMMENDATION C:

Your Reference Committee recommends that the second and third Resolves in Resolution 602 be amended by deletion to read as follows:

~~RESOLVED, that our AMA considers transformational occurrences, including public health phenomena, sudden changes to national health policies, and sudden disruptions of health and science funding, to be urgent situations worthy of AMA Board of Trustee advocacy and action (New HOD Policy); and be it further~~

~~RESOLVED, that our AMA considers sudden federal funding cuts to foundational institutions of science research and public health to be urgent situations and requests the Board of Trustees take immediate action to respond responsibly, clearly, and expediently as an advocate for science, health care, and public health (New HOD Policy);~~

1 RECOMMENDATION D:
2

3 Your Reference Committee recommends that Resolution
4 602 be adopted as amended.
5

6 **HOD ACTION: Resolution 602 adopted as amended.**
7

8 RESOLVED, that our American Medical Association amend G-600.071, "Actions and
9 Decisions by the AMA House and Policy Implementation" to read:

10
11 3. Except as noted herein and consistent with the AMA Bylaws, the Board of Trustees
12 shall conduct the affairs of the Association in keeping with current policy actions
13 adopted by the House of Delegates. The most recent policy actions shall be deemed
14 to supersede contradictory past actions. In the absence of specifically applicable
15 current statements of policy, the Board of Trustees shall determine what it considers
16 to be the position of the House of Delegates based upon the tenor of past and
17 current actions that may be related in subject matter. Such determinations shall be
18 considered to be AMA policy until modified or rescinded at the next regular or
19 special meeting of the House of Delegates. ~~Further,~~

20
21 4. In urgent situations, the Board of Trustees has the will exercise its authority to take
22 such action as it determines is appropriate in urgent situations to take those policy
23 actions that the Board deems best represent the interests of patients, physicians,
24 and the AMA, to advocate for science and public health. In representing AMA policy
25 in critical situations, the Board will take into consideration existing AMA policy,
26 recommendations from AMA policy staff, and input solicited or obtained from the
27 House of Delegates or its Councils and Sections to inform its position on the
28 interests of patients, physicians, and the AMA. The Board will immediately inform
29 the Speaker of the House of Delegates and direct the Speaker to promptly inform
30 the members of the House of Delegates when the Board has taken actions which
31 differ from existing policy. Any action taken by the Board which is not consistent with
32 existing policy requires a 2/3 vote of the Board. When the Board takes action which
33 differs from existing policy, such action must be placed before the House of
34 Delegates at its next meeting for deliberation.

35
36 ~~4.~~ 5. Our AMA will provide an online list of AMA Council and Board reports under
37 development, including a staff contact for providing stakeholder input (Modify
38 Current HOD Policy); and be it further
39

40 RESOLVED, that our AMA considers transformational occurrences, including public health
41 phenomena, sudden changes to national health policies, and sudden disruptions of health
42 and science funding, to be urgent situations worthy of AMA Board of Trustee advocacy
43 and action (New HOD Policy); and be it further
44

45 RESOLVED, that our AMA considers sudden federal funding cuts to foundational
46 institutions of science research and public health to be urgent situations and requests the
47 Board of Trustees take immediate action to respond responsibly, clearly, and expediently
48 as an advocate for science, health care, and public health (New HOD Policy).

1 Testimony provided by the author of Resolution 602 reflected that the intent is to highlight
2 circumstances in which our AMA Board of Trustees should consider responding to urgent
3 and transformational developments affecting public health and science in the United
4 States. The author noted that the resolution's language was re-crafted in collaboration with
5 AMA legal counsel to ensure alignment with the duties and responsibilities of our Board
6 of Trustees as defined in our AMA Bylaws. Amended language for item four was
7 suggested in testimony for purposes of succinctness and clarity, which your Reference
8 Committee found preferable to the amended language proposed by the author.

9
10 While acknowledging that the proposed amendments bear resemblance to existing AMA
11 policy, the author asserted that the changes more clearly delineate the circumstances
12 under which our Board of Trustees might be expected to take action on issues of
13 significance. Testimony from others was generally supportive, with minimal opposition.
14 The limited concerns raised primarily related to the perception that the proposed changes
15 are advisory in nature rather than directive.

16
17 After careful consideration, your Reference Committee concluded that the final two
18 Resolve clauses do not constitute a new standalone policy. As such, your Reference
19 Committee recommends an amendment to incorporate illustrative examples of
20 transformational events and federal funding reductions into existing AMA policy.

21
22 Your Reference Committee recommends that Resolution 602 be adopted as amended.
23
24

25 (11) RESOLUTION 604 - ADVISORY COMMITTEE ON
26 TRIBAL AFFAIRS

27
28 RECOMMENDATION A:

29
30 Your Reference Committee recommends that Resolution
31 604 be amended by addition and deletion to read as follows:

32
33 RESOLVED, that our American Medical Association: (1)
34 consider establishing and report back at the 2025 Interim
35 Meeting on the formation of an Advisory Committee Task
36 Force on Tribal Affairs composed of AMA members who
37 themselves identify as American Indian and Alaska Native
38 (AI/AN), or have direct experience or close professional
39 relationships with AI/AN communities (e.g., members of
40 Association of Native American Medical Students and
41 Association of American Indian Physicians), or have direct
42 experience working with AI/AN communities at Indian
43 Health Service federal direct-care, Tribally-operated and/or
44 Urban Indian Health Programs (I/T/U) the Indian Health
45 Service to advise the Board of Trustees on how to
46 implement policy specific to AI/AN communities and that the
47 Task Force report back at the 2026 Annual Meeting with
48 recommendations for the establishment of an Advisory
49 Committee to ensure sustained attention to tribal health
50 equity and Indigenous physician representation; and (2)

1 promote and foster educational opportunities for AMA
2 members and the medical community to better understand
3 the contributions of AI/AN communities to medicine and
4 public health, including cultivating a rich understanding and
5 appreciation of AI/AN perspectives on health and wellness.
6 (Directive to Take Action)
7

8 **RECOMMENDATION B:**
9

10 Your Reference Committee recommends that Resolution
11 604 be adopted as amended.
12

13 **HOD ACTION: Resolution 604 adopted as amended.**
14

15 RESOLVED, that our American Medical Association: (1) establish an Advisory Committee
16 on Tribal Affairs composed of AMA members who themselves identify as American Indian
17 and Alaska Native (AI/AN) or have direct experience or close professional relationships
18 with AI/AN communities (e.g., members of Association of Native American Medical
19 Students and Association of American Indian Physicians) or the Indian Health Service to
20 advise the Board of Trustees on how to implement policy specific to AI/AN communities;
21 and (2) promote and foster educational opportunities for AMA members and the medical
22 community to better understand the contributions of AI/AN communities to medicine and
23 public health, including cultivating a rich understanding and appreciation of AI/AN
24 perspectives on health and wellness. (Directive to Take Action)
25

26 Testimony in response to Resolution 604 was overwhelmingly supportive of establishing
27 a new AMA Advisory Committee on Tribal Affairs. However, the Reference Committee
28 noted testimony from our Board of Trustees, which emphasized that AMA Bylaws Section
29 5.3.9 assigns responsibility and authority for establishing committees, including advisory
30 committees, to our Board of Trustees. Your Council on Long Range Planning and
31 Development also testified that the established process for special interests is to form a
32 caucus.
33

34 Testimony was divided on whether an advisory committee or a caucus would best
35 accomplish the intent of Resolution 604. Your Reference Committee wishes to point out
36 that AMA Policy G-615.002, "AMA Member Component Groups," defines various aspects
37 of an advisory committee and a caucus. Your Reference Committee suggests exploring
38 these options and the merit of how each entity could support the unique perspectives of
39 this population.
40

41 This approach enables our Board of Trustees to consider the broad input provided by our
42 House of Delegates and to return with a formal recommendation for consideration at the
43 2025 Interim Meeting.
44

45 Your Reference Committee recommends that Resolution 604 be adopted as amended.

RECOMMENDED FOR REFERRAL

(12) RESOLUTION 601 - AMA TO DEVELOP PATIENT
EDUCATIONAL MATERIALS REGARDING ULTRA-
PROCESSED FOODS FOR DISTRIBUTION BY AMA
MEMBERS

RECOMMENDATION A:

Your Reference Committee recommends that the first
resolve of Resolution 601 be adopted.

HOD ACTION: The first resolve of Resolution 601 adopted.

RECOMMENDATION B:

Your Reference Committee recommends that the second
resolve of Resolution 601 be referred.

**HOD ACTION: The second resolve of Resolution 601
referred.**

RESOLVED, that for all American Medical Association-sponsored receptions or meals, our AMA will offer food options of minimally processed fiber-rich foods and that AMA meeting staff will work with select organizations of the HOD to develop such options; (Directive to Take Action); and be it further

RESOLVED, that our AMA work with select organizations in the HOD to develop patient educational materials in English and Spanish with regards to the health impact of ultra processed foods as well as pathways for personal dietary options as alternatives to ultra processed foods; and, that such developed materials will be provided by the AMA to members who request them for distribution to their patients. (Directive to Take Action)

Your Reference Committee received generally supportive testimony in response to Resolution 601.

With respect to the first Resolve, testimony indicated that our AMA is already making efforts to accommodate the dietary and religious needs of meeting participants. These efforts include the provision of inclusive and affordable food options at various venues, including our AMA headquarters, without imposing specific preferences.

Regarding the second Resolve, the author's testimony reflected concern over the fiscal note associated with this proposal. The author clarified that the intent was for our AMA to collaborate with interested stakeholders to adapt and utilize existing patient education materials developed by Federation members. It was further anticipated that these materials would be distributed electronically, minimizing associated costs. Given the clarification, your Reference Committee recommends referral of the second Resolve to identify: (a) existing educational materials available among Federation members, (b)

- 1 potential for providing these materials in various languages, and (c) potential partners
- 2 interested in working with our AMA to make this content accessible via our AMA website.
- 3
- 4 Your Reference Committee recommends that the first Resolve be adopted and the second
- 5 Resolve be referred.

RECOMMENDED FOR FILING

(13) BOARD OF TRUSTEES REPORT 1 - ANNUAL REPORT

RECOMMENDATION:

Your Reference Committee recommends that Board of Trustees Report 1 be filed.

HOD ACTION: Board of Trustees Report 1 filed.

The Consolidated Financial Statements for the years ended December 31, 2024 and 2023 and the Independent Auditor's report have been included in the 2024 Annual Report, that is included in the Handbook mailing to members of the House of Delegates.

Although limited in scope, the testimony received was supportive of our AMA's financial position. In the Annual Report, our Board of Trustees reaffirmed the organization's top priorities that are collectively promoted under the initiative, "This is why we fight:"

- Reforming Medicare payment;
- Fixing prior authorization;
- Fighting scope creep;
- Reducing physician burnout; and
- Making technology work for physicians.

Your Reference Committee notes that in addition to the testimony several inquiries were raised regarding AMA membership dues, revenue derived from CPT®, and the potential direction of the organization under new executive leadership. Your Reference Committee would like to emphasize that it meets quarterly with our AMA Board of Trustees Finance Committee to review operational and financial matters in greater detail.

Your Reference Committee recommends that the Annual Report be filed.

- 1 This concludes the report of Reference Committee F. I would like to thank Emily D. Briggs,
- 2 MD, MPH, Robert A. Gilchick, MD, MPH, Hillary Johnson-Jahangir, MD, PhD, Richard F.
- 3 Labasky, MD, MBA, Brandi N. Ring, MD, MBA, Jayesh B. Shah, MD, MHA, and all those
- 4 who testified before the Committee.

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