

Ref Comm	Resolution/ Report	Title	Recommendation/Resolve	Support/Not Support/Monitor/ Comments
Committee on Ethics and Bylaws	Res. 013 (Senior Physicians Section)	Continued Support of World Health Organization (WHO) & United States Agency for International Development (USAID)	RESOLVED, that our American Medical Association opposes withdrawal from the World Health Organization (WHO) as a continued public health threat to the U.S population by limiting early access to evolving worldwide epidemics (Directive to Take Action); and be it further RESOLVED, that our AMA opposes any cuts to USAID (United States Agency for International Development) programs that increase the risk of infection among vulnerable populations, including senior citizens, or that withhold funding from critical initiatives supporting agriculture, economic development, environmental protection, education, democracy, human rights, and governance in developing countries. (Directive to Take Action) Fiscal Note: Modest – between \$1,000 - \$5,000	Support
A	Res. 111 (Mississippi)	New Reimbursement System Needed for Rural Hospital Survival	RESOLVED, that our American Medical Association study the issue and report back the best options for achieving a new reimbursement system for rural hospital survival in our country. (Directive to Take Action) Fiscal Note: Modest – between \$1,000 - \$5,000	Support
A	Res. 116 (Senior Physicians Section)	Medicare Coverage of Registered Dietitian (RD) and Certified Nutrition Support Specialist (CNSS) Visits Beyond Type 2 Diabetes and Renal Disease	RESOLVED, that our American Medical Association support legislation for Medicare coverage for registered dietitian (RD) or certified nutrition support specialist (CNSS) visits referred by physicians for conditions such as obesity, pancreatic insufficiency, hyperlipidemia, irritable bowel syndrome (IBS), small intestinal bacterial overgrowth (SIBO), gout, and allergies, recognizing that other significant chronic conditions can also benefit from tailored dietary interventions (Directive to Take Action); and be it further RESOLVED, that our AMA specify that payment for registered dietitian or certified nutrition support specialist services should be made separately from Medicare physician services (i.e. outside the Medicare physician fee schedule) to avoid having a negative impact	Support

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			on the conversion factor that would impact payment for all physician services. (Directive to Take Action) Fiscal Note: Modest – between \$1,000 - \$5,000	
A	Res. 117 (New York)	Continuation of Affordable Connectivity Program	RESOLVED, that our American Medical Association advocate for continuing the Affordable Connectivity Program to enable all patients to have access to telehealth and to decrease healthcare disparities. (Directive to Take Action) Fiscal Note: Modest – between \$1,000 - \$5,000	Support
B	Board of Trustees Report 16	Research Correcting Political Misinformation and Disinformation on Scope of Practice	RECOMMENDATION The Board of Trustees recommends the following recommendation be adopted and the remainder of the report be filed: That our American Medical Association rescind Policy D-405.968, “Research Correcting Political Misinformation and Disinformation on Scope of Practice.” (Rescind HOD Policy) Fiscal Note: Less than \$500	Support
B	Res. 229 (Senior Physicians Section)	Guaranteeing Timely Delivery and Accessibility of Federal Health Data	RESOLVED, that our American Medical Association advocate for the immediate removal of restrictions on the CDC, NIH and other pertinent federal agencies' to disseminate critical health information, as withholding such critical information from physicians impedes their ability to deliver the highest standard of care and exposes all patients who are receiving care to less than optimal outcomes (Directive to Take Action); and be it further RESOLVED, that our AMA promote the recognition of the CDC, NIH, and other federal agencies in their efforts to minimize the risks of emerging infections, beginning this year and continuing into the future. (Directive to Take Action) Fiscal Note: Modest – between \$1,000 - \$5,000	Support
B	Res. 234 International Medical	Protection for International	RESOLVED, that our American Medical Association supports the designation of medical or mental healthcare facilities, such as a hospital, doctor’s office, health clinic, vaccination or testing site,	Support

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	Graduates Section	Medical Graduates	urgent care center, site that serves pregnant individuals, or community health center as a protected area, avoiding, when possible, targeted immigration enforcement, in order to preserve the continuity of patient care and medical education (New HOD Policy); and be it further RESOLVED, that our AMA work with relevant stakeholders to develop a confidential mechanism through which IMG physicians can report workplace immigration related interviews, enforcement actions, or audits, in order to identify and address potential instances of unfair treatment or 31 targeting of IMG physicians. (Directive to Take Action) Fiscal Note: Moderate – between \$5,000 - \$10,000	
D	BOT Report 20	Guardianship and Conservatorship Reform	RECOMMENDATIONS The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 402-A-24, and the remainder of the report be filed: 1. That our AMA encourages efforts to standardize laws concerning the establishment, modification, or termination of a guardianship, and favors less restrictive alternatives to guardianship, which should be viewed as a last resort. (New HOD Policy) 2. That Policy H-140.845, “Encouraging the Use of Advance Directives and Health Care Powers of Attorney” be reaffirmed. Fiscal Note: Less than \$500	Support
D	CSAPH 02	Addressing Social Determinants of Health Through Closed Loop Referral Systems	RECOMMENDATIONS The Council on Science and Public Health recommends that the following be adopted, and the remainder of the report be filed. 1. Our AMA acknowledges closed loop referral systems are a mechanism to address social determinants of health (SDOH) through a community-level, system approach that connects clinicians and the patients they serve to health care services and social support services. 2. Our AMA supports the	Support

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			continued evaluation of closed loop referral systems in addressing SDOH and health-related social needs to identify best practices and improve health outcomes. 3. Our AMA supports continued research to streamline the workflow processes and ensure two-way communication for closed loop referrals between health care systems and community-based organizations to address SDOH and health-related social needs. 4. Our AMA supports: (a) using data to foster hospitals, health insurance, private sector, philanthropic organizations, and community- and faith-based organizations investment in addressing SDOH, (b) reducing barriers to using grants to address SDOH, and (c) promoting federal- and state-initiatives to expand funding for SDOH health-related social 40 needs interventions. (New HOD Policy) Fiscal Note: less than \$1,000	
D	Res. 411 (Colorado)	Protecting Access to mRNA Vaccines	RESOLVED, that our American Medical Association actively lobby for protections for use, research and development of mRNA vaccines for infectious diseases and cancer treatment (Directive to Take Action); and be it further Resolution: 411 (A-25) RESOLVED, that our AMA develop state level model legislation to promote state level protections for use, research and development of mRNA vaccines with report back at I-25. (Directive to Take Action) Fiscal Note: Moderate – between \$5,000 - \$10,000	Support
D	Res. 412 (LGBTQ+ Section)	Supporting inclusive long-term care facilities	RESOLVED, that our American Medical Association supports federal and state policies for making long-term care facilities LGBTQ+ inclusive. (New HOD Policy) Fiscal Note: Minimal – less than \$1,000	Support

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D	Res. 429 (Senior Physicians Section)	Addressing the Health Consequences of Microplastics in Humans	<p>RESOLVED, that our American Medical Association recognize the potential health risks associated with microplastics exposure and encourage increased research to better understand the human health effects of microplastics (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA support the respective specialty medical societies with subject matter expertise and federal and state public health agencies, including the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA), to develop evidence-based guidelines for monitoring and mitigating microplastic exposure in water, food, air, and other consumer products (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA collaborate with relevant stakeholders to promote public education about microplastics, their sources, potential health risks, and possible strategies for reducing exposure. (Directive to Take Action)</p> <p>Fiscal Note: Modest – between \$1,000 - \$5,000</p>	Support
D	Res. 430 (Senior Physicians Section)	Addressing the Health Impacts of Ultraprocessed Foods	<p>RESOLVED, that our American Medical Association support and promote public awareness and education about the health risks of ultraprocessed foods and the benefits of minimally processed and unprocessed foods (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA support federal, state, and local policies that promote and incentivize the production and distribution of healthier, affordable, minimally-processed and unprocessed foods (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA encourage the integration of nutrition education into all levels of medical education to empower clinicians to best counsel patients efficiently and effectively on reducing UPF consumption (New HOD Policy); and be it further</p>	Support

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			RESOLVED, that our AMA support increased funding to the FDA for research into the health impacts of ultraprocessed foods and strategies to mitigate their risks. (New HOD Policy) Fiscal Note: Modest – between \$1,000 - \$5,000	
E	Res. 502 American College of Rheumatology, American Academy of Physical Medicine and Rehabilitation, American Psychiatric Association, American Society of Gastrointestinal Endoscopy, American College of Physicians, American Academy of Allergy, Asthma, and Immunology	NIH Grant Funding for Medical Research	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) Fiscal Note: Moderate – between \$5,000 - \$10,000	Support
E	Res. 513 (Medical Student Section)	Transparency on Comparative Effectiveness in Direct-to-	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:	Support

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		Consumer Advertising	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 4 information on comparative effectiveness. (New HOD Policy) Fiscal Note: Minimal – less than \$1,000	
F	Res. 601 (American College of Lifestyle Medicine, Minority Affairs Section)	AMA To Develop Patient Educational Materials Regarding Ultra-processed Foods for Distribution by AMA members	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) Fiscal Note: \$65,179 annually to develop educational materials	Support
G	Res. 706 (Illinois)	Increasing Transparency Surrounding Medicare Advantage Plans	RESOLVED, that our American Medical Association support policy to increase financial 34 transparency of Medicare Advantage plans, including mandated public reporting of prior 35 authorization practices, claim denials, marketing expenses, supplemental benefits, provider 36 contracts, and provider networks. (New HOD Policy) Fiscal Note: Minimal – less than \$1,000	Support