



Specialty and Service Society (SSS)
2025 Annual Meeting of the House of Delegates

All times listed are Central Time			<i>Schedule subject to change</i>
Saturday, June 7			
10:00 am - 11:30 am	SSS Assembly Meeting Refreshments provided		Crystal Ballroom B/C, West Tower, Lobby Level
10:00 am	Welcome/Call to Order	Stuart Glassman, MD	
10:05 am	AMPAC Update	Hans Arora, MD	
10:10 am (time subject to change)	Greeting from Incoming AMA CEO	John Whyte, MD, MPH	
10:15 am	AMA Advocacy Update	Todd Askew, Senior Vice President, Advocacy	
10:30 am	House Business	Michael Simon, MD	
11:30 am	Adjourn		
12:30 pm	House of Delegates Second Opening		Grand Ballroom, East Tower, Ballroom Level
Sunday, June 8			
4:30 pm – 5:00 pm	SSS Social Gathering		The Living Room West Tower, Skyway Level
Monday, June 9			
6:30 am – 9:30 am	SSS Assembly Meeting Refreshments provided	Stuart Glassman, MD Michael Simon, MD	Crystal Ballroom A/B, West Tower, Lobby Level
6:30 am	Call to Order	Stuart Glassman, MD	
6:30 am – 6:35 am	AMA Foundation Update	Shilpen Patel, MD	
6:35 am – 8:30 am	Candidate Forum Panels		
6:35 am – 7:00 am	President <ul style="list-style-type: none">• Sandra Adamson Fryhofer, MD, AMA candidate web page• Willie Underwood, III, MD, MSc, MPH, AMA candidate web page	Stuart Glassman, MD Adam Rubin, MD	
7:00 am - 7:45 am	Board of Trustees One open position; one potential open position* <ul style="list-style-type: none">• Madelyn Espinosa Butler, MD, AMA candidate web page	Hilary Fairbrother, MD Michael Simon, MD	

	<ul style="list-style-type: none"> • John T. Carlo, MD, AMA candidate web page • Sheila Rege, MD, AMA candidate web page • Heather A. Smith, MD, MPH, AMA candidate web page • Marta J. Van Beek, MD, MPH, AMA candidate web page <p><i>*Potential newly opened position: Position that may open as the result of the election of a currently announced candidate in another contest.</i></p>		
7:45 am - 8:15 am	<p>Council on Medical Education</p> <p><i>Four open positions</i></p> <ul style="list-style-type: none"> • Sherri Baker, MD, AMA candidate web page • Lou Edje, MD, MHPE, AMA candidate web page • Joseph M. Maurice, MD, AMA candidate web page • Kevin McKinney, MD, AMA candidate web page • Mark Milstein MD, AMA candidate web page • Scott H. Pasichow, MD, MPH, AMA candidate web page • David Savage, MD, PhD, AMA candidate web page 	Hans Arora, MD Sarah Candler, MD	
8:15 am – 8:30 am	<p>Council on Medical Service</p> <p><i>One open position; One potential open position*</i></p> <ul style="list-style-type: none"> • Alain Chaoui, MD • Laura Faye Gephart, MD, MBA • Steven Wang, MD, MBA 	Shilpen Patel, MD Sarah Candler, MD	

	<i>Potential newly opened position: Positions that may open as the result of the election of a currently announced candidate in another contest.</i>		
8:30 am - 9:30 am	House Business	Michael Simon, MD	
9:30 am	Adjourn	Stuart Glassman, MD	
10:00 am – 6:00 pm	House of Delegates Business Session		Grand Ballroom, East Tower, Ballroom Level



SPECIALTY SOCIETY RESOLUTIONS

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Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Action
<u>ETHICS & BYLAWS</u>			
<i>B of T Report 02-A-25 (New Specialty Organizations Representation in the House of Delegates) will be considered in Ref Comm on Amendments to Ethics & Bylaws on Saturday, June 7.</i>			SUPPORT
006	<ul style="list-style-type: none">• (Medical Student Section)• American Association of Public Health Physicians	Military Deception as a Threat to Physician Ethics <i>RESOLVED, that our American Medical Association oppose the deceptive use of medical, public health, and humanitarian aid for secret or ulterior motives by government and military entities, including to gather national security intelligence or gain leverage in an armed conflict. (New HOD Policy)</i>	SUPPORT



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012	<ul style="list-style-type: none">• (Resident and Fellow Section)• American College of Physicians	<p>Carceral Systems and Practices in Behavioral Health Emergency Care</p> <p>RESOLVED, that our American Medical Association amend policy H-345.972 (Mental Health Crisis Interventions) by addition and deletion to read as follows:</p> <p>1. Our American Medical Association continues to support jail diversion and community based treatment options for mental illness.</p> <p>2. Our AMA advocates for funding and implementation of evidence-based interventions to decouple behavioral health response systems from carceral systems, including but not limited to diverting acute mental illness and social-service related calls to mobile crisis teams staffed by mental health trained professionals rather than solely or primarily relying on armed law enforcement. Our AMA supports implementation of law enforcement-based crisis intervention training programs for assisting those individuals with a mental illness, such as the Crisis Intervention Team model programs.</p>	SUPPORT



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		<p>3. Our AMA supports federal funding to encourage increased community and law enforcement participation in crisis intervention training programs.</p> <p>4. Our AMA supports legislation and federal funding for evidence-based training programs by qualified mental health professionals aimed at educating corrections and law enforcement officers in effectively interacting with people with mental health crises or and other behavioral dysregulation issues in all detention and correctional facilities and communities.</p> <p>5. Our AMA supports:</p> <ul style="list-style-type: none">a. increased research on disparate use of force and non-violent de-escalation tactics during for law enforcement encounters with people who have mental illness and/or developmental disabilities.b. research on fatal encounters with law enforcement and the prevention thereof (Modify Current HOD Policy); and be it further <p>RESOLVED, that our AMA support ending routine reliance on law enforcement to triage, evaluate, or transport</p>	



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		<p>individuals experiencing behavioral health emergencies and instead support improved funding for Emergency Medical Services to meet communities' needs (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA advocate against the routine application of physical restraints, including handcuffs, during behavioral health emergency responses or as part of police protocols when transporting non-incarcerated individuals to receive health care services (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA advocate against the indiscriminate shackling of children and adults during prehospital and hospital care, as the use of restraints should be limited to the least restrictive option and only applied when medically necessary (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA ask the Council on Judicial and Ethical Affairs to study this topic to provide clearer guidance for healthcare professionals regarding interacting with law enforcement while caring for patients and the indiscriminate shackling of youth and</p>	



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		adults in carceral custody, with particular attention to the removal of shackles in lieu of the least restrictive restraint option. (Directive to Take Action)	
<u>REFERENCE COMMITTEE A</u>			
101	<ul style="list-style-type: none">• American Academy of Child and Adolescent Psychiatry• American Society of Addiction Medicine	<p>Uniform Adoption of Service Intensity Tools to Support Medical Decision-making and Service Gap Analysis</p> <p><i>RESOLVED, that our American Medical Association advocate that federal and state policymakers utilize evidence-based nationally recognized service intensity assessment instruments and level of care placement criteria developed by professional medical associations to require coverage of treatment and recovery services in mental health and substance use disorder treatment.</i> (Directive to Take Action)</p>	SUPPORT
102	<ul style="list-style-type: none">• American College of Chest Physicians	Access to Single Maintenance and Reliever Therapy for Asthma	SUPPORT



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		<p>RESOLVED, that our American Medical Association work with the Centers for Medicare and Medicaid Services and major national insurance carriers to remove or increase quantity limits for inhaled corticosteroid/long-acting beta-agonist combination inhalers when prescribed in accordance with evidence-based guidelines (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA work with state medical associations to advocate for the removal of copays for asthma inhalers in all state Medicaid plans. (Directive to Take Action)</p>	
103	<ul style="list-style-type: none">• American Society for Gastrointestinal Endoscopy• American College of Rheumatology• American Gastroenterological Association	<p>Inadequate Reimbursement for Biosimilars</p> <p>RESOLVED, that our American Medical Association work with stakeholders to advocate for legislation that will Amend Section 1847A(c)(3) of the Social Security Act to permanently remove manufacturer rebates from the ASP methodology for biologics. (Directive to Take Action)</p>	SUPPORT



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115	<ul style="list-style-type: none">• Society for Cardiovascular Angiography and Interventions• American Association of Clinical Urologists• American College of Cardiology• American Vein & Lymphatic Society• American Venous Forum• Outpatient Endovascular and Interventional Society	<p>Supporting Legislative Efforts to Remove Certain High-Cost Supplies and Equipment from the Medicare Physician Fee Schedule</p> <p>RESOLVED, that our American Medical Association support legislative proposals to reform the Medicare Physician Fee Schedule by removing and separately paying for certain services containing high-cost supplies priced more than \$500 as well as certain services containing high-cost equipment from the Medicare Physician Fee Schedule. (New HOD Policy)</p>	SUPPORT
<u>REFERENCE COMMITTEE</u> <u>B</u>			
201	<ul style="list-style-type: none">• American Association of Neurological Surgeons• Congress of Neurological Surgeons• American Academy of Orthopaedic Surgeons	<p>Inclusion of DICOM Imaging in Federal Interoperability Standards</p> <p>RESOLVED, that our American Medical Association support the addition of DICOM imaging to federal interoperability standards, namely the United States Core Data for Interoperability (USCDI), to promote</p>	SUPPORT



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	<ul style="list-style-type: none">American College of Radiology	standardized, interoperable image sharing across healthcare systems (New HOD Policy); and be it further RESOLVED, that our AMA advocate for policies and regulations requiring EHR and imaging archive system vendors to support the secure, efficient, and interoperable exchange of DICOM imaging data between healthcare entities. (Directive to Take Action)	
202	<ul style="list-style-type: none">American Association of Neurological SurgeonsCongress of Neurological SurgeonsAmerican Academy of Neurology	Preservation of the CDC Epilepsy Program Workforce and Infrastructure RESOLVED, that our American Medical Association advocate for the full restoration and continued support of the CDC Epilepsy Program, including its workforce and dedicated funding, to ensure its ability to support evidence-based public health initiatives in epilepsy (Directive to Take Action); and be it further RESOLVED, that our AMA urge the Department of Health and Human Services and Congress to prioritize sustained funding and staffing for the CDC Epilepsy Program to promote ongoing public health, clinical care	SUPPORT



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		advancement, and improved quality of life for people living with epilepsy. (Directive to Take Action)	
203	<ul style="list-style-type: none">• American Association of Neurological Surgeons• Congress of Neurological Surgeons• American Society for Regional Anesthesia Pain Medicine	<p>Supporting SUPPORT Act Modifications to Enhance Care of Patients with Chronic Pain</p> <p><i>RESOLVED, that our American Medical Association advocate for modifications to the SUPPORT Act that allow for the delivery of compounded syringes of medications intended for the filling of intrathecal pumps directly to the prescribing physician's practice. (Directive to Take Action)</i></p>	SUPPORT
204	<ul style="list-style-type: none">• American Academy of Ophthalmology	<p>Protecting the Prescriptive Authority of Plenary Licensed Physicians</p> <p><i>RESOLVED, that our American Medical Association study the national prevalence and patterns of pharmacists refusing to fill valid prescriptions from plenary licensed physicians, including impact on patient outcomes and prescriber autonomy (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA work with state medical boards, pharmacy boards, and appropriate federal agencies to</i></p>	R1 MONITOR R2 SUPPORT R3 SUPPORT



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		<p><i>protect the authority of plenary licensed physicians to prescribe all legal medications in accordance with their training and medical judgment (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA reaffirm and publicize existing policy opposing unauthorized medication substitution, inappropriate pharmacy inquiries, and unauthorized treatment modification by pharmacists (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA support legislation or regulatory action requiring pharmacists and pharmacy chains to either fill a valid prescription or immediately refer the patient to an alternative dispensing pharmacy, with notification to the prescribing physician (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA encourage interprofessional collaboration to clarify scope-of-practice boundaries, educate stakeholders on the legal authority of plenary licensure, and promote policies that ensure timely patient access to physician-directed therapy (New HOD Policy)</i></p>	
205	• American College of Lifestyle Medicine	AMA Support for Continuance of the Section 1115 - Social Security Act, Medicaid Waiver Program	SUPPORT



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	<ul style="list-style-type: none">• (Oregon Medical Association)• (Illinois)	<p><i>RESOLVED, that our American Medical Association work aggressively to advocate for, and assure, the continuance of the Section 1115 Medicaid Waiver Program as a critical safety net for our underserved and disadvantaged populations. (Directive to Take Action)</i></p>	
206	<ul style="list-style-type: none">• American College of Lifestyle Medicine• (Oregon Medical Association)• (Illinois)	<p>AMA Support for Renewal of Section 1115 - Social Security Act, Medicaid Waiver Demonstration Projects Supporting Food and Nutrition Services</p> <p><i>RESOLVED, that our American Medical Association aggressively advocate for, and support, the renewals and extensions of any and all Section 1115 Waivers supporting food and nutritional services as a counter to the issues of food insecurity in many of our Medicaid beneficiaries. (Directive to Take Action)</i></p>	SUPPORT
207	<ul style="list-style-type: none">• American College of Surgeons	<p>Abolishing Venue Shopping</p> <p><i>RESOLVED, that our American Medical Association fiercely advocate against Venue Shopping in medical professional liability actions in collaboration with all interested state medical and specialty societies (Directive to Take Action);</i></p>	SUPPORT



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		<p><i>and be it further</i></p> <p><i>RESOLVED, that our AMA urgently draft model state and federal legislation rendering venue shopping illegal in medical professional liability actions. (Directive to Take Action)</i></p>	
208	<ul style="list-style-type: none">• American Psychiatric Association	<p>Binding Arbitration in Health Insurance Contracts</p> <p><i>RESOLVED, that our American Medical Association study the effects of binding arbitration in health insurance contracts with physicians. (Directive to Take Action)</i></p>	SUPPORT
209	<ul style="list-style-type: none">• American Society of Addiction Medicine	<p>Reducing Risk of Federal Investigation or Prosecution for Prescribing Controlled Addiction Medications for Legitimate Medical Purposes</p> <p><i>RESOLVED, that our American Medical Association support legislative, regulatory, and other advocacy efforts that</i></p> <p><i>(1) advance the adoption of a conjunction standard in the context of "legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice" under the federal Controlled Substances Act and</i></p>	SUPPORT



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		<i>implementing regulations and</i> <i>(2) address relevant federal regulations to clarify that "legitimate medical purpose" means "for the purpose of preventing, treating, or managing a patient's health-related condition." (New HOD Policy)</i>	
210	<ul style="list-style-type: none">• American Society for Gastrointestinal Endoscopy• American Gastroenterological Association• The Society of Thoracic Surgeons	Impact of Tariffs on Healthcare Access and Costs <i>RESOLVED, that our American Medical Association actively monitor and assess the impact of current and proposed tariffs on healthcare costs and patient access to medical services (Directive to Take Action); and be it further</i> <i>RESOLVED, that our AMA engage with relevant stakeholders, including policymakers and industry leaders, to advocate for trade policies that do not adversely affect the affordability and availability of medical supplies and pharmaceuticals (Directive to Take Action); and be it further</i> <i>RESOLVED, that our AMA support legislative efforts aimed at mitigating the negative effects of tariffs on the healthcare system, ensuring that patient care remains</i>	R1 SUPPORT R2 SUPPORT R3 SUPPORT R4 SUPPORT



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		<p><i>accessible and affordable (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA conduct a study evaluating the short- and long-term impacts of U.S. tariffs on the healthcare delivery system, including effects on cost, supply chains, patient outcomes, and healthcare disparities, and, given the urgency associated with the issue, report its findings no later than the November 2025 interim meeting of the House of Delegates. (Directive to Take Action)</i></p>	
216	<ul style="list-style-type: none">• (Medical Student Section)• American Academy of Child & Adolescent Psychiatry	<p>Support for Aging-Out Foster Youth with Mental Health and Psychotropic Needs</p> <p><i>RESOLVED, that our American Medical Association support federal and state initiatives aimed at increasing funding and enhancing accessibility to services designed to help youths as they transition out of foster care; especially for youths requiring mental health support and access to psychotropic medications. (New HOD Policy)</i></p>	SUPPORT
218	<ul style="list-style-type: none">• (Medical Student Section)	<p>Distribution of Resident Slots Commensurate with Shortages</p>	MONITOR



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	<ul style="list-style-type: none">• American College of Physicians• American College of Preventive Medicine• (International Medical Graduates Section)• (Integrated Physician Practice Section)	<p><i>RESOLVED, that our American Medical Association support preferential distribution of new residency slots to general internal medicine, family medicine, preventive medicine, pediatrics, obstetrics and gynecology, and psychiatry, commensurate with their relative need and expected shortages. (New HOD Policy)</i></p>	
221	<ul style="list-style-type: none">• (New England)• Association for Clinical Oncology	<p>Preservation of Medicaid</p> <p><i>RESOLVED, that our American Medical Association make preservation of federal funding and eligibility for Medicaid one of its top and urgent legislative advocacy priorities, effective immediately, and request report back on the Board of Trustees' actions at I-25 (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA strongly oppose federal and state efforts to reduce eligibility and funding for all public health insurance programs, including Medicaid and CHIP. (New HOD Policy)</i></p>	SUPPORT
228	<ul style="list-style-type: none">• (Resident and Fellow Section)	CHIP Coverage of OTC Medications	MONITOR



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	<ul style="list-style-type: none">• American Academy of Family Physicians• American College of Obstetricians and Gynecologists	<p><i>RESOLVED, that our American Medical Association advocate for expanding coverage of FDA-approved and/or medically necessary over-the-counter medications under the Children's Health Insurance Program (CHIP) for enrolled individuals, including by expanding medication classes covered under CHIP (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA oppose arbitrary limitations on the quantity of FDA-approved over-the-counter medications covered by the Children's Health Insurance Program for enrolled individuals (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA oppose copayment requirements for over-the-counter medications for patients enrolled in CHIP. (New HOD Policy)</i></p>	
230	<ul style="list-style-type: none">• The Endocrine Society• American Association of Clinical Endocrinology• American Society for Reproductive Medicine	<p>Advocating to Expand Private insurance Coverage of Anti-obesity Medications (AOM)</p> <p><i>RESOLVED, that our American Medical Association amend policy H-440.801, Advocacy Against Obesity-Related Bias by Insurance Providers, by addition to read as follows:</i></p>	SUPPORT



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	<ul style="list-style-type: none">• American Society for Metabolic and Bariatric Surgery• Obesity Medicine Association• American College of Physicians	<p><i>1. Our American Medical Association will urge individual state delegations to directly advocate for their state insurance agencies and insurance providers in their jurisdiction to:</i></p> <p><i>a. Revise their policies to ensure that bariatric surgery is covered for patients who meet the appropriate medical criteria.</i></p> <p><i>b. Eliminate criteria that place unnecessary time-based mandates that are not clinically supported nor directed by the patient's medical provider.</i></p> <p><i>c. Ensure that insurance policies in their states do not discriminate against potential metabolic surgery patients based on age, gender, race, ethnicity, socioeconomic status.</i></p> <p><i>d. Advocate for the cost-effectiveness of all obesity treatment modalities in reducing healthcare costs and improving patient outcomes.</i></p> <p><i>e. Eliminate coverage exclusions for the pharmacologic treatment of obesity.</i></p> <p><i>f. Reduce the prior authorization burden for the coverage</i></p>	



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		<p><i>of anti-obesity medications, to include not requiring a new prior authorization for every dose change or requiring "step therapy".</i></p> <p><i>g. Support and cover chronic treatment with anti-obesity medications to maintain weight loss.</i></p> <p><i>h. Allow a patient's physician to prescribe anti-obesity medication and have it covered by insurance, without a requirement that patients must receive the prescription only from contracted disease management companies.</i></p> <p><i>2. Our AMA will support and provide resources to state delegations in their efforts to advocate for the reduction of bias against patients that suffer from obesity for the actions listed. (Modify Current HOD Policy)</i></p>	
235	<ul style="list-style-type: none">• Association for Clinical Oncology• American College of Rheumatology	<p>CMS Payment Monitoring Following Government Staff Reductions</p> <p><i>RESOLVED, that our American Medical Association will monitor federal staffing reductions with a focus on those at the Centers for Medicare & Medicaid Services (CMS) (Directive to Take Action); and be it further</i></p>	SUPPORT



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<u>REFERENCE COMMITTEE C</u>		<i>RESOLVED, that our AMA offers a method whereby providers can report CMS payment delays and/or new or additional obstacles to timely receipt of reimbursement to our AMA, and that our AMA should use the information collected to inform advocacy efforts to protect physicians from unreasonable CMS payment delays and notify CMS of slowing payments and/or obstacles. (Directive to Take Action)</i>	
301	<ul style="list-style-type: none">• American College of Cardiology• American Society of Echocardiography• American Society of Nuclear Cardiology• Heart Rhythm Society• Society for Cardiovascular Angiography & Interventions• Society of Cardiovascular Computed Tomography	Examining ABMS Processes for New Boards <i>RESOLVED, that our American Medical Association supports the creation and recognition of practice competency certification mechanisms for physicians, when the oversight bodies for such certification meet established criteria (New HOD Policy); and be it further RESOLVED, that our AMA Council on Medical Education examine ABMS processes for new boards to determine whether the ABCVM met the necessary requirements to be recognized as an independent board, with report back</i>	SUPPORT



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	<ul style="list-style-type: none">Society for Cardiovascular Magnetic Resonance	<i>to the AMA Board of Trustees (BOT) and the AMA HOD. (Directive to Take Action)</i>	
302	<ul style="list-style-type: none">American College of Lifestyle Medicine	AMA Study of Lifestyle Medicine and Culinary Electives to Reduce Burnout and Bolster Career Satisfaction in Trainees <i>RESOLVED, that our American Medical Association study the impact and outcomes of teaching elective and affordable culinary and lifestyle self-care skills to medical students, residents, and fellows to reduce burnout and bolster career satisfaction. (Directive to Take Action)</i>	OPPOSE REAFFIRMATION
305	<ul style="list-style-type: none">(Medical Student Section)American College of Lifestyle Medicine	Curricular Structure Reform to Support Physician and Trainee Well-Being <i>RESOLVED, that our American Medical Association promote a systems approach to student well-being and support research into the impact (beneficial or deleterious) of various educational structures and processes, including but not limited to, the use of third-party resources and distance learning, upon learner well-being and self-efficacy (New HOD Policy); and be it further</i>	SUPPORT



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		<p><i>RESOLVED, that our AMA discourage physician, resident/fellow, and medical student burnout prevention programs which impose inflexible requirements, mandatory assignments, or punitive measures, except where required by law (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support evidence-based burnout prevention programs that:</i></p> <p class="list-item-l1"><i>a) prioritize personal time for participants;</i></p> <p class="list-item-l1"><i>b) facilitate voluntary participation in activities relating to personal values, leisure, hobbies, group and peer engagement, and self-care; and</i></p> <p class="list-item-l1"><i>c) are integrated directly into medical school and residency program curricula, and;</i></p> <p class="list-item-l1"><i>d) provide multiple options to complete any expectations or activities flexibly (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support the implementation of evidence-based evaluation strategies in the</i></p>	



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		<i>ChangeMedEd Initiative for the ongoing assessment and improvement of burnout prevention programs. (New HOD Policy)</i>	
REFERENCE COMMITTEE D			
401	<ul style="list-style-type: none">• American Academy of Ophthalmology	<p>Reducing Pickleball-Related Ocular Injuries</p> <p><i>RESOLVED, that our American Medical Association advocate for international, national, and local pickleball organizations, leagues, and recreational facilities to adopt eye injury prevention strategies—such as mandating protective eyewear—particularly for older adults and individuals with pre-existing ocular conditions. (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA support targeted educational initiatives on pickleball-related eye injury prevention, with specific outreach to older adults, high-risk individuals, and healthcare professionals, to promote safe play and increase awareness of ocular injury risks (Directive to Take Action); and be it further</i></p>	SUPPORT



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		<p><i>RESOLVED, that our AMA encourage continued research and injury surveillance efforts to evaluate the long-term impact of pickleball-related eye injuries on healthcare costs, rehabilitation outcomes, and the effectiveness of preventive strategies (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA recognize the growing popularity of pickleball among aging populations and encourage physicians to incorporate counseling on sports-related eye injury prevention as part of routine patient care. (New HOD Policy)</i></p>	
402	<ul style="list-style-type: none">• American Association of Public Health Physicians• (Medical Student Section)	<p>Protecting In-Person Prison Visitations to Reduce Recidivism</p> <p><i>RESOLVED, that our American Medical Association support local, state, and federal efforts that protect and improve accessibility to in-person visitations at correctional facilities to reduce recidivism while encouraging and supporting all custodial efforts to reduce (or eliminate) the introduction of illegal substances and</i></p>	SUPPORT



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		<i>contraband during such in-person visitations. (New HOD Policy)</i>	
403	<ul style="list-style-type: none">• American Association of Public Health Physicians	<p>Promoting Evidence-Based Responses to Measles and Misuse of Vitamin A</p> <p><i>RESOLVED, that our American Medical Association will make and widely distribute a public statement to actively counter misinformation regarding vitamin A as more than an adjunct for treatment, particularly claims that suggest it can replace vaccination, cure the disease, or be safely used as a self-treatment practice (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA will educate the public and healthcare professionals about the proper role of vitamin A in measles management—specifically, that while it may reduce the risk of measles-related complications, including but not limited to blindness, it neither prevents nor cures measles (Directive to Take Action); and be it further</i></p>	SUPPORT



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		<p><i>RESOLVED, that our AMA will advocate for the use of vitamin A in the context of measles only under the supervision of a competent healthcare professional (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA will continue to support the use of FDA-licensed measles vaccines, currently measles-mumps-rubella (MMR) and measles-mumps-rubella varicella (MMRV) as the most effective method of preventing measles and will promote efforts to improve public confidence in immunization through transparent, science-based communication. (New HOD Policy)</i></p>	
404	<ul style="list-style-type: none">• American College of Cardiology• Society of Cardiovascular Computed Tomography	<p>Improving Public Awareness of Lung Cancer Screening and CAD in Chronic Smokers</p> <p><i>RESOLVED, that our American Medical Association will partner with other professional and public health organizations as well as key stakeholders in cardiology, pulmonology, oncology, and imaging specialties to increase awareness amongst chronic smokers (who would benefit from appropriate lung cancer screening) regarding their risk for both lung cancer and coronary artery disease</i></p>	SUPPORT



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		<p><i>and encourage their participation in screening programs through a joint public campaign effort (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA promote physician education and awareness regarding the value of chest CT in detecting both lung cancer and calcified atherosclerotic plaque and encourage reporting the extent of coronary artery calcification in non-contrast chest CT studies performed as a part of lung cancer screening program. (Directive to Take Action)</i></p>	
405	<ul style="list-style-type: none">• American College of Preventive Medicine	<p>Health Warning Labels on Alcoholic Beverage Containers</p> <p><i>RESOLVED, that our American Medical Association support regulations that mandate alcoholic beverage containers to display the number of standard drinks in the container, paired with national dietary guidelines for alcohol use (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support regulations that ensure alcohol containers have labels which are large in size, use contrasting colors, use large text, have accompanying</i></p>	SUPPORT



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		<i>graphics, and display in the label in a prominent position. (New HOD Policy)</i>	
407	<ul style="list-style-type: none">• American Thoracic Society• American College of Chest Physicians (CHEST)	<p>Sleep Deprivation as a Public Health Crisis</p> <p><i>RESOLVED, that our American Medical Association recognizes the role of sleep health for all people, the contributions of sleep duration and quality on chronic health outcomes, mental health, and trauma, and the systemic drivers of modern living contributing towards poorer sleep (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA declare sleep deprivation a public health crisis in the United States and to declare sleep health a public health priority (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support efforts to increase research into the socioeconomic, psychosocial, environmental, technologic, and commercial drivers of sleep deprivation, poor sleep quality, and shortened sleep duration (Directive to Take Action); and be it further</i></p>	NO POSITION



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		<p><i>RESOLVED, that our AMA advocate for public health interventions and policies to improve sleep health. (Directive to Take Action)</i></p>	
417	<ul style="list-style-type: none">• (Minority Affairs Section)• National Medical Association• American Academy of Addiction Psychiatry• American Academy of Family Physicians• American Association of Public Health Physicians• American College of Obstetricians and Gynecologists• American Psychiatric Association• American Society of Addiction Medicine	<p>Updating Alcohol Health Warning Labels to Reflect Evidence-Based Health Risks and Supporting National Labeling and Signage Policy Reform</p> <p><i>RESOLVED, that our American Medical Association support the modernization of alcohol health warning labels to reflect the best available science, including explicit acknowledgment of alcohol's causal link to cancer and the evidence that the risk of harm increases with greater alcohol consumption (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support federal and state policy measures requiring clear, evidence-based point-of-sale warning signage in physical and digital retail environments where alcohol is sold (New HOD Policy); and be it further</i></p>	SUPPORT



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		<p><i>RESOLVED, that our AMA support research and evaluation initiatives to study the impact of alcohol warning labels and signage on consumer knowledge and behavior, health outcomes, and alcohol sales patterns, with ongoing assessment to ensure future labeling interventions are evidence-informed and population-appropriate. (New HOD Policy)</i></p>	
427	<ul style="list-style-type: none">• Obesity Medicine Association• American Society for Metabolic and Bariatric Surgery• Endocrine Society• American Association of Clinical Endocrinology	<p>Elevate Obesity as a Strategic Objective</p> <p><i>RESOLVED, that our American Medical Association adopt addressing the public health issue of obesity including prevention and treatment as a strategic objective. (New HOD Policy)</i></p>	NO POSITION
428	<ul style="list-style-type: none">• (Resident and Fellow Section)• American College of Physicians• American Academy of Family Physicians• American Association of Public Health Physicians	<p>Public Health Implications of US Food Subsidies</p> <p><i>RESOLVED, that our American Medical Association study the public health implications of United States Food Subsidies, focusing on:</i></p>	SUPPORT



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	<ul style="list-style-type: none">• (LGBTQ+ Section)• (Minority Affairs Section)	<p><i>(1) how these subsidies influence the affordability, availability, and consumption of various food types across different demographics;</i></p> <p><i>(2) potential for restructuring food subsidies to support the production and consumption of more healthful foods, thereby contributing to better health outcomes and reduced healthcare costs related to diet-related diseases; and</i></p> <p><i>(3) avenues to advocate for policies that align food subsidies with the nutritional needs and health of the American public, ensuring that all segments of the population benefit from equitable access to healthful, affordable food. (Directive to Take Action)</i></p>	
<u>REFERENCE COMMITTEE E</u>			
501	<ul style="list-style-type: none">• American Academy of Otolaryngology – Head and Neck Surgery	Safer Button / Coin Batteries <i>RESOLVED, that our American Medical Association promote a definition of safer button or coin cell battery as</i>	SUPPORT



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		<p><i>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</i></p> <p><i>RESOLVED, that our AMA advocate for industry development and employment of safer button battery technology. (Directive to Take Action)</i></p>	
502	<ul style="list-style-type: none">• 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	<p>NIH Grant Funding for Medical Research</p> <p><i>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</i></p>	SUPPORT



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		<i>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)</i>	
504	<ul style="list-style-type: none">• (Georgia)• American College of Rheumatology	<p>Physician Performed Microscopy Designation for Synovial Fluid Crystal Exam: Modify the Clinical Laboratory Amendment of 1988</p> <p><i>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)</i></p>	SUPPORT
514	<ul style="list-style-type: none">• (New England)• The American Thoracic Society	<p>Support for a Nicotine Free Generation</p> <p><i>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</i></p>	NO POSITION



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		<p><i>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)</i></p>	
517	<ul style="list-style-type: none">• (Resident and Fellow Section)• American Academy of Addiction Psychiatry• American Psychiatric Association• American Academy of Child and Adolescent Psychiatry• American Association for Geriatric Psychiatry• American Academy of Psychiatry and the Law• Academy of Consultation-Liaison Psychiatry	<p>In Support of a National Drug Checking Registry</p> <p><i>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)</i></p>	SUPPORT



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518	<ul style="list-style-type: none">Undersea and Hyperbaric Medical Society(Laurie Gesell, MD)(Jayesh Shah, MD)	<p>Mandatory Accreditation and Regular Inspections of Hyperbaric Chambers</p> <p><i>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</i></p> <p><i>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</i></p> <p><i>RESOLVED, that our AMA support legislative efforts to establish uniform national standards for the operation and maintenance of hyperbaric chambers. (New HOD Policy)</i></p>	NO POSITION
519	<ul style="list-style-type: none">(Washington State)(Montana)(Arizona)	<p>Framework to Convey Evidence-Based Medicine in AI Tools Used in Clinical Decision Making</p>	SUPPORT



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	<ul style="list-style-type: none">• (Mississippi)• (Utah)• American Academy of Family Physicians	<p><i>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)</i></p>	
522	<ul style="list-style-type: none">• Association for Clinical Oncology• American College of Rheumatology	<p>Access to Important and Essential Drugs</p> <p><i>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</i></p> <p><i>RESOLVED, that our AMA urges Congress to pass comprehensive legislation to mitigate existing drug</i></p>	SUPPORT



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		<p><i>shortages and prevent future shortages of lifesaving and life-prolonging drugs. A comprehensive approach would:</i></p> <ul style="list-style-type: none"><i>• Address economic factors that drive generic manufacturers out of the market and consider stabilizing the market with long-term contracts and guaranteed prices.</i><i>• 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.</i><i>• 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.</i><i>• Relay information about potential shortages to health systems and providers to help them prepare for and</i>	



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		<i>mitigate possible supply challenges. (Directive to Take Action)</i>	
<u>REFERENCE COMMITTEE F</u>			
601	<ul style="list-style-type: none">• American College of Lifestyle Medicine• (Minority Affairs Section)	<p>AMA To Develop Patient Educational Materials Regarding Ultra-processed Foods for Distribution by AMA members</p> <p><i>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</i></p> <p><i>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</i></p>	SUPPORT



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		<i>AMA to members who request them for distribution to their patients. (Directive to Take Action)</i>	
602	<ul style="list-style-type: none">• American Thoracic Society	<p>Enabling AMA BOT Expediency for Actions, Advocacy, and Responses During Urgent Situations</p> <p><i>RESOLVED, that our American Medical Association amend G-600.071, "Actions and Decisions 19 by the AMA House and Policy Implementation" to read</i></p> <p><i>- 3. Except as noted herein and consistent with the AMA Bylaws, the Board of Trustees shall conduct the affairs of the Association in keeping with current policy actions adopted by the House of Delegates. The most recent policy actions shall be deemed to supersede contradictory past actions. In the absence of specifically applicable current statements of policy, the Board of Trustees shall determine what it considers to be the position of the House of Delegates based upon the tenor of past and current actions that may be related in subject matter. Such determinations shall be considered to be AMA policy until modified or rescinded at the next regular or special meeting of the House of Delegates. Further,</i></p>	NO POSITION



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		<p>- 4. <u>In urgent situations, the Board of Trustees has the will exercise its authority to take such action as it determines is appropriate in urgent situations to take those policy actions that the Board deems best represent the interests of patients, physicians, and the AMA. to advocate for science and public health. In representing AMA policy in critical situations, the Board will take into consideration existing AMA policy, recommendations from AMA policy staff, and input solicited or obtained from the House of Delegates or its Councils and Sections to inform its position on the interests of patients, physicians, and the AMA. The Board will immediately inform the Speaker of the House of Delegates and direct the Speaker to promptly inform the members of the House of Delegates when the Board has taken actions which differ from existing policy. Any action taken by the Board which is not consistent with existing policy requires a 2/3 vote of the Board. When the Board takes action which differs from existing policy, such action must be placed before the House of Delegates at its next meeting for deliberation.</u></p> <p>- 4.5. <u>Our AMA will provide an online list of AMA Council and Board reports under development, including a staff</u></p>	



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		<p><i>contact for providing stakeholder input (Modify Current HOD Policy); and be it further</i></p> <p><i>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</i></p> <p><i>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)</i></p>	
604	<ul style="list-style-type: none">• (Medical Student Section)• American Association of Public Health Physicians• American College of Physicians	<p>Advisory Committee on Tribal Affairs</p> <p><i>RESOLVED, that our American Medical Association: (1) establish an Advisory Committee on Tribal Affairs composed of AMA members who themselves identify as</i></p>	SUPPORT



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	<ul style="list-style-type: none">(Minority Affairs Section)	<p><i>American Indian and Alaska Native (AI/AN) or have direct experience or close professional relationships with AI/AN communities (e.g., members of Association of Native American Medical Students and Association of American Indian Physicians) or the Indian Health Service to advise the Board of Trustees on how to implement policy specific to AI/AN communities; and</i></p> <p><i>(2) promote and foster educational opportunities for AMA members and the medical community to better understand the contributions of AI/AN communities to medicine and public health, including cultivating a rich understanding and appreciation of AI/AN perspectives on health and wellness. (Directive to Take Action)</i></p>	
<u>REFERENCE COMMITTEE G</u>			
701	<ul style="list-style-type: none">American Association of Clinical Urologists	<p>Electronic Health Records Contract Termination</p> <p><i>RESOLVED, that our American Medical Association adopt as policy that Electronic Health Record (EHR) vendors provide physician practices with a minimum 180-day</i></p>	SUPPORT



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		<p><i>notification of contract termination without cause (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA petition the Center for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) to mandate that EHR vendors provide a minimum 180-day notification of contract termination without cause to physician practices. (Directive To Take Action)</i></p>	
702	<ul style="list-style-type: none">• The American Academy of Family Physicians	<p>Strengthening Health Plan Accountability for Physician Satisfaction</p> <p><i>RESOLVED, that our American Medical Association advocate for the NCQA to strengthen its health plan measurement framework by incorporating comprehensive physician satisfaction metrics (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for the NCQA to strengthen its health plan measurement framework by incorporating comprehensive physician satisfaction metrics. (Directive to Take Action)</i></p>	SUPPORT



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703	<ul style="list-style-type: none">• American Association of Gynecologic Laparoscopists• American College of Obstetricians and Gynecologists	<p>Appropriate Use of Data from Surgical Practices</p> <p><i>RESOLVED, that our American Medical Association advocate for policies that ensure data collected from surgical practices are used primarily to support surgical education, quality improvement, and patient safety, with appropriate protections to prevent misuse (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support physician leadership and involvement in the collection, interpretation, and application of surgical data to ensure that its use respects clinical complexity, preserves professional judgment, and accounts for patient-specific factors, surgical variability, and the nuances of individual operative decision-making (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA oppose the use of surgical data by hospital administrators or other stakeholders to create rigid productivity benchmarks, comparative performance metrics, or incentive/penalty systems that fail to account for the educational value of training environments,</i></p>	SUPPORT



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		<i>differences in case complexity, or surgeon-specific clinical contexts. (New HOD Policy)</i>	

NON SPECIALTY RESOLUTIONS (discussed during SSS Virtual Meeting)

212	• (Illinois)	<p>Setting Standards for Forensic Toxicology Laboratories Used in Litigation</p> <p><i>RESOLVED, that our American Medical Association pursue legislative or regulatory changes to require:</i></p> <p class="list-item-l1">1. <i>Forensic toxicology laboratories that analyze drugs in bodily fluids to follow the same protocols and obtain equivalent certifications as their clinical chemistry counterparts based in hospitals; and</i></p> <p class="list-item-l1">2. <i>CLIA – exempt forensic toxicology laboratories to obtain relevant accreditations and certifications such as CAP Forensic Drug Testing accreditation program (CAP FDT, formerly FUDT or Forensic Urine Drug Testing Accreditation Program) the American Board of Forensic Toxicology Laboratory Accreditation Program (ABFT LAP),</i></p>	OPPOSE AS WRITTEN
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		<p><i>the American Society of Crime Laboratory Directors Laboratory Accreditation Board (ASCLD/LAB) or other related certification program (as their clinical chemistry counterparts in hospitals are required) which are publicly displayed; and</i></p> <p><i>3. forensic toxicology laboratories to follow relevant state codes and regulations addressing testing of breath, blood, and urine for alcohol, other drugs, and intoxicating compounds; and</i></p> <p><i>4. a Laboratory Director and/or Certifying Scientist who reviews all protocols and laboratory manuals and signs off on each result electronically to be a licensed physician (with proper and current board certification) or a scientist with an appropriate advanced graduate degree and certification; and</i></p> <p><i>5. that results of laboratory proficiency testing and Quality Control Programs be available to the court and its litigants for review to assist in verifying forensic laboratory results. (Directive to Take Action)</i></p>	
219	• (Medical Student Section)	<p>Opposing Unwarranted National Institutes of Health Research Institute Restructuring</p> <p><i>RESOLVED, that our American Medical Association support efforts to promote the inclusion of direct input from allopathic and osteopathic physicians and the</i></p>	NO POSITION



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		<i>scientific community, particularly researchers and academics, in decisions pertaining to the restructuring of the NIH. (New HOD Policy)</i>	
430	• (Senior Physicians Section)	Addressing the Health Impacts of Ultraprocessed Foods <i>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</i> <i>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</i> <i>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</i> <i>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)</i>	SUPPORT