

## Reference Committee F

### **Report(s) of the Board of Trustees**

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- 04 AMA 2027 Dues
- 34 Discontinuation of AMA Citation for Distinguished Service

### **Report of the House of Delegates Committee on the Compensation of the Officers**

- 01 Report of the House of Delegates Committee on the Compensation of the Officers

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## REPORT OF THE BOARD OF TRUSTEES

BOT Report 01-A-26

Subject: Annual Report

Presented by: David H. Aizuss, MD, Chair

Referred to: Reference Committee F

- 
- 1 The Consolidated Financial Statements for the years ended December 31, 2025 and 2024 and the
  - 2 Independent Auditor's report have been included in the 2025 Annual Report, that is included in the
  - 3 Handbook mailing to members of the House of Delegates.

REPORT OF THE BOARD OF TRUSTEES

BOT Report 04-A-26

Subject: AMA 2027 Dues

Presented by: David H. Aizuss, MD, Chair

Referred to: Reference Committee F

1

2 Our American Medical Association (AMA) last raised its dues in 1994. The AMA continues to  
3 invest in improving the value of membership. As our AMA's membership benefits portfolio is  
4 modified and enhanced, management will continuously evaluate dues pricing to ensure  
5 optimization of the membership value proposition.

6

7 RECOMMENDATION

8

9 2027 Membership Year

10

11 The Board of Trustees recommends no change to the dues levels for 2027, that the following be  
12 adopted and that the remainder of this report be filed:

13

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

24

25 (Directive to Take Action)

Fiscal Note: Minimal

REPORT OF THE BOARD OF TRUSTEES

BOT Report 34-A-26

Subject: Discontinuation of AMA Citation for Distinguished Service

Presented by: David H. Aizuss, MD, Chair

Referred to: Reference Committee F

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1 The Awards and Nominations Committee of the American Medical Association (AMA) Board of  
2 Trustees administers all AMA Awards. In 2025, the Board voted to discontinue the [Citation for](#)  
3 [Distinguished Service](#), one of only two awards referenced in the Bylaws.  
4

5 The Citation for Distinguished Service was created in 1948, with the first citation awarded in 1952.  
6 The Citation was intended to recognize individuals who were not part of the medical profession but  
7 who have “by their cooperation and aid in the advancement of medical science, medical education  
8 or medical care contributed to the achievement of the ideals of American medicine.” The last AMA  
9 Citation for Distinguished Service was awarded in 2009 with no subsequent nominations. Due to  
10 the lack of interest, on recommendation of the Awards and Nominations Committee, the Board  
11 voted to discontinue the Citation. However, as the Award is referenced in the AMA Bylaws, a  
12 bylaw amendment is needed. The Board also wants to apprise the House of its decision and  
13 rationale for discontinuing it.  
14

15 RECOMMENDATION

16  
17 The Board of Trustees recommends that the following be adopted and the remainder of the report  
18 filed:  
19

20 That the AMA Bylaws be amended to eliminate reference to the Citation for Distinguished  
21 Service.  
22

23 (Modify Bylaws)

Fiscal Note: Less than \$500

REPORT OF THE HOUSE OF DELEGATES COMMITTEE  
ON THE COMPENSATION OF THE OFFICERS

Compensation Committee Report, A-2026

Subject: REPORT OF THE HOUSE OF DELEGATES COMMITTEE ON THE  
COMPENSATION OF THE OFFICERS

Presented by: Jessica Krant, MD, Chair

Referred to: Reference Committee F

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1  
2 At the 1998 Interim Meeting, the House of Delegates (HOD) established a House Committee on  
3 Trustee Compensation, currently named the Committee on Compensation of the Officers, (the  
4 “Committee”). The Officers are defined in the American Medical Association’s (AMA)  
5 Constitution and Bylaws. (Note: under changes to the Constitution previously approved by the  
6 HOD, Article V refers simply to “Officer,” which includes all 21 members of the Board among  
7 whom are President, President-Elect, Immediate Past President, Secretary, Speaker and Vice  
8 Speaker of the HOD, collectively referred to in this report as Officers.) The composition,  
9 appointment, tenure, vacancy process and reporting requirements for the Committee are covered  
10 under the AMA Bylaws. Bylaws 2.13.4.5 provides:

11  
12 The Committee shall present an annual report to the House of Delegates recommending the  
13 level of total compensation for the Officers for the following year. The recommendations of the  
14 report may be adopted, not adopted, or referred back to the Committee, and may be amended  
15 for clarification only with the concurrence of the Committee.  
16

17 At A-00, the Committee and the Board jointly adopted the American Compensation Association’s  
18 definition of total compensation which was added to the Glossary of the AMA Constitution and  
19 Bylaws. Total compensation is defined as the complete reward/recognition package awarded to an  
20 individual for work performance, including: (a) all forms of money or cash compensation; (b)  
21 benefits; (c) perquisites; (d) services; and (e) in-kind payments.  
22

23 Since the inception of this Committee, its reports document the process the Committee follows to  
24 ensure that current or recommended Officer compensation is based on sound, fair, cost-effective  
25 compensation practices derived from research and use of independent external consultants, expert  
26 in Board compensation. Reports beginning in December 2002 documented the principles the  
27 Committee followed in creating its recommendations for Officer compensation.  
28

29 **METHODOLOGY**  
30

31 The Committee considered elements of Officer compensation that have not been updated recently  
32 to reflect increases in costs or changing expectations of specific Board Leadership roles. Two areas  
33 were identified for further research and discussion by the Committee: secretarial reimbursement  
34 maximums and allowances for airfare upgrades.

35 To support this review, the Committee recently commissioned Willis Towers Watson (WTW), a  
36 major compensation consulting firm with expertise in board compensation, to review the market  
37 practices for reimbursement of board members’ secretarial expenses. The Committee also reviewed

1 historical adjustments to both secretarial reimbursement maximums and travel upgrade allowances  
2 and considered any changes to the secretarial needs and travel requirements for Board Leadership.

3  
4 FINDINGS

5  
6 Secretarial Expenses

7 WTW provided updated data regarding market practices for reimbursement of Board members'  
8 secretarial expenses from the 2025 PRM Not-for-Profit Survey, indicating the following:

9  
10 Secretarial expense reimbursement for Board members in not-for-profit organizations is a  
11 minority practice. WTW stated, as previously established, that the time commitment of  
12 AMA board members is significantly higher than other not-for-profit boards. Given the  
13 work of AMA board members and the time commitment, the secretarial needs of the AMA  
14 board members are different than a traditional not-for-profit board, supporting the need for  
15 reimbursement of secretarial expenses for AMA board members.

16  
17 When reimbursement is provided, practices are split between the benefit being capped and  
18 uncapped. Uncapped is more common. For example, the benefit is uncapped by 73 percent  
19 of organizations for the President and 71 percent of organizations for the President-elect.  
20 This represents a higher prevalence than reported in 2024.

21  
22 The AMA maximum annual secretarial reimbursement is \$15,000 for the Board President and  
23 \$5,000 for the President-Elect, Chair, Chair-Elect, and Immediate Past President. These  
24 reimbursement maximums have not been updated since before the HOD Compensation Committee  
25 was established in 1999. Effective January 1, 2025, the secretarial reimbursement for all other  
26 Officers increased from \$750 to \$1,125.

27  
28 The Committee also considered the increasing secretarial needs of the Speaker and Vice Speaker to  
29 determine if these positions should be moved to the \$5,000 secretarial reimbursement maximum.

30  
31 Travel Upgrade Allowance

32 The Committee considered the travel requirements of all Officers. Effective July 1, 2022, the  
33 annual travel upgrade allowance for the President, Immediate Past President and President Elect is  
34 \$5,000 and the upgrade allowance for all other Officers is \$2,500. The allowance can be used for  
35 airfare upgrades at the discretion of the Officer.

36  
37 The Committee considered the increased travel requirements and travel costs for all Officers  
38 following the most recent increase in 2022 (post-COVID). The Committee also considered the  
39 increasing travel requirements of the Board Chair to determine if this position should be moved to  
40 the higher travel upgrade allowance for Board Presidents.

41  
42 RECOMMENDATIONS

43  
44 The Committee on Compensation of the Officers recommends the following changes to Officer  
45 compensation be adopted effective July 1, 2026, and the remainder of this report be filed:

- 46  
47 1. That the maximum annual secretarial reimbursement for the Speaker and Vice Speaker is  
48 increased from \$2,500 to \$5,000 to reflect the increasing secretarial needs of these positions.  
49  
50 2. That the maximum annual secretarial reimbursement for non-leadership Officers is increased  
51 from \$1,125 to \$1,200 to reflect a modest cost-of-living adjustment.

- 1 3. That the travel upgrade allowance for the Presidents (President, Immediate Past President and  
2 President Elect) is increased from \$5,000 to \$6,000.  
3  
4 4. That the Board Chair is moved to the same travel upgrade allowance as Presidents.  
5  
6 5. That the travel upgrade allowance for all other Officers is increased from \$2,500 to \$3,000.  
7  
8 6. That the definition of the Secretarial Expenses be revised as follows:  
9

10 The AMA will provide a stipend of \$15,000 to provide secretarial support at a designated  
11 location, other than the AMA, for the President during the Presidential year. Secretarial  
12 expenses are paid for the President-Elect, Chair, Chair-Elect, ~~and~~ Immediate Past President,  
13 Speaker and Vice Speaker to a maximum of \$5,000 per officer. If the officer holds office for  
14 only one-half of the calendar year (January-June or June-December), expense reimbursement  
15 will be a maximum of \$2,500 per officer. Secretarial expenses incurred by other officers in  
16 connection with their official duties are paid up to ~~\$1,250~~ \$1,200 per year per general officer.  
17

- 18 7. That the definition of Transportation be revised as follows:  
19

20 Air: AMA policy on reimbursement for domestic air travel for members of the Board is that the  
21 AMA will reimburse for coach fare only. The Presidents (President, Immediate Past President  
22 and President Elect) and Chair will each have access to an individual ~~\$5,000~~ \$6,000 term  
23 allowance (July 1 to June 30) and all other Officers will each have access to ~~\$2,500~~ an  
24 individual \$3,000 term allowance (July 1 to June 30) to use for upgrades as each deems  
25 appropriate, typically when traveling on an airline with non-preferred status. The unused  
26 portion of the allowance is not subject to carry forward or use by any other Officer and remains  
27 the property of the AMA.  
28

29 In rare instances it is recognized that short notice assignments may require up to first class  
30 travel because of the lack of availability of coach seating, and this will be authorized, when  
31 necessary, by the Board Chair, prior to travel. Business Class airfare is authorized for foreign  
32 travel on AMA business. (Also see Rule IV—Invitations, B—Foreign, for policy on foreign  
33 travel).  
34

- 35 8. That the remainder of the report be filed.  
36

37 Fiscal Note: \$23,350 additional expense on an annual basis  
38

1 APPENDIX

Board Leadership Compensation

<b>POSITION</b>	<b>GOVERNANCE HONORARIUM</b>
President	\$298,865
Immediate Past President	\$290,659
President-Elect	\$290,659
Chair	\$285,886
Chair-Elect	\$211,630
Speaker	\$125,000
Vice Speaker	\$115,000

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 601  
(A-26)

Introduced by: Pennsylvania, Florida, New York, Texas

Subject: Board Chair Term Limits

Referred to: Reference Committee F

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1 Whereas, the Bylaws of the American Medical Association (AMA) specify that the Chair of the  
2 Board of Trustees serves a one-year term, resulting in rapid turnover of board leadership; and  
3

4 Whereas, leading governance authorities emphasize that effective board leadership requires  
5 continuity, stability, and sufficient tenure to oversee long term strategic initiatives; BoardSource  
6 recommends multi-year chair terms to preserve institutional memory, and the National  
7 Association of Corporate Directors (NACD) similarly advises extended leadership cycles to align  
8 governance with organizational strategy; and  
9

10 Whereas, Dr. Richard LeBlanc, in The Handbook of Board Governance, notes that an  
11 adequately tenured board chair is essential for ensuring effective oversight of senior  
12 management, maintaining accountability structures, and stewarding long range organizational  
13 priorities; and  
14

15 Whereas, the AMA's strategic initiatives, advocacy agenda, and oversight responsibilities span  
16 multiple years, making annual turnover in board leadership potentially disruptive to consistent  
17 governance and sustained evaluation of senior management performance; and  
18

19 Whereas, many national nonprofit and professional associations have adopted longer or  
20 renewable board chair terms to strengthen leadership continuity, improve board effectiveness,  
21 and enhance oversight of executive performance; therefore be it  
22

23 RESOLVED, that our American Medical Association commission an independent assessment  
24 by recognized nonprofit governance experts to evaluate best practices in board-chair term  
25 lengths, leadership continuity, and succession planning within large national nonprofit and  
26 professional membership organizations (Directive to Take Action); and be it further  
27

28 RESOLVED, that our AMA examine how board-chair tenure and leadership succession  
29 structures influence the Board of Trustees' ability to provide consistent oversight of senior  
30 management, monitor multi-year strategic and operational performance goals, preserve  
31 institutional knowledge, and maintain accountability to the House of Delegates and AMA  
32 membership (Directive to Take Action); and be it further  
33

34 RESOLVED, that our AMA provide the full report of the independent assessment, including  
35 benchmarking analyses and governance recommendations, to the House of Delegates no later  
36 than the 2027 Annual Meeting of the AMA (Directive to Take Action); and be it further  
37

38 RESOLVED, that our AMA Board of Trustees review the findings of the independent  
39 assessment and present to the House of Delegates at the 2027 Annual Meeting specific  
40 recommendations regarding governance best practices for board-chair tenure and leadership

1 continuity, including any proposed amendments to the AMA Constitution and Bylaws for  
2 consideration by the House of Delegates. (Directive to Take Action)

3

Fiscal Note: Moderate – between \$10,000 - \$50,000

Received: 4/19/26

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 602  
(A-26)

Introduced by: Oregon

Subject: Protection of Healthcare and Humanitarian Aid Personnel in Conflict Zones

Referred to: Reference Committee F

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1 Whereas, in recent years, there has been a dramatic escalation of violence against healthcare  
2 personnel and humanitarian aid workers around the world<sup>1, 11, 12</sup>; and  
3

4 Whereas we physicians live and work around the works in a global economy, either as  
5 volunteers or professionally or both, and many of us have families and roots in places of  
6 conflict<sup>13-16</sup>; and  
7

8 Whereas, International Law as outlined in the updated Geneva Conventions, written as a  
9 response to wars in the 1900's, specifically consider attacking hospitals, medical schools,  
10 healthcare and humanitarian workers, and patients seeking and receiving treatment illegal and  
11 unethical<sup>8, 9</sup>; and  
12

13 Whereas, according to UN and NGO reports, 2024 was the deadliest year on record, with 383  
14 humanitarian workers killed. Attacks were documented in Gaza Myanmar, Ukraine, Sudan and  
15 Syria, where hospitals and clinics have been bombed, medical convoys obstructed, and health  
16 care providers detained or executed; and  
17

18 Whereas in 2025, Médecins Sans Frontières (MSF) reported 1,348 attacks and WHO reported  
19 1366 attacks on health-care facilities, and in 2026 to date, the WHO reports at least 313 attacks  
20 in Sudan, Iran, Lebanon, Israel and possibly Afghanistan<sup>10-12</sup>; and  
21

22 Whereas, the deliberate targeting and obstruction of medical care—is referred to by some  
23 ethicists and human rights observers as “medicide”; and  
24

25 Whereas, attacks on hospitals, forced displacement of populations, and the deliberate  
26 prevention of medical supply delivery have become systematic tactics in modern conflicts, in  
27 direct violation of International Humanitarian Law<sup>1-12</sup>; and  
28

29 Whereas, these actions have resulted in catastrophic health outcomes for civilian populations  
30 and have undermined the safety and neutrality of medical and humanitarian missions globally;  
31 therefore be it  
32

33 RESOLVED, that our American Medical Association will amend H-520.985 Protection of  
34 Healthcare and Humanitarian Aid Workers in all Areas of Armed Conflict by addition to read as  
35 follows:  
36

37 a. Our American Medical Association supports peace in Israel and Palestine in order to  
38 protect civilian lives and healthcare personnel.

- 39 b. Our American Medical Association supports the safety of healthcare and humanitarian  
40 aid workers along with safe access to healthcare, healthcare facilities, and humanitarian  
41 aid for all civilians in areas of armed conflict.
- 42 c. Our American Medical Association condemns the use of all forms of violence, forced  
43 displacement, and obstruction of any aid and healthcare in any location against  
44 healthcare personnel, humanitarian aid workers, and healthcare institutions.
- 45 d. Our American Medical Association advocates for an absolute ban on targeting,  
46 detention, or attack of healthcare workers, humanitarian personnel, and their  
47 institutions, and demands the immediate release of any healthcare or humanitarian  
48 personnel held captive.
- 49 e. Our American Medical Association actively opposes the use of force or violent means to  
50 prevent, restrict, or interfere with the delivery of medical supplies, healthcare, or  
51 humanitarian aid, whether domestically or internationally.

Fiscal Note: Minimal – less than \$5,000

Received: 4/8/26

#### REFERENCES

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2. [PBS, 2024: Humanitarian worker deaths](#)
3. [The Atlantic, 2025: Sudan's humanitarian crisis](#)
4. [HRW, 2025: Myanmar health care under attack](#)
5. [BMJ, 2023: Attacks on Ukraine's health system](#)
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7. [NYT, 2025: Syria hospital violence](#)
8. [ICRC: The Geneva Conventions and Their Commentaries](#)
9. [Médecins Sans Frontières: The Practical Guide to Humanitarian Law](#)
10. [WHO 2026: Surveillance System for Attacks on Health Care \(SSA\)](#)
11. [Health Policy Watch 2026: Attacks on Healthcare: Devastating New Norm and Hotspots Like Sudan Are Overlooked](#)
12. [The Conversation 2026: Attacks on Hospitals are Surging in War Zones. What do the Laws of War Say About Protecting Them?](#)
13. [Pakistan: Airstrike on Afghan Medical Facility Unlawful <https://www.hrw.org/news/2026/03/27/pakistan-airstrike-on-afghan-medical-facility-unlawful>](https://www.hrw.org/news/2026/03/27/pakistan-airstrike-on-afghan-medical-facility-unlawful)
14. [Pakistan air strike kills at least 100 at Kabul drug rehab centre <https://www.bbc.com/news/articles/c4g8n7e0l40o>](https://www.bbc.com/news/articles/c4g8n7e0l40o)
15. [Afghanistan says children among those killed in latest attacks by Pakistan <https://www.aljazeera.com/news/2026/3/16/afghanistan-says-children-among-those-killed-in-latest-attacks-by-pakistan>](https://www.aljazeera.com/news/2026/3/16/afghanistan-says-children-among-those-killed-in-latest-attacks-by-pakistan)
16. [FSMB Physician Census Identifies 1,082,187 Licensed Physicians In US <https://www.fsmb.org/advocacy/news-releases/fsmb-physician-census-identifies-1082187-licensed-physicians-in-u.s/>](https://www.fsmb.org/advocacy/news-releases/fsmb-physician-census-identifies-1082187-licensed-physicians-in-u.s/)
17. [Darilyn V. Moyer, Shari Erickson, Isaac O. Opole. International Medical Graduates Are Integral to the Delivery of Patient Care in the United States. \*Ann Intern Med.\* 2025; 178:737-738. \[Epub 4 March 2025\]. doi:10.7326/ANNALS-25-0084; <https://pubmed.ncbi.nlm.nih.gov/40030170/>](https://pubmed.ncbi.nlm.nih.gov/40030170/)
18. [What U.S. physician residency training looks like now; <https://www.ama-assn.org/medical-residents/residency-life/what-us-physician-residency-training-looks-now>](https://www.ama-assn.org/medical-residents/residency-life/what-us-physician-residency-training-looks-now)
19. [IMGs continue to strengthen US -health care in 2026 residency match <https://www.ecfm.org/news/2026/03/23/imgs-continue-to-strengthen-u-s-health-care-in-2026-residency-match>](https://www.ecfm.org/news/2026/03/23/imgs-continue-to-strengthen-u-s-health-care-in-2026-residency-match)

**RELEVANT AMA POLICY**

**H-520.985 Protection of Healthcare and Humanitarian Aid Workers**

1. Our American Medical Association supports peace in Israel and Palestine in order to protect civilian lives and healthcare personnel.
2. Our AMA supports the safety of healthcare and humanitarian aid workers along with safe access to healthcare, healthcare facilities, and humanitarian aid for all civilians in areas of armed conflict.  
[Res. 603, A-24]

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 603  
(A-26)

Introduced by: New Jersey

Subject: Establish AMA Policy and Project to Compile and Distribute JAMA Patient Pages to Enhance Public Medical Literacy

Referred to: Reference Committee F

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- 1 Whereas, medical literacy is essential for patients to make informed decisions about their care  
2 and improve health outcomes; and  
3  
4 Whereas, the Journal of the American Medical Association (JAMA) has published “JAMA  
5 Patient Pages” for years as a trusted source of accessible, evidence-based medical information  
6 for patients and the public; and  
7  
8 Whereas, these patient pages cover a wide range of common health conditions, preventive care  
9 measures, and treatment options, providing valuable guidance to patients in understandable  
10 language; and  
11  
12 Whereas, these patient pages cover a wide range of common health conditions, preventive care  
13 measures, and treatment options, providing valuable guidance to patients in understandable  
14 language; and  
15  
16 Whereas, existing JAMA Patient Pages represent a substantial, high-quality repository of patient  
17 education materials that could be more widely utilized to promote medical literacy; and  
18  
19 Whereas, easily accessible and well-organized patient education materials can support patients  
20 in managing their health, understanding treatment options, and fostering effective partnerships  
21 with physicians in their care and recovery; and  
22  
23 Whereas, making these patient pages available to the general public in a consolidated,  
24 searchable, and freely accessible format would enhance public understanding of medical issues  
25 and contribute to health equity by reducing disparities in medical literacy; and  
26  
27 Whereas, our American Medical Association has a long-standing commitment to advancing  
28 public health and promoting informed patient decision-making; therefore be it  
29  
30 RESOLVED, that our American Medical Association publized the existence and value of JAMA  
31 Patient Pages as a resource for public health education and medical literacy (Directive to Take  
32 Action); and be it further  
33  
34 RESOLVED, that our AMA shall compile and organize previously published JAMA Patient  
35 Pages into a publicly accessible database or repository for the purpose of improving medical  
36 literacy and fostering patient-physician partnerships (Directive to Take Action); and be it further

37 RESOLVED, that our AMA explores opportunities to promote awareness and utilization and  
38 ease of use of JAMA Patient Pages among patients, physicians and healthcare institutions.  
39 (Directive to Take Action)  
40

Fiscal Note: Minimal – less than \$5,000

Received: 4/9/26

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 604  
(A-26)

Introduced by: Michigan

Subject: Annual Scorecard to Evaluate the AMA's Impact

Referred to: Reference Committee F

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1 Whereas, the American Medical Association (AMA) aims to promote the art and science of  
2 medicine and the betterment of public health; and  
3

4 Whereas, it is important for the AMA to continuously evaluate its performance to align with  
5 evolving healthcare needs and priorities; and  
6

7 Whereas, a transparent and systematic approach to measuring effectiveness can enhance trust  
8 and accountability among members and stakeholders; and  
9

10 Whereas, there is a need for accountability and transparency in assessing the AMA's impact  
11 and effectiveness in achieving its goals; and  
12

13 Whereas, a systematic and data-driven approach can provide valuable insights into the AMA's  
14 performance and areas for improvement; therefore be it  
15

16 RESOLVED, that our American Medical Association consider implementing a comprehensive  
17 scorecard to measure its effectiveness in key areas including, but not limited to, the following  
18 specific metrics:

19 1. Medicare Impact: percent change in the Medicare Physician Fee Schedule;  
20 2. Advocacy Impact: number of federal policies successfully influenced or implemented;  
21 3. House of Delegates Impact: number of AMA policies translated into legislation or federal  
22 policy;

23 4. Financial Impact: percentage of revenue dedicated to advocacy; and,

24 5. Physician Engagement: total number of its member physicians directly engaged in  
25 advocacy efforts through contact with lawmakers (Directive to Take Action); and be it further  
26

27 RESOLVED, that our AMA shall review metric definitions and targets and provide a report by  
28 the 2027 AMA Annual Meeting. Any future updates to metrics or targets shall be recommended  
29 via a report to the AMA House of Delegates so that the AMA HOD can approve final metrics and  
30 targets for the subsequent year before or during the AMA Interim Meeting immediately  
31 preceding the year the metrics and targets are to take effect (Directive to Take Action); and be it  
32 further  
33

34 RESOLVED, that our AMA shall consider publishing the AMA's scorecard performance for the  
35 prior year by the end of the first month of the following year, starting in January 2028. (Directive  
36 to Take Action)  
37

Fiscal Note: Minimal – less than \$5,000

Received: 4/10/26

## **RELEVANT AMA POLICY**

### **Actions and Decisions by the AMA House and Policy Implementation G-600.071**

1. AMA policy on House actions and decisions includes the following:

A. Other than CEJA reports and some CSAPH reports, the procedures of our AMA House allow for: (i) correcting factual errors in AMA reports, (ii) rewording portions of a report that are objectionable, and (iii) rewriting portions that could be misinterpreted or misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible.

B. A negative vote by the House of Delegates on resolutions which restate AMA policy does not change the existing policy. AMA policy can only be amended by means of a positive action of the House specifically intended to change that policy.

C. Minor editorial changes to existing policies are allowed for accuracy, so long as such changes are reported to the House of Delegates so as to be transparent. Editorially amended policies, however, do not reset the sunset clock.

2. AMA policy on implementation of policy includes the following:

A. Our AMA House of Delegates shall be apprised of the status of adopted or referred resolutions and report recommendations and specific actions that have been taken on them over a one-year period.

When situations preclude successful implementation of specific resolutions, the House and authors should be advised of such situations so that further or alternative actions can be taken if warranted.

B. Our AMA shall inform and afford an opportunity for each delegation to send a representative for any resolution introduced that is referred to a council or other body to the meeting at which that resolution will be considered. Our AMA shall incur no expense as a result of inviting the sponsors of resolutions to discuss their resolutions.

C. Any resolution which is adopted by our AMA House remains the policy of the Association until amended, rescinded or sunset by the House.

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, the Board of Trustees has the authority in urgent situations to take those policy actions that the Board deems best represent the interests of patients, physicians, and the AMA. In representing AMA policy in critical situations, the Board will take into consideration existing policy. 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.

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

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 605  
(A-26)

Introduced by: Michigan  
Subject: Review of Past Resolutions  
Referred to: Reference Committee F

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1 Whereas, the American Medical Association (AMA) is an organization charged to advocate on  
2 behalf of their members; and  
3  
4 Whereas, AMA members rely on the AMA House of Delegates to pass resolutions to that effect,  
5 and  
6  
7 Whereas, the AMA Board of Trustees is charged with ensuring these resolutions are  
8 implemented; and  
9  
10 Whereas, the AMA has not disseminated a detailed aggregate report to ensure the AMA  
11 membership is aware that the work of the House is being accomplished; therefore be it  
12  
13 RESOLVED, that our American Medical Association consider presenting, by the 2027 AMA  
14 Annual Meeting, a detailed and aggregate report that is easily accessible and includes the  
15 following data for the past 10 years; the total number of resolutions submitted and passed; the  
16 number of those resolutions specific to advocacy on the sustainability of medical practices; a  
17 breakdown of these resolutions by Annual and Interim meetings; and the percentage of  
18 resolutions that have been successfully implemented. The report shall be produced on an  
19 annual basis and included in the Annual meeting handbook. (Directive to Take Action)  
20

Fiscal Note: Modest – between \$5,000 - \$10,000

Received: 4/10/26

**RELEVANT AMA POLICY**

**Actions and Decisions by the AMA House and Policy Implementation G-600.071**

1. AMA policy on House actions and decisions includes the following:
  - A. Other than CEJA reports and some CSAPH reports, the procedures of our AMA House allow for: (i) correcting factual errors in AMA reports, (ii) rewording portions of a report that are objectionable, and (iii) rewriting portions that could be misinterpreted or misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible.
  - B. A negative vote by the House of Delegates on resolutions which restate AMA policy does not change the existing policy. AMA policy can only be amended by means of a positive action of the House specifically intended to change that policy.
  - C. Minor editorial changes to existing policies are allowed for accuracy, so long as such changes are reported to the House of Delegates so as to be transparent. Editorially amended policies, however, do not reset the sunset clock.

2. AMA policy on implementation of policy includes the following:
  - A. Our AMA House of Delegates shall be apprised of the status of adopted or referred resolutions and

report recommendations and specific actions that have been taken on them over a one-year period. When situations preclude successful implementation of specific resolutions, the House and authors should be advised of such situations so that further or alternative actions can be taken if warranted.

B. Our AMA shall inform and afford an opportunity for each delegation to send a representative for any resolution introduced that is referred to a council or other body to the meeting at which that resolution will be considered. Our AMA shall incur no expense as a result of inviting the sponsors of resolutions to discuss their resolutions.

C. Any resolution which is adopted by our AMA House remains the policy of the Association until amended, rescinded or sunset by the House.

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, the Board of Trustees has the authority in urgent situations to take those policy actions that the Board deems best represent the interests of patients, physicians, and the AMA. In representing AMA policy in critical situations, the Board will take into consideration existing policy. 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.

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

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 606  
(A-26)

Introduced by: American Society of Plastic Surgeons; American Association for Hand Surgery; American Society for Aesthetic Plastic Surgery; American Society for Maxillofacial Surgeons; American Society for Reconstructive Microsurgery; Michigan State Medical Society; Missouri State Medical Association

Subject: Further Enabling AMA BOT Expediency for Actions, Advocacy, and Responses During Urgent Situations

Referred to: Reference Committee F

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1 Whereas, our American Medical Association Board of Trustees is charged through its duties  
2 and privileges to conduct the affairs, work and activities of the AMA and to exercise broad  
3 oversight and guidance for the AMA with respect to the management systems of the AMA  
4 through its oversight of the AMA's Executive Vice President; and  
5

6 Whereas, current policy G-600.071 and current practice yield authority to BOT on AMA action in  
7 urgent situations, and further allow the BOT to make a determination of what it deems best  
8 represent the interests of patients, physicians, and the AMA; and  
9

10 Whereas, current policy does not yield primary authority to or allow the independent authority to  
11 AMA management on AMA action in urgent situations or the determination of what best  
12 represents the interests of patients, physicians, and the AMA; and  
13

14 Whereas, notable major AMA efforts to lobby and negotiate with Congress have resulted in  
15 legislative packages that profoundly negatively impacted health system financing and physician  
16 reimbursement, <sup>1-9</sup> administrative burden in clinical settings, <sup>1,2</sup> and the widespread loss of  
17 coverage for patients; <sup>8,9</sup> and  
18

19 Whereas, the results of these efforts suggest opportunity to strengthen the processes that  
20 underpin the BOT's (1) duty to implement the charges delivered by the House in its capacity as  
21 the legislative and policymaking body of the AMA, and (2) duty to oversee AMA management's  
22 management and direction of day-to-day duties of the AMA, including advocacy activities; and  
23

24 Whereas, there is currently no clear AMA policy requiring the BOT to be informed or consulted,  
25 let alone appropriately directly involved, in times of direct negotiation with federal policymakers  
26 or their representatives on matters that have significant impact on the economic or clinical  
27 experience of patients or physicians; therefore be it  
28

29 RESOLVED, that our American Medical Association amend G.600.071, "Actions and Decisions  
30 by the AMA House and Policy Implementation" to read as follows:

1 8. Our AMA shall develop such processes as the BOT deems appropriate to ensure the  
2 BOT is apprised on a weekly basis of AMA activity related to the policy actions and  
3 directives adopted by the House of Delegates that occurred through:

4 a. the formal meetings and notable informal meetings with stakeholders and  
5 policymaking entities;

6 b. the formal correspondence, comments, or testimony submitted by the AMA

7 c. notable informal correspondence exchanged between AMA management and  
8 policymakers or other stakeholders;

9 d. the relevant correspondence received from the leadership of entities in  
10 organized medicine, the federal government, or any other relevant sector; and

11 e. any developments with respect to new or existing policy concepts, policy  
12 negotiations, or policy proposals on transformational national health policies.

13  
14 9. Our AMA BOT will be directly informed and consulted prior to the onset of and  
15 throughout the course of any negotiations between AMA management and federal  
16 policymakers on transformational changes to national health policies, such as alteration  
17 of the methodology for reimbursing physicians under any component of the public sector  
18 payer apparatus or the sunseting or creation of any program that is likely to impact more  
19 than half of all Medicare participating providers. (Modify Current HOD Policy)

Fiscal Note: Modest – between \$5,000 - \$10,000

Received: 4/13/26

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2. American Medical Association, "Letter to Reps. Cathy McMorris Rodgers, H. Morgan Griffith, Frank Pallone Jr., and Kathy Castor Regarding MACRA Hearing," PDF letter, June 21, 2023, <https://searchf.ama-assn.org/letter/documentDownload?uri=/unstructured/binary/letter/LETTERS/lfct.zip/2023-6-21-Letter-to-McMorris-Rodgers-Griffith-Pallone-Castor-re-MACRA-Hearing-v3.pdf>. Accessed September 29, 2025.
3. American Medical Association, "Patients and Physicians Grateful for Congress Fending Off Medicare Cuts," press release, <https://www.ama-assn.org/press-center/ama-press-releases/ama-patients-and-physicians-grateful-congress-fending-medicare-cuts>. Accessed September 29, 2025.
4. American Medical Association, "AMA Statement on Medicare Cuts," press release, <https://www.ama-assn.org/press-center/ama-press-releases/ama-statement-medicare-cuts>. Accessed September 29, 2025.
5. American Medical Association, "Congress Prevents Chaos but Medicare Cuts Remain," press release, <https://www.ama-assn.org/press-center/ama-press-releases/ama-congress-prevents-chaos-medicare-cuts-remain>. Accessed September 29, 2025.
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7. American Medical Association, "Congress Abandons Medicare Patients and Their Physicians," press release, <https://www.ama-assn.org/press-center/ama-press-releases/congress-abandons-medicare-patients-and-their-physicians>. Accessed September 29, 2025.
8. American Medical Association, "Letter to Speaker Mike Johnson and Leader Hakeem Jeffries Regarding House Rules on Reconciliation Text," PDF letter, May 20, 2025, <https://searchf.ama-assn.org/letter/documentDownload?uri=/unstructured/binary/letter/LETTERS/lf.zip/lf/2025-5-20-Letter-to-Johnson-and-Jeffries-re-House-Rules-on-Reconciliation-Text-v3.pdf>. Accessed September 29, 2025.
9. American Medical Association, "Congress Moves Health Care in Wrong Direction," press release, <https://www.ama-assn.org/press-center/ama-press-releases/ama-congress-moves-health-care-wrong-direction>. Accessed September 29, 2025.

## RELEVANT AMA POLICY

### G-600.071 Actions and Decisions by the AMA House and Policy Implementation

1. AMA policy on House actions and decisions includes the following:

- a. Other than CEJA reports and some CSAPH reports, the procedures of our AMA House allow for: (i) correcting factual errors in AMA reports, (ii) rewording portions of a report that are objectionable, and (iii) rewriting portions that could be misinterpreted or misconstrued, so that the "revised" or "corrected" report can be presented for House action at the same meeting whenever possible.
- b. A negative vote by the House of Delegates on resolutions which restate AMA policy does not change the existing policy. AMA policy can only be amended by means of a positive action of the House specifically intended to change that policy.
- c. Minor editorial changes to existing policies are allowed for accuracy, so long as such changes are reported to the House of Delegates so as to be transparent. Editorially amended policies, however, do not reset the sunset clock.

2. AMA policy on implementation of policy includes the following:

- a. Our AMA House of Delegates shall be apprised of the status of adopted or referred resolutions and report recommendations and specific actions that have been taken on them over a one-year period. When situations preclude successful implementation of specific resolutions, the House and authors should be advised of such situations so that further or alternative actions can be taken if warranted.
- b. Our AMA shall inform and afford an opportunity for each delegation to send a representative for any resolution introduced that is referred to a council or other body to the meeting at which that resolution will be considered. Our AMA shall incur no expense as a result of inviting the sponsors of resolutions to discuss their resolutions.
- c. Any resolution which is adopted by our AMA House remains the policy of the Association until amended, rescinded or sunset by the House.

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.

4. In urgent situations, the Board of Trustees will exercise its authority to take appropriate action. The Board shall make decisions that it deems to best represent the interests of patients, physicians, and to advocate for science and public health. 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.

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.

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

Our AMA will provide an online list of AMA Council and Board reports under development, including a staff contact for providing stakeholder input. [Res. 45, I-89Res. 609, I-95Res. 605, I-98Reaffirmed: Sunset Report and Modified: BOT Rep. 15, A-00 Consolidated: CLRPD Rep. 3, I-01Appended: BOT Rep. 19, A-04Modified: CCB/CLRPD Rep. 1, A-12Appended: Res. 618, A-19Modified: Res. 602, A-25]

#### **HOD C- Article IV**

The House of Delegates is the legislative and policymaking body of the Association. It is composed of elected representatives and others as provided in the Bylaws. The House of Delegates transacts all business of the Association not otherwise specifically provided for in this Constitution and Bylaws and elects the officers except as otherwise provided in the Bylaws. [Last modified 2017]

#### **B-5.3 Duties and Privileges**

In addition to the rights and duties conferred or imposed upon the Board of Trustees by law and custom and elsewhere in the Constitution and Bylaws, the Board of Trustees shall:

5.3.1 Management. Manage or direct the management of the property and conduct the affairs, work and activities of the AMA consistent with the policy actions and directives adopted by the House of Delegates, except as may be otherwise provided in the Constitution or these Bylaws.

5.3.1.1 The Board is the principal governing body of the AMA and it exercises broad oversight and guidance for the AMA with respect to the management systems and risk management program of the AMA through its oversight of the AMA's Executive Vice President.

5.3.1.2 Board of Trustee actions should be based on policies and directives approved by the House of Delegates. In the absence of specifically applicable House policies or directives and to the extent feasible, the Board shall determine AMA positions based on the tenor of past policy and other actions that may be related in subject matter.

5.3.2 Planning. Serve as the principal planning agent for the AMA.

5.3.2.1 Planning focuses on the AMA's goals and objectives and involves decision-making over allocation of resources and strategy development. Planning is a collaborative process involving all of the AMA's Councils, Sections, and other appropriate AMA components.

5.3.2.2 The House of Delegates and the Council on Long Range Planning and Development have key roles in identifying and making recommendations to the Board regarding important strategic issues and directions related to the AMA's vision, goals, and priorities.

5.3.3 Fulfillment of House of Delegates Charge. Review all resolutions and recommendations adopted by the House of Delegates to determine how to fulfill the charge from the House. Resolutions and recommendations pertaining to the expenditure of funds also shall be reviewed. If it is decided that the expenditure is inadvisable, the Board shall report, at its earliest convenience, to the House the reasons for its decisions.

5.3.3.1 In determining expenditure advisability, the Board will consider the scope of the proposed expenditure and whether it is consistent with the AMA's vision, goals, and priorities. Where the Board recommends that a proposed expenditure is not prudent and is inadvisable, the Board will present alternative actions, if feasible, in its report to the House.

5.3.4 Publication. Within the policies adopted by the House of Delegates, provide for the publication of The Journal of the American Medical Association and such specialty journals, periodicals, and other publications and electronic media information as it may deem to be desirable in the best interests of the public and the medical profession.

5.3.5 Election of Secretary. Select a Secretary from one of its members annually.

5.3.6 Selection of Executive Vice President. Select and evaluate an Executive Vice President.

5.3.6.1 The Executive Vice President is the chief executive officer of the AMA and as such is responsible for AMA management and performance in accordance with the vision, goals, and priorities of the AMA. The Executive Vice President is both a key leader for the organization and the bridge between AMA management and the Board of Trustees.

5.3.6.2 The Executive Vice President shall manage and direct the day-to-day duties of the AMA, including advocacy activities, and perform the duties commonly required of the chief executive officer of a corporation.

5.3.6.3 The Executive Vice President shall ensure that there is an active and effective risk management program.

5.3.6.4 No individual who has served as an AMA Officer or Trustee shall be selected or serve as Executive Vice President until 3 years following completion of the term of the AMA office.

5.3.7 Finances. Maintain the financial health of the AMA. The Board shall:

5.3.7.1 Oversee the development and approve the annual budget for the AMA, consistent with the AMA's vision, goals, and priorities.

5.3.7.2 Ensure that the AMA's resource allocations are aligned with the AMA's plan and budget.

5.3.7.3 Evaluate membership dues levels and make related recommendations to the House of Delegates.

5.3.7.4 Review and approve financial and business decisions that significantly affect the AMA's revenues and expenses.

5.3.7.5 Have the accounts of the AMA audited at least annually.

5.3.8 Financial Reporting. Make proper financial reports concerning AMA affairs to the House of Delegates at its Annual Meeting.

5.3.9 Appointment of Committees. Appoint such committees as necessary to carry out the purposes of the AMA.

5.3.9.1 An advisory committee will be constituted for purposes of education and advocacy.

5.3.9.1.1 It will have a governing council and a direct reporting relationship to the Board.

5.3.9.1.2 An advisory committee will not have representation in the House of Delegates.

5.3.9.1.3 An advisory committee will operate under a charter that will be subject to review and renewal by the Board at least every four years.

5.3.9.2 An ad hoc committee will be constituted as a special committee, workgroup or taskforce.

5.3.9.2.1 It will operate for a specific purpose and for a prescribed period of time.

5.3.10 Committee Vacancies. Fill vacancies in any committee where such authority is not delegated elsewhere by these Bylaws.

5.3.11 Litigation. Initiate, defend, settle, or otherwise dispose of litigation involving the interests of the AMA.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 607  
(A-26)

Introduced by: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Subject: Shortening the AMA House of Delegates Endorsement Process and Timeline

Referred to: Reference Committee F

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1 Whereas, the American Medical Association (AMA) distinguishes between "sponsorship," which  
2 is reserved for a candidate's home delegation or section, and "endorsement," which allows  
3 other groups to formally signal support for a candidate; and  
4

5 Whereas, under current rules, groups wishing to endorse must submit their internal processes  
6 and criteria nearly two years in advance (e.g., November 2025 for June 2027 elections),  
7 creating a significant administrative barrier for both candidates and potential endorsing groups;  
8 and  
9

10 Whereas, many caucuses, delegations, state and specialty societies, and AMA sections  
11 currently provide endorsements, yet many other eligible groups abstain due to the long gap  
12 between the endorsement window opening and the actual election; and  
13

14 Whereas, potential endorsing groups have cited the extra work of conducting additional  
15 interviews so far in advance and a limited understanding of the tangible benefits of participation  
16 as reasons for declining to offer endorsements; and  
17

18 Whereas, shortening the timeline would align the endorsement process more closely with the  
19 active campaign window, thereby increasing the relevance and recollection of endorsements  
20 and reducing campaign fatigue for both candidates and groups; therefore be it  
21

22 RESOLVED, that our American Medical Association amend Policy G-610.090, "AMA Election  
23 Rules and Guiding Principles," by addition and deletion, effective immediate to the 2028 election  
24 endorsement cycle, to read as follows:  
25

26 G-610.090 AMA Election Rules and Guiding Principles

27 ...

28 XI. Endorsements

29  
30 1. Our American Medical Association requires all groups that endorse candidates turn in  
31 information about their endorsement process, the deadline, and a staff contact for applications  
32 in a timely and streamlined manner, no later than 30 days prior to the start of the Interim  
33 Meeting preceding the Annual Meeting at which the election is to take place.  
34

35 2. Our AMA will then post this information on the election website in a timely manner, with the  
36 information being easily digestible and accessible.  
37

38 3. Our AMA will not allow any group that fails to provide this information in a timely manner to  
39 offer an endorsement during that election cycle.

40 4. Our AMA will create a specific period (similar to virtual elections) during which endorsements

- 1 may be sought, with the endorsement window opening at the commencement of the Interim
- 2 Meeting immediately preceding the Annual Meeting at which the election is to take place.
- 3 (Modify Current HOD Policy)

Fiscal Note: Minimal – less than \$5,000

Received: 4/14/26

## RELEVANT AMA POLICY

### **G-610.090, AMA Election Rules and Guiding Principles**

The Speaker and Vice Speaker of the House of Delegates are responsible for overall administration of our AMA elections, although balloting is conducted under the supervision of the chief teller and the Committee on Rules and Credentials. The Speaker and Vice Speaker will advise candidates on allowable activities and when appropriate will ensure that clarification of these rules is provided to all known candidates. The Speaker, in consultation with the Vice Speaker and the Election Committee, is responsible for declaring a violation of the rules.

### **Glossary of Election Terms**

**Active campaign window** – Period of time after the Speaker's notice of the opening of active campaigning until the Election Session during the House of Delegates meeting at which elections are being held.

**Active campaigning** – Outreach by candidates or their surrogate(s), including but not limited to members of their campaign team, to members of the House of Delegates with the goal of being elected by the AMA House of Delegates.

**Announced candidate** – Person who has indicated their intention to run for elected position; announcement can be made only by sending an electronic announcement card to the Speakers via the HOD office by email to [hod@ama-assn.org](mailto:hod@ama-assn.org).

**Campaign manager(s)** – Person(s) identified by the candidate to the HOD Office as the person(s) responsible for running the campaign.

**Campaign presentation** – A written or verbal presentation about a campaign or a solicitation of votes for an AMA election to a non-sponsoring group. A candidate may attend and participate in the business of a non-campaign-related meeting or event of a non-sponsoring group or non-endorsing group, but the candidate shall not engage in campaigning of any kind.

**Campaign team** – Campaign manager(s) and/or staff identified by the candidate to the HOD Office.

**Campaign-related** – Any content that includes reference to an announced candidate in the context of their candidacy for an elected position within the AMA.

**Digital** – Relating to, using, or storing data or information in the form of digital signals; involving or relating to the use of computer technology; this includes, but is not limited to, social media and communication platforms.

**Elected position(s)** – Council or Officer position within the AMA elected by the House of Delegates of the AMA.

**Endorsing group** - Any group that wishes to endorse candidates other than the candidates they are eligible to sponsor. See definition of "Sponsoring Group."

**Endorse** - Any public acknowledgement by a candidate or members of a group of the group's support of a candidate. Internal discussions of support in a closed session of the group are not considered public for the purpose of this definition.

**Featured** – Identification of a candidate at an event by the host or organizer of the event, including but not limited to, written or verbal announcement of the candidate or their candidacy.

### **Sponsoring group**

- Sponsoring group is an endorsing group that may offer endorsements to the delegate(s) and/or alternate delegate(s) representing that sponsoring group without the need to provide their endorsement process to the HOD Office.
- The association, society, AMA section, or other entity for which a prospective candidate serves as an AMA HOD delegate or alternate delegate as certified with the HOD office.
- The Section delegate and alternate delegate are the only individuals who may be sponsored by their respective AMA Section.
- Current trustees or Council members seeking re-election or election to president-elect may be sponsored by the delegation for which they served as an AMA HOD delegate or alternate delegate immediately prior to their election.
- Individuals may self-sponsor (self-nomination).

### **I. Guiding Principles**

The following principles provide guidance on how House elections should be conducted and how the selection of AMA leaders should occur:

1. Our American Medical Association delegates should:
  - a. avail themselves of all available background information about candidates for elected positions in our AMA.
  - b. determine which candidates are best qualified to help the AMA achieve its mission.
  - c. make independent decisions when voting for candidates.
2. Any electioneering practices that distort the democratic processes of House elections, such as vote trading for the purpose of supporting candidates, are unacceptable. This principle applies between as well as within caucuses and delegations.
3. Candidates for elected positions should comply with the requirements and the spirit of House of Delegates policy on campaigning and campaign spending.
4. Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members for our AMA leadership positions.
5. Incumbency should not assure the re-election of an individual to an AMA leadership position.
6. Service in any AMA leadership position should not assure ascendancy to another leadership position.
7. Delegations and caucuses when evaluating candidates may provide information to their members encouraging open discussion regarding the candidates.
8. Delegations and caucuses should be a source of encouragement and assistance to qualified candidates. Nomination and endorsement should be based upon selecting the most qualified individuals to lead our AMA regardless of the number of positions up for election in a given race. Delegations and caucuses are reminded that all potential candidates may choose to run for office, with or without their endorsement and support.
9. Every state and specialty society delegation is encouraged to participate in a caucus, for the purposes of candidate review activities.

### **II. Guidelines for Candidacy for AMA Offices**

1. Every effort should be made to have two or more candidates for each vacancy.
2. The Federation (in sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) should consider the need to enhance and promote diversity.

### **III. Candidate Announcement, Nominations and Open Positions**

1. Individuals intending to seek election at the next Annual Meeting should make their intentions known to the Speakers by providing the Speaker's office with an electronic announcement "card" that includes any or all of the following elements and no more: the candidate's name, photograph, the office sought, the sponsoring group, if any, and a list of endorsing groups, if any. The Speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume) will not be posted to the website. Printed announcements may not be distributed to members of the House by any method.
2. Announcement cards of all known candidates will be projected on the last day of the Annual and Interim Meetings of our House of Delegates and posted on the AMA website. Following each meeting, an "Official Candidate Notification" will be sent electronically to the House. It will include a list of all announced candidates and all potential newly opened positions which may open as a result of the election of any announced candidate. Additional notices will also be sent out with regular Speaker communications to the HOD and with the Speaker's notice of the opening of active campaigning which generally follows the April Board meeting.
3. Candidates may notify the HOD Office of their intention to run for potential newly opened positions, as well as any scheduled open positions on the elected councils or the Board of Trustees, at any time by submitting an announcement card to the House Office. They will then be included in all subsequent projections of announcements before the House, "Official Candidate Notifications," and in any campaign activity that had not yet been finalized. All previously announced candidates will continue to be included on each Official Candidate Notification. Any candidate may independently announce their candidacy after active campaigning is allowed, but no formal announcement from the HOD office will take place other than on Official Candidate Notifications.
4. The Federation and members of the House of Delegates will be notified of unscheduled potential newly opened positions that may become available as a result of the election of announced candidates. Candidates will be allowed to announce their intention to run for these positions.
5. If a potential newly opened position on the Board or a specified council does not open but there are other open positions for the same council or the Board, an election will proceed for the existing open seats. Candidates will be offered the opportunity to withdraw their nomination prior to the vote. If there are no scheduled open seats on the Board or specified council for which a potential newly opened position is announced and if the potential newly opened position does not open (ie., the individual with the unexpired term is not elected to the office they sought), no election for the position will be held. In the event that a prior election results in a newly opened position without a nominated candidate or more positions are open than nominated candidates, the unfilled positions would remain unfilled until the next annual meeting.
6. Our AMA believes that:
  - a. specialty society candidates for our AMA House of Delegates elected offices should be listed in the pre-election materials available to the House as the representative of that society and not by the state in which the candidate resides.
  - b. elected specialty society members should be identified in that capacity while serving their term of office.
  - c. nothing in the above recommendations should preclude endorsement by any state delegation of the national specialty society candidate, if that state delegation should so choose.
7. Our AMA requires completion of conflict of interest forms by all candidates for election to our AMA Board of Trustees and councils prior to their election. Conflict of interest forms must be submitted after an individual has announced their candidacy and before the active campaign window begins or, if not previously announced, within 24 hours of the conclusion of the HOD

Opening Session. The HOD Office will post such information on the “Members Only” section of our AMA website before election by the House of Delegates, with links to the disclosure statements from relevant electronic documents.

8. Candidates will be provided with a copy of the current election rules and will be required to attest to abiding by them. Candidates are responsible for any and all actions or inaction undertaken on their behalf that is campaign related.

#### **IV. Communications, Campaign Memorabilia and Literature**

1. Active campaigning for an elected AMA position may not begin until the active campaign window opens as announced by the Speaker following the Spring Board of Trustees meeting immediately preceding the meeting at which the election is scheduled to take place.
2. An announced candidate may discuss their candidacy on an individual basis in private conversations after the announcement of candidacy until the active campaigning period begins. Prior to the active campaigning period, no other individual may discuss the candidacy except in private conversations with the announced candidate on an individual basis. This rule does not prohibit any candidate from discussions for the purpose of forming a campaign team or from a campaign team discussing a candidate or campaign strategy. This rule also does not prohibit persons not associated with a campaign from discussing candidates in private conversations.
3. An Election Manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur. The Election Manual will provide a link to the AMA Candidates' Page, but links to personal, professional or campaign related websites will not be allowed. The Election Manual provides an equal opportunity for each candidate to present the material they consider important to bring before the members of the House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. The Election Manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates.
4. Our AMA Office of House of Delegates Affairs will provide an opportunity for all announced candidates to submit material to the HOD office which will then be sent electronically by the HOD Office in a single communication to all delegates and alternates. Parameters regarding content and deadlines for submission will be established by the Speaker and communicated to all announced candidates.
5. An AMA Candidates' Page will be created on our AMA website or other appropriate website to allow each candidate the opportunity to post campaign materials. Parameters for the site will be established by the Speaker and communicated to candidates.
6. Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. Campaign memorabilia and giveaways that include a candidate's name or likeness may not be distributed at any time.
7. Active campaigning via mass outreach to delegates by candidates or on behalf of the candidate by any method is prohibited. A reduction in the volume of telephone calls and personal electronic communication from candidates and on behalf of candidates is encouraged. No part of this rule shall be interpreted to limit developing or communicating within a campaign team. Electronic messages must include a simple mechanism to allow recipients to opt out of receiving future messages.
8. Printed and digital campaign materials may not be distributed to members of the House other than by the HOD office candidate email and on the AMA Candidates' Page.
9. Displays of campaign posters, signs, and literature in public areas of the venue at which Annual Meetings are held are prohibited because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at a single campaign reception at which the candidate is featured. No campaign literature shall be distributed in the House of Delegates and no mass outreach electronic messages shall be transmitted after the opening session of the House of Delegates.
10. Campaign stickers, pins, buttons and similar campaign materials are disallowed. This rule will not apply for pins for AMPAC, the AMA Foundation, specialty societies, state and regional delegations and health related causes that do not include any candidate identifier. These pins

should be small, not worn on the badge and distributed only to members of the designated group. General distribution of any pin, button or sticker is disallowed.

11. Candidates and campaigns may not produce a personal campaign-related website or other digital campaign-related content. Candidates may not direct to personal or professional websites as a method of campaigning other than to the AMA Candidates' Page.

## V. Group Dinners and Meetings

1. Candidates for our AMA office should not attend meetings of state medical societies unless officially invited and could accept reimbursement of travel expenses by the state society in accordance with the policies of the society.
2. At any AMA meeting convened prior to the time period for active campaigning, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, other formal campaign activities and the distribution of campaign literature and gifts are prohibited. It is permissible for candidates seeking election to engage in individual outreach meant to familiarize others with a candidate's opinions and positions on issues.
3. Each participant in group dinners, if attended by an announced candidate in a currently contested election, must pay their own share of the expenses, with the exception that societies and delegations may cover the expense for their own members. This rule would not disallow societies from paying for their own members or delegations gathering together with each individual or delegation paying their own expense. Gatherings of 4 or fewer delegates or alternates are exempt from this rule.

## VI. Interview Rules

Candidates and interviewers must comply with the following rules:

1. Groups wishing to conduct interviews must designate their interviewing coordinator and provide the individual's contact information to the Office of House of Delegates Affairs. The Speaker's Office will collect contact information for groups wishing to conduct interviews as well as for candidates and their campaign teams and will provide the information to both groups. Groups must indicate whether they wish to interview in-person or virtually and for which contest by the deadlines designated by the speaker.
2. Any formal questioning of an announced candidate, excluding a written questionnaire, is an interview and subject to the rules for interviews.
3. Interviews may be arranged between the parties once active campaigning is allowed.
4. Groups conducting interviews with announced candidates for a given office must offer an interview to all announced candidates at the time the group's interview schedule is finalized.
  - a. A sponsoring group may meet with an announced candidate who is a member of their group during the active campaign window without meeting with other candidates for the same office.
  - b. Interviewing groups may, but are not required to, interview persons who become announced candidates during the active campaign window. Should an interview be offered to such a candidate, all other announced candidates for the same office (even those previously interviewed) must be afforded the same opportunity and medium.
  - c. Any campaign-related presentation to an assembly by an announced candidate, with or without being followed by a discussion, question and answer session, or a vote of the assembly regarding the candidate, is an interview and subject to the rules on in-person interviews. No portion of this rule shall be interpreted to mean that a candidate acting in their current formal capacity would be unable to present or discuss matters pertaining to that formal capacity with any group.
5. Groups may elect to conduct interviews virtually or in-person.
6. In-person interviews may be conducted between Friday and Monday of the meeting at which elections will take place.
7. Virtual interviews are subject to the following constraints:
  - a. Interviews may be conducted only during a 9-14 day window (preferably across two separate weekends) as designated by the Speaker beginning at least two weeks but not more than six (6) weeks prior to the scheduled Opening Session of the House of Delegates meeting

at which elections will take place.

b. Interviews conducted on weeknights must be scheduled between 5 pm and 10 pm or on weekends between 8am and 10 pm based on the candidate's local time, unless another mutually acceptable time outside these hours is arranged.

c. Caucuses and delegations scheduling interviews for candidates within the parameters above must offer alternatives to those candidates who have conflicts with the scheduled time.

8. Recording of interviews is allowed only with the knowledge and consent of the candidate.
9. Interviews are recommended to be recorded with consent of all participating individuals and disseminated to the interviewing group members when all are not able to be present for the interview.
10. Recordings of interviews may be shared only among members of the group conducting the interview.
11. A candidate is free to decline any interview request.
12. In consultation with the Election Committee, the Speaker, or where the Speaker is in a contested election, the Vice Speaker, may issue special rules for interviews to address unexpected situations.
13. The Speakers are encouraged to continue recorded virtual interviews of announced candidates in contested races, to be posted on the AMA website.

## **VII. Campaign Receptions**

1. Our AMA will sponsor the AMA Candidate Reception which will be open to all candidates and all meeting attendees. Any candidate may elect to be "featured" at the AMA Candidate Reception. There will not be a receiving line at the AMA Candidate Reception. The rules regarding cash bars only at campaign receptions and limiting each candidate to be featured at a single reception will apply to the AMA Candidate Reception.
2. A state, specialty society, caucus, coalition, etc. may contribute to more than one party. However, a candidate may be featured at only one party, which includes: (a) being present in a receiving line, or (b) appearing by name or in a picture on a poster or notice in or outside of the party venue. At these events, alcohol may be served only on a cash or no-host bar basis.

## **VIII. Election Process**

1. At the Opening Session of the Annual Meeting, officer candidates in a contested election will give a two-minute self-nominating speech, with the order of speeches determined by lot. No speeches for unopposed candidates will be given, except for president-elect. When there is no contest for president-elect, the candidate will ask a delegate to place their name in nomination, and the election will then be by acclamation. When there are two or more candidates for the office of president-elect, a two-minute nomination speech will be given by a delegate. In addition, the Speaker of the House of Delegates will schedule a debate in front of the AMA-HOD to be conducted by rules established by the Speaker or, in the event of a conflict, the Vice Speaker.
2. Nominating speeches for unopposed candidates for office, except for President-elect, will not be heard.
3. AMA elections will be held on Tuesday at each Annual Meeting.
4. Voting for all elected positions including runoffs will be conducted electronically during an Election Session to be arranged by the Speaker.
5. All delegates eligible to vote must be seated within the House at the time appointed to cast their electronic votes.
6. The final vote count of all secret ballots of the House of Delegates shall be made public and part of the official proceedings of the House.
7. The Speaker is encouraged to consider means to reduce the time spent during the HOD meeting on personal points by candidates after election results are announced, including collecting written personal points from candidates to be shared electronically with the House after the meeting or imposing time limits on such comments.

## **IX. Election Committee**

1. In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of 9 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not to be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise. The Speaker and Vice Speaker shall be full members of the Election Committee.

#### **X. Campaign Complaint Reporting, Validation and Resolution Process**

1. Campaign violation complaints should be directed to the Speaker, the Vice Speaker, or the AMA General Counsel and should include the following details:
  - a. The name of the person(s) thought to have violated the rules
  - b. The date of the alleged violation and the location if relevant
  - c. The specific violation being alleged (i.e., the way the rules were violated)
  - d. The materials, if any, that violate the rules; original materials are preferred over copies. Where necessary, arrangements for collection of these materials will be made.
2. A formal election complaint must be filed in writing by a HOD delegate or alternate delegate via the election website before the commencement of the election session at which the candidate is currently seeking election.
3. Campaign violation complaints will be investigated by the Election Committee or a subcommittee thereof with the option of including the Office of General Counsel or the Director of the House of Delegates.
  - a. The Committee will collectively determine whether a campaign violation has occurred. As part of the investigation process the Election Committee or its subcommittee shall inform the candidate of the complaint filed and give the candidate the opportunity to respond to the allegation.
  - b. If the complaint implicates a delegation or caucus, the Election Committee or its subcommittee shall inform the chair of the implicated delegation or caucus of the complaint filed and give the implicated delegation or caucus chair(s) the opportunity to answer to the allegation as a part of the investigative process.
  - c. For validated complaints, the Committee will determine appropriate penalties, which may include an announcement of the violation by the Speaker to the House.
  - d. Committee members with a conflict of interest may participate in discussions but must recuse themselves from decisions regarding the merits of the complaint or penalties.
  - e. Deliberations of the Election Committee shall be confidential.
  - f. The Speaker shall include a summary of the Election Committee's activities in "Official Candidate Notifications" sent to the House, following each meeting at which an election was held. Details may be provided at the discretion of the Election Committee and must be provided when the penalty includes an announcement about the violator to the House.
4. A record of all complaints and the results of the validation and the resolution processes, including penalties, shall be maintained by our AMA Office of General Counsel and kept confidential.
5. The Election Committee will review the Campaign Complaint Reporting, Validation and Resolution Process as implemented and make further recommendations to the House as necessary.

## **XI. Endorsements**

1. Our American Medical Association requires all groups that endorse candidates turn in information about their endorsement process, the deadline, and a staff contact for applications in a timely and streamlined manner.
2. Our AMA will then post this information on the election website in a timely manner, with the information being easily digestible and accessible.
3. Our AMA will not allow any group that fails to provide this information in a timely manner to offer an endorsement during that election cycle.
4. Our AMA will create a specific period (similar to virtual elections) during which endorsements may be sought. [Speakers Rep. 3, I-23 Modified: Res. 609, A-24 Modified: CCB Rep. 3, A-24 Modified: Speakers Rep. 01, I-24 Modified: Speakers Rep. 02, I-24 Appended: Speakers' Rep. 02, I-25]

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 608  
(A-26)

Introduced by: American College of Occupational & Environmental Medicine, Iowa, Minnesota, Nebraska, North Dakota, South Dakota, American Academy of Physical Medicine & Rehabilitation, American Academy of Family Physicians

Subject: Reinstitution of AMA Guides Editorial Panel

Referred to: Reference Committee F

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- 1 Whereas, our AMA established the AMA Guides Editorial Panel in 2019 in order to update the  
2 AMA Guides to the Evaluation of Permanent Impairment 6<sup>th</sup> edition (purple book) published in  
3 2008<sup>1</sup>; and  
4  
5 Whereas, the AMA Guides Editorial Panel consisted of two co-chairs, ten voting members and  
6 five advisors, representing vast multispecialty and multidisciplinary perspectives on medical  
7 impairment ratings<sup>2</sup>; and  
8  
9 Whereas, the AMA Guides became a digital product to allow continuous and real time updates  
10 to the impairment evaluation process in order to bring the best science to establish fair and  
11 equitable impairment ratings<sup>3</sup>; and  
12  
13 Whereas, the AMA Guides Editorial Panel instituted updates to the chapters on mental health  
14 (2021), nervous system (2023), upper limb, lower limb and spine (2024), and pulmonary (2025)  
15 which have received wide support across multiple stakeholder groups<sup>3</sup>; and  
16  
17 Whereas, the goal of the AMA Guides Panel and as originally stated by the AMA was to institute  
18 a continuous evidence-based update to all chapters of the AMA Guides to the Evaluation of  
19 Permanent Impairment; and  
20  
21 Whereas, the AMA staff decided to discontinue the AMA Guides Editorial Panel at the end of  
22 2025, thus ceasing the originally stated goal of a continuous update process, a decision that  
23 was not supported by the co-chairs or panel members; and  
24  
25 Whereas the non-updated chapters including pain, vision, cardiovascular system, digestive  
26 system, urinary and reproductive system, skin, hematopoietic system, and endocrine system  
27 have not been updated and are using outdated science and information that in many cases is  
28 20-25 years old; and  
29  
30 Whereas, the AMA supports using the best available science and evidence basis for medical  
31 assessments; therefore be it  
32  
33 RESOLVED, that our American Medical Association re-institute the AMA Guides Editorial Panel  
34 to its original configuration and operating status (Directive to Take Action); and be it further  
35  
36 RESOLVED, that our AMA encourage the AMA Guides Editorial Panel to continue its work on  
37 updating the chapters of the AMA Guides to the Evaluation of Permanent Impairment 6<sup>th</sup> edition

1 2025 that have yet to be addressed and to continue to bring current evidence based medicine  
2 and practices to the evaluation of permanent impairment. (Directive to Take Action)  
3

Fiscal Note: Major - \$271,952. Annual Editorial Panel funding.

Received: 4/14/26

#### REFERENCES

1. <https://www.ama-assn.org/press-center/ama-press-releases/new-process-takes-ama-guides-future>
2. <https://www.ama-assn.org/practice-management/ama-guides/ama-guides-editorial-panel-members>
3. <https://www.ama-assn.org/practice-management/ama-guides/ama-guides-evaluation-permanent-impairment-overview#toc-changes-to-the-ama-guides-editorial-panel-work-07>

#### RELEVANT AMA POLICY

##### **Revising "Guides to the Evaluation of Permanent Impairment" H-365.987**

It is the policy of the AMA: (1) to pursue the comprehensive revision and updating of the Guides to the Evaluation of Permanent Impairment with input from physicians in all appropriate specialty groups; and (2) to consider developing appropriate methods to facilitate the use of the Guides, including expansion of introductory instructions.

##### **Physician's Role in Returning Patients to Their Jobs H-365.999**

Our AMA:

- (1) will promote the development of practice parameters, when appropriate, for use in the treatment of injured workers and encourages those experienced in the care of injured workers to participate in such development.
- (2) will investigate support for appropriate utilization review guidelines for referrals, appropriate procedures and tests, and ancillary services as a method of containing costs and curbing overutilization and fraud in the workers' compensation system. Any such utilization review should be based on open and consistent review criteria that are acceptable to and have been developed in concert with the medical profession. Physicians with background appropriate to the care under review should have the ultimate responsibility for determining quality and necessity of care.
- (3) encourages the use of the Guides to the Evaluation of Permanent Impairment. The correct use of the Guides can facilitate prompt dispute resolution by providing a single, scientifically developed, uniform, and objective means of evaluating medical impairment.
- (4) encourages physicians to participate in the development of workplace health and safety programs. Physician input into healthy lifestyle programs (the risks associated with alcohol and drug use, nutrition information, the benefits of exercise, for example) could be particularly helpful and appropriate.
- (5) encourages the use of uniform claim forms (CMS 1500, UB04), electronic billing (with appropriate mechanisms to protect the confidentiality of patient information), and familiar diagnostic coding guidelines (ICD-9-CM, CPT; ICD-10-CM, CPT), when appropriate, to facilitate prompt reporting and payment of workers' compensation claims.
- (6) will evaluate the concept of Independent Medical Examinations (IME) and make recommendations concerning IME's (i) effectiveness; (ii) process for identifying and credentialing independent medical examiners; and (iii) requirements for continuing medical education for examiners.
- (7) encourages state medical societies to support strong legislative efforts to prevent fraud in workers' compensation.
- (8) will continue to monitor and evaluate state and federal health system reform proposals which propose some form of 24-hour coverage.
- (9) will continue to evaluate these and other medical care aspects of workers' compensation and make timely recommendations as appropriate.
- (10) will continue activities to develop a unified body of policy addressing the medical care issues associated with workers' compensation, disseminate information developed to date to the Federation and provide updates to the Federation as additional relevant information on workers' compensation becomes available.

- (11) encourages physicians to advise their patients to return to work at the earliest date compatible with health and safety and recognizes that physicians can, through their care, facilitate patients' return to work.
- (12) supports the adoption of the most current edition of the AMA Guides to the Evaluation of Permanent Impairment by all jurisdictions to provide fair and consistent impairment evaluations for patients and claimants including injured workers.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 609  
(A-26)

Introduced by: New York

Subject: American Medical Association Board Chair Term Limits

Referred to: Reference Committee F

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1 Whereas, the Bylaws of the American Medical Association (AMA) specify that the Chair of the  
2 Board of Trustees serves a one-year term, resulting in rapid turnover of board leadership; and  
3 Whereas, leading governance authorities emphasize that effective board leadership requires  
4 continuity, stability, and sufficient tenure to oversee long-term strategic initiatives; BoardSource  
5 recommends multi-year chair terms to preserve institutional memory, and the National  
6 Association of Corporate Directors (NACD) similarly advises extended leadership cycles to align  
7 governance with organizational strategy; and

8  
9 Whereas, Dr. Richard LeBlanc, in *The Handbook of Board Governance*, notes that an  
10 adequately tenured board chair is essential for ensuring effective oversight of senior  
11 management, maintaining accountability structures, and stewarding long-range organizational  
12 priorities; and

13  
14 Whereas, the AMA's strategic initiatives, advocacy agenda, and oversight responsibilities span  
15 multiple years, making annual turnover in board leadership potentially disruptive to consistent  
16 governance and sustained evaluation of senior management performance; and

17  
18 Whereas, many national nonprofit and professional associations have adopted longer or  
19 renewable board-chair terms to strengthen leadership continuity, improve board effectiveness,  
20 and enhance oversight of executive performance; therefore be it

21  
22 RESOLVED, that our American Medical Association Board of Trustees commission an  
23 independent assessment by recognized nonprofit governance experts to evaluate best practices  
24 in board-chair term lengths, leadership continuity, and succession planning within large national  
25 nonprofit and professional membership organizations (Directive to Take Action); and be it  
26 further

27  
28 RESOLVED, that this independent assessment examine how board-chair tenure and leadership  
29 succession structures influence the Board of Trustees' ability to provide consistent oversight of  
30 senior management, monitor multi-year strategic and operational performance goals, preserve  
31 institutional knowledge, and maintain accountability to the House of Delegates and American  
32 Medical Association membership (Directive to Take Action); and be it further

33  
34 RESOLVED, that the Board of Trustees provide the full report of the independent assessment,  
35 including benchmarking analyses and governance recommendations, to the House of Delegates  
36 no later than the 2027 Annual Meeting of the American Medical Association (Directive to Take  
37 Action); and be it further

38  
39 RESOLVED, that the Board of Trustees review the findings of the independent assessment and  
40 present to the House of Delegates at the 2027 Annual Meeting specific recommendations

1 regarding governance best practices for board-chair tenure and leadership continuity, including  
2 any proposed amendments to the American Medical Association Constitution and Bylaws for  
3 consideration by the House of Delegates. (Directive to Take Action)

4

Fiscal Note: Moderate – between \$10,000 - \$50,000

Received: 4/14/26

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 610  
(A-26)

Introduced by: New York

Subject: Plant-Based Diets at AMA meetings

Referred to: Reference Committee F

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1 Whereas, a substantial and growing body of scientific evidence demonstrates that dietary  
2 patterns emphasizing plant-based foods are associated with reduced risks of cardiovascular  
3 disease, type 2 diabetes, obesity, and certain cancers, as well as lower all-cause mortality; and  
4  
5 Whereas, these benefits are most consistently observed when diets emphasize whole grains,  
6 vegetables, fruits, legumes, and nuts, while limiting red and processed meats and ultra-  
7 processed foods; and  
8  
9 Whereas, emerging longevity research highlights that individuals who maintain preserved  
10 cognitive and physical function into advanced age often share common lifestyle patterns,  
11 including plant-forward dietary habits, metabolic health, and lower burden of chronic disease;  
12 and  
13  
14 Whereas, the concept of healthy aging emphasizes not merely increased lifespan, but  
15 preservation of function, independence, and quality of life, with diet representing a modifiable  
16 determinant of long-term physiological resilience; and  
17  
18 Whereas, well-planned plant-forward dietary patterns, including Mediterranean dietary models  
19 that incorporate minimal amounts of animal products, are associated with improved  
20 cardiometabolic health while supporting nutritional adequacy and sustainable long-term  
21 adherence; and  
22  
23 Whereas, dietary patterns higher in plant-based foods are also associated with significant  
24 benefits for planetary health, including reductions in greenhouse gas emissions, land use, water  
25 consumption, and environmental degradation; and  
26  
27 Whereas, research in behavioral economics demonstrates that small, non-coercive changes in  
28 choice architecture, such as increasing the availability and visibility of healthier options, can  
29 effectively promote beneficial behaviors while preserving individual autonomy; and  
30  
31 Whereas, the American Medical Association and the Medical Society of the State of New York  
32 have long emphasized prevention, population health, and physician leadership by example, and  
33 professional meetings provide an opportunity to model dietary patterns that support both healthy  
34 aging and sustainability; therefore be it  
35  
36 RESOLVED, that our American Medical Association encourages the use of evidence-based  
37 behavioral science strategies, such as choice architecture and nudging, to promote healthier  
38 dietary choices at professional gatherings, while respecting individual autonomy (New HOD  
39 Policy); and be it further

1 RESOLVED, that our American Medical Association recognizes the importance of modeling  
2 prevention through food choices at its own meetings, with an emphasis on increasing the plant-  
3 based food choice options which also contain minimal contributions from animal products, as an  
4 exemplary method for the promotion of individual and planetary health. (New HOD Policy)  
5

Fiscal Note: Modest – between \$5,000 - \$10,000

Received: 4/14/26

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 611  
(A-26)

Introduced by: Organized Medical Staff Section

Subject: Publicizing, Supporting, and Promoting (Appropriate) AMA Member  
Physicians and Physician Spouses as Candidates for Local and State Offices

Referred to: Reference Committee F

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- 1 Whereas, medicine is under assault from all sides—from insurance companies to trial lawyers to  
2 onerous state and federal regulations; and  
3
- 4 Whereas, the 118<sup>th</sup> United States Congress enacted 209 public laws, which contrasts with  
5 approximately 16,000 items of state legislation passed annually<sup>1,2,3</sup>; and  
6
- 7 Whereas, we do not have enough physicians in political office on the local, state, or federal  
8 levels and in general there may be some benefit to supporting “medicine-friendly” physicians  
9 and physician spouses who run for political office; and  
10
- 11 Whereas, our medical societies have political action committees, such as AMPAC for the AMA,  
12 to support “medicine-friendly” candidates running for office; and  
13
- 14 Whereas, AMPAC holds an annual “Candidate Workshop” and “Campaign School” to support  
15 “medicine-friendly” candidates running for elected offices<sup>4</sup>; and  
16
- 17 Whereas, there are few mechanisms to enable physician members of our state and national  
18 medical societies to network when running for state and federal office; and  
19
- 20 Whereas, partly due to high educational debt loads, busy clinical schedules, challenges with  
21 work-life balance, and limited bandwidth to engage in political activity, physicians have  
22 traditionally had a low level of giving to candidates for local, state, and federal offices; and  
23
- 24 Whereas, those of us who have more time than money could potentially help candidates for  
25 elected office with social media support (retweeting, likes, etc.) and/or volunteer time; and  
26
- 27 Whereas, “medicine-friendly” candidates for political office would be interested in meeting  
28 potential donors, as well as individuals who may be willing to volunteer to support their  
29 campaigns with volunteer time and social media support; and  
30
- 31 Whereas, there is currently no “central repository” that lists physicians or physician spouses  
32 running for state and federal office in the United States; and  
33
- 34 Whereas, non-member physicians or physician spouses who are running for local, state, or  
35 federal office should also be encouraged to join the AMA, Alliance, and/or their state and  
36 specialty medical societies; and

1 Whereas, in this age of social media, it should be relatively easy to set up members-only  
2 websites with lists of appropriate physicians and physician spouses who are running for elected  
3 offices; and  
4

5 Whereas, in the first version of this resolution submitted to the Missouri State Medical  
6 Association in 2024 two major concerns were raised: (1) potential legal implications, regarding  
7 coordination between state PACs, specialty society PACs and AMPAC, as well as (2) desire not  
8 to endorse physician candidates if they are not aligned with the policies of their state medical  
9 association and/or our AMA; and  
10

11 Whereas, similar concerns were raised when a second version of this resolution was submitted  
12 to the Ohio State Medical Association (OSMA) in 2025, including:

- 13 • “An individual’s campaign should do the work. Not every physician aligns with OSMA  
14 policy.”
- 15 • “Promoting specific physician or spouses as candidates risk alienating OSMA members  
16 with differing political views.”
- 17 • “It is more appropriate for OSMA to connect its members with opportunities to learn  
18 about candidacy”;

19 and  
20

21 Whereas, recent events in Minnesota highlight the courage of anyone running for (and/or  
22 holding) local or state elected office(s), as they and their families are constantly in the spotlight  
23 and potentially at risk; and  
24

25 Whereas, given limited resources and bandwidth, it is likely that this proposal will need to be a  
26 collaborative effort between organized medicine and/or their respective political action  
27 committees; and  
28

29 Whereas, it is unclear whether publicizing, supporting, and promoting such candidates should  
30 be a function of organized medicine (state and specialty societies and our AMA) versus their  
31 respective political action committees due to legal concerns, tax implications, etc.; and  
32

33 Whereas, state and specialty societies or our AMA may also determine that certain physicians  
34 or physician spouses who are running for elected office may not merit recognition; and  
35

36 Whereas, state and specialty societies or our AMA may also determine that certain words or  
37 actions of individuals running for elected office should merit removal from such lists; and  
38

39 Whereas, there is already the National Council of State Legislatures and perhaps our AMA may  
40 wish to consider helping to organize a “National Convention of Physician and Physician Spouse  
41 State Legislators,” perhaps in conjunction with the annual AMA State Advocacy Summit;  
42 therefore be it  
43

44 RESOLVED, that our American Medical Association, to the extent permitted by applicable laws,  
45 collaborate with other interested organizations to facilitate opportunities for AMA physician-  
46 member and physician-spouse elected officials at the local and state levels to connect,  
47 exchange ideas, collaborate, and support each other to protect our patients and our practices,  
48 such as with a “National Meeting of Physician State Legislators” (Directive to Take Action); and  
49 be it further

- 1 RESOLVED, that our AMA study the:  
2 1. Feasibility of collaborating with state medical societies and specialty societies to assess  
3 appropriate AMA physician members and physician spouses running for state and local  
4 offices and creating a “master list” to publicize, support, and promote those individuals,  
5 and  
6 2. Opportunities to publicize this list widely to support appropriate physicians and physician  
7 spouses who are aligned with our priorities and encourage financial and social medial  
8 support of those candidates, with a report back at the 2027 Annual Meeting.  
9 (Directive to Take Action).  
10

Fiscal Note: Major - \$252,348. Legal study, meeting planning and execution.

Received: 4/15/26

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#### RELEVANT AMA POLICY

##### **Encourage Physicians as Legislative Candidates G-640.025**

1. Our American Medical Association will continue to identify, encourage, and support physicians to run as state and national legislative candidates.
2. Our AMA will not use AMA corporate treasury funds to engage in.

Citation: Res. 605, A-14; Consolidated with G-645.015: CCB/CLRDP Rep. 01, A-24

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 612  
(A-26)

Introduced by: LGBTQ+ Section

Subject: Increasing Expert Guidance in AMA Statements

Referred to: Reference Committee F

---

1 Whereas, on February 4, 2026, the American Medical Association publicized a statement  
2 regarding gender-affirming surgery for patients under 19, following the American Society of  
3 Plastic Surgeons' statement<sup>1</sup>; and  
4

5 Whereas, LGBTQIA+ people have endured harm at the hands of the American healthcare  
6 system and organized medicine since medicine became formalized in this country<sup>2-3</sup>; and  
7

8 Whereas, LGBTQIA+ people are currently experiencing political harm at an alarming level, with  
9 particular targets on the backs of transgender and gender diverse people as well as LGBTQIA+  
10 minors<sup>4-7</sup>; and  
11

12 Whereas, the AMA is the largest organized medical group of physicians and trainees in the  
13 country, and AMA's public statements as a result carry significant weight; and  
14

15 Whereas, due largely to governmental overreach and political and financial pressures, with  
16 influence by public statements made by AMA and ASPS, preemptive compliance has further  
17 restricted care for not only adolescents, but adults, as made evident by many hospitals  
18 discriminatorily withdrawing gender-affirming surgical and/or medical care from transgender and  
19 gender diverse people, while still preserving gender-affirming care for cisgender people; and  
20

21 Whereas, AMA policies H-185.927, H-160.991, and H-60.927 state our AMA's clear policy  
22 positions to protect access to gender-affirming care, to work with relevant partners and  
23 stakeholders to preserve the safety of LGBTQ+ physicians, patients, and those physicians that  
24 provide care to LGBTQ+ people, to lead in education of LGBTQ+ health, and to oppose  
25 criminalization, prohibition, or impositions upon gender-affirming care, including the care of  
26 minors; and  
27

28 Whereas, though the statement itself does not explicitly counter policy, the phrasing used and  
29 the allowance of continued media manipulation without correction for weeks unintentionally  
30 serves to contradict the AMA's robust policies and contribute to disinformation and  
31 sensationalized narratives that seek to allow governmental restrictions in access to gender-  
32 affirming care for transgender people; and  
33

34 Whereas, these restrictions harm not only transgender people, but cisgender people, as seen  
35 by physicians who provide many services beyond gender-affirming care avoiding working in  
36 states that restrict this care, as well as families of cisgender children fleeing their states to  
37 ensure access to medications that are being erroneously prohibited over the undue politicization  
38 of vulnerable minorities<sup>8-11</sup>; and

1 Whereas, reliance on experts in gender-affirming care provision, research, and advocacy could  
2 have shaped the nuances of the statement to support threading of the needle; and  
3

4 Whereas, regardless of intention, the AMA has a responsibility to own and address the harmful  
5 effects it may cause as an institution; and  
6

7 Whereas, our American Medical Association has a responsibility to advocate for the health,  
8 safety, and wellbeing of LGBTQ+ people and other vulnerable populations regardless of political  
9 climate, based in existing AMA policies; therefore be it  
10

11 RESOLVED, that our American Medical Association consult with multidisciplinary AMA section-  
12 identified experts when crafting specialist care focused statements, especially statements  
13 predominantly discussing care for vulnerable populations, to reduce the risk of harm to said  
14 populations. (Directive to Take Action)  
15

Fiscal Note: Modest – between \$5,000 - \$10,000

Received: 4/15/26

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11. HRC Foundation. Get the facts on gender-affirming care. Human Rights Campaign. Published March 22, 2023. <https://www.hrc.org/resources/get-the-facts-on-gender-affirming-care>

#### RELEVANT AMA POLICY

##### Clarification of Evidence-Based Gender-Affirming Care H-185.927

1. Our American Medical Association recognizes that medical and surgical treatments for gender dysphoria and gender incongruence, as determined by shared decision making between the patient and physician, are medically necessary as outlined by generally-accepted standards of medical and surgical practice.
2. Our AMA will work with state and specialty societies and other interested stakeholders to:
  - a. advocate for federal, state, and local laws and policies to protect access to evidence-based care for gender dysphoria and gender incongruence;
  - b. oppose laws and policies that criminalize, prohibit or otherwise impede the provision of evidence-based, gender-affirming care, including laws and policies that penalize parents and guardians who support minors seeking and/or receiving gender-affirming care;

- c. support protections against violence and criminal, civil, and professional liability for physicians and institutions that provide evidence-based, genderaffirming care and patients who seek and/or receive such care, as well as their parents and guardians; and
  - d. communicate with stakeholders and regulatory bodies about the importance of gender-affirming care for patients with gender dysphoria and gender incongruence.
3. Our AMA will advocate for equitable, evidence-based coverage of gender-affirming care by health insurance providers, including public and private insurers.

#### **Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991**

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.
2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.
3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.
4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people.
5. Our AMA supports preservation and maintenance of federal and state public funding for physicians and institutions engaged in clinical care, research, and medical education regarding LGBTQ+ populations.

#### **Reducing Suicide Risk Among Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Through Collaboration with Allied Organizations H-60.927**

Our American Medical Association will partner with public and private organizations dedicated to public health and public policy to reduce lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth suicide and improve health among LGBTQ youth.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 613  
(A-26)

Introduced by: LGBTQ+ Section

Subject: Preserving Institutional Equity and Inclusivity Efforts

Referred to: Reference Committee F

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1 Whereas, health equity and inclusivity efforts are known to improve health outcomes, increase  
2 opportunities for minoritized populations, and enhance patient-physician relationships<sup>1-5</sup>; and  
3

4 Whereas, AMA policies H-180.944, G-600.960, and D-295.963 clearly delineate the importance  
5 of equity and inclusivity work to benefit patients, trainees, and physicians, including that of the  
6 AMA itself; and  
7

8 Whereas, AMA policy often directs the creation of resources to be made accessible to members  
9 and/or non-members; and  
10

11 Whereas, equity and inclusivity work have been disappearing and reappearing altered from the  
12 AMA website, with hyperlinks that temporarily or permanently do not work without explanation of  
13 where this work has gone or for what purpose it has been modified, from documents and  
14 guidance on equity-focused language to EdHub resources on equity that were previously  
15 approved being suddenly considered out of line with EdHub materials to the rebranding and  
16 downsizing of the prior Center for Health Equity; and  
17

18 Whereas, examples that have been either modified without explanation or removed temporarily  
19 or permanently as seen by faulty links, documented at the time of drafting this resolution,  
20 include the guide titled “Advancing Health Equity: A Guide to Language, Narrative, and  
21 Concepts”, the EdHub modules “Trauma-Informed Care for Trans and Gender Diverse  
22 Individuals” and the “Prioritizing Equity” video series items “Redistributive Justice”, “Getting to  
23 Justice in Education”, “Moving Upstream”, “Political Determinants of Health”, with some being  
24 reinstated with modified titles and/or content<sup>6-8</sup>; and  
25

26 Whereas, some AMA member contributors have been informed of changes, but it is variable  
27 based on topic, and this still neglects to address the loss of resources that members may rely  
28 on even if they who were not contributors to the work; and  
29

30 Whereas, these changes are not in line with existing policy of the AMA and appear driven  
31 largely by shifting external priorities rather than true changes to the importance of equity and  
32 inclusivity in medicine, with variability in rationale being provided to contributors; therefore be it  
33

34 RESOLVED, that our American Medical Association’s Board of Trustees ensure the restoration  
35 of resources that have been removed, with exceptions to archive rather than completely remove  
36 those resources that are out of date, being updated, or need to be removed for protection of  
37 parties involved in their creation (Directive to Take Action); and be it further  
38

39 RESOLVED, that our AMA, when making changes to website resources, provide transparent  
40 communication and appropriate notice to all membership with forewarnings to members and  
41 staff involved in creation of those efforts that are being removed or altered or archived, even if

1 temporarily, and provide such communication retrospectively for those resources which have  
2 been modified already without AMA policy impetus to do so (Directive to Take Action); and be it  
3 further

4  
5 RESOLVED, that our AMA only make changes up to and including removal to publicly available  
6 resources in line with policy changes. (Directive to Take Action)  
7

Fiscal Note: Minimal – less than \$5,000

Received: 4/15/26

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#### RELEVANT AMA POLICY

##### **Plan for Continued Progress Toward Health Equity H-180.944**

Health equity, defined as optimal health for all, is a goal toward which our American Medical Association will work by advocating for health care access, research, and data collection; promoting equity in care; increasing health workforce diversity; influencing determinants of health; and voicing and modeling commitment to health equity.

##### **Continuing Equity Education G-600.960**

Our American Medical Association will establish an Open Forum on Health Equity, to be held at least annually at a House of Delegates Meeting, for members to directly engage in educational discourse and strengthen organizational capacity to advance and operationalize equity.

##### **Continued Support for Diversity in Medical Education D-295.963**

Our American Medical Association will publicly state and reaffirm its support for diversity in medical education and acknowledge the incorporation of DEI efforts as a vital aspect of medical training. Our AMA will prioritize our organization's efforts to bolster diversity, equity, and inclusion across the medical education continuum.

##### **Sunset Mechanism for AMA Policy G-600.110**

Sunset policies will be retained in the AMA historical archives.

##### **Establishing A Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care is Banned or Restricted G-605.009**

This task force, which will serve at the direction of our AMA Board of Trustees, will inform the Board to health guide organized medicine's response to bans and restrictions on abortion, prepare for widespread criminalization of other evidence-based care, implement relevant AMA policies, and identify and create implementation-focused practice and advocacy resources.

# AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 614  
(A-26)

Introduced by: American Geriatrics Society

Subject: Inclusive Policy Language for Older Adults

Referred to: Reference Committee F

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1 Whereas, the terms “seniors”, “elderly”, “aging dependents”, “old-old”, “young-old”, and similar  
2 “other-ing” terms stoke stereotypes of older adults; and  
3

4 Whereas, during the AMA 2025 interim meeting there were resolutions that referenced older  
5 adults and used these terms; and  
6

7 Whereas, the American Geriatrics Society and the AMA Manual of Style advise authors to avoid  
8 these “other-ing” terms because such terms connote discrimination and certain negative  
9 stereotypes that may undercut research-based recommendations for better serving us all as we  
10 age; and  
11

12 Whereas, use of Inclusive Language in AMA Policy D-65.969 instructs the AMA to “ensure the  
13 use of the most updated, inclusive, equitable, respectful, non-stigmatizing, and person-first  
14 language and use such language in all future AMA policies and amendments”; therefore be it  
15

16 RESOLVED, that our American Medical Association will instruct all future policy language to use  
17 terms for those over the age of 65 to be “older persons”, “older people”, “older adults”, “older  
18 patients”, “older individuals”, “persons 65 years and older”, “the older population”, or preferred  
19 terminology from a specific group of older adults (e.g., Native American elders), in order to avoid  
20 a connotation of discrimination and negative stereotypes. (New HOD Policy)

Fiscal Note: Minimal – less than \$5,000

Received: 4/15/26

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3. [Author Guidelines - Journal of the American Geriatrics Society - Wiley Online Library](#) Accessed March 29, 2026

## RELEVANT AMA POLICY

### Use of Inclusive Language in AMA Policy D-65.969

1. Our AMA, in consultation with relevant parties, including the AMA Center for Health Equity, will amend existing policies to ensure the use of the most updated, inclusive, equitable, respectful, non-stigmatizing, and person-first language and use such language in all future AMA policies and amendments.
2. Our AMA, in consultation with relevant parties, including the AMA Center for Health Equity, will identify other types of outdated language in AMA policies and devise a timely mechanism for editorial

changes, including both one-time updates and a protocol for editorial changes to language at the HOD Reference Committee recommendation stage and whenever a policy is amended, modified, appended, reaffirmed, or reviewed for sunset; and report back to the House of Delegates.  
Res. 007, A-25

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 615  
(A-26)

Introduced by: Resident and Fellow Section

Subject: Condemnation of Attacks on Healthcare Workers and Facilities in Gaza

Referred to: Reference Committee F

---

1 Whereas, the American Medical Association (AMA) has longstanding policies that oppose  
2 violence against healthcare workers, including:

- 3 • H-515.982 Violent Acts Against Physician, which condemns acts of violence against  
4 physicians and healthcare professionals;
- 5 • H-515.950 Protecting Physicians and Other Healthcare Workers in Society, which  
6 addresses harassment, intimidation, and threats against healthcare personnel;
- 7 • H-520.998 Medical Neutrality, which supports medical neutrality under the Geneva  
8 Conventions and advocating for the protection of healthcare workers and the sick and  
9 wounded in all countries;
- 10 • D-65.993 War Crimes as a Threat to Physicians' Humanitarian Responsibilities, which  
11 recognizes that war crimes, including the deliberate targeting of healthcare workers,  
12 threaten physicians' humanitarian responsibilities; and  
13

14 Whereas, in 2023 the AMA Board of Trustees released a statement regarding the conflict in  
15 Israel and Gaza, stating that medical neutrality must be observed, physicians and healthcare  
16 personnel on the frontlines of crises worldwide must be able to provide medical care without  
17 fear of persecution, and reiterated the physicians' humanitarian responsibilities include  
18 sanctioning and condemning the military targeting of healthcare facilities and personnel<sup>1</sup>; and  
19

20 Whereas, the Safeguarding Health in Conflict Coalition's 2024 report documented numerous  
21 attacks on healthcare personnel in Gaza, including "double tap" strikes whereby healthcare  
22 workers were killed during rescue efforts, and reported that health facilities were raided at least  
23 28 times in 2024, each raid involving mass arrests of healthcare workers, damage to  
24 infrastructure, and destruction of medical equipment<sup>2</sup>; and  
25

26 Whereas, Gaza's only medical school has been destroyed during the recent conflict<sup>4</sup>; and  
27

28 Whereas, at least 40 medical students have been killed, 60 detained, and hundreds more  
29 displaced<sup>5</sup>; and  
30

31 Whereas, the World Health Organization has documented 697 attacks on hospitals in Gaza  
32 since October 2023<sup>8</sup>; and  
33

34 Whereas, the United Nations Human Rights Office reported that at least 1,581 healthcare  
35 workers have been killed in Gaza since October 7, 2023<sup>6</sup>; and  
36

37 Whereas, Physicians for Human Rights–Israel reported deliberate bombing and forced  
38 evacuations of hospitals, rendering them non-functional and dismantling essential services such  
39 as trauma care, surgery, dialysis, and maternal health, and documented the killing and  
40 detention of over 1,800 healthcare workers, including the killings of department heads at Al-

1 Shifa Hospital in internal medicine, obstetrics-gynecology, emergency care, pathology,  
2 radiology, and orthopedics<sup>7</sup>; and

3  
4 Whereas, B'Tselem, The Israeli Information Center for Human Rights in the Occupied  
5 Territories, reported that only 17 of Gaza's 36 hospitals were functioning, that 2.5% of medical  
6 personnel in Gaza had been killed, and that medical professionals had been arrested, abused,  
7 and killed while in detention<sup>6</sup>; and

8  
9 Whereas, as of July 2025, Healthcare Workers Watch reported that over 400 Palestinian  
10 healthcare workers, including at least 28 doctors, had been detained by Israeli forces since  
11 October 2023, with many held for over 400 days without charge<sup>9</sup>; and

12  
13 Whereas, the aforesaid principles of medical neutrality have been repeatedly violated in Gaza  
14 since the AMA Board of Trustees' 2023 statement, with healthcare workers targeted, detained,  
15 and killed, hospitals bombed, and medical services obstructed, in direct contravention of AMA  
16 policy<sup>1</sup>; therefore be it

17  
18 RESOLVED, that our American Medical Association recognize the deliberate targeting of  
19 healthcare workers, medical students, and healthcare facilities in Gaza as a violation of medical  
20 neutrality and AMA policy (New HOD Policy); and be it further

21  
22 RESOLVED, that our AMA supports efforts to protect, release, and provide restitution to  
23 detained healthcare workers in Gaza. (New HOD Policy)

24  
Fiscal Note: Minimal – less than \$5,000

Received: 4/21/26

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## **RELEVANT AMA POLICY**

### **Humanitarian and Medical Aid Support to Ukraine D-65.984**

1. Our American Medical Association will advocate for continuous support of organizations providing humanitarian missions and medical care to Ukrainian refugees in Ukraine, at the Polish-Ukrainian border, in nearby countries, and/or in the US. 2. Our AMA will advocate for an early implementation of mental health measures, including suicide prevention efforts, and address war-related trauma and post-traumatic stress disorder when dealing with Ukrainian refugees with special attention to vulnerable populations including but not limited to young children, their parents, pregnant people, and the elderly. 3. Our AMA will advocate for educational measures to enhance the understanding of war-related trauma in war survivors and promote broad protective factors (e.g., financial, employment, housing, and food stability) that can improve adjustment and outcomes for war-affected people, particularly when applied to vulnerable categories of people. [Res. 017, A-22 Modified: Speakers Rep. 02, I-24]

### **Violent Acts Against Physicians H-515.982**

1. Our American Medical Association condemns acts of violence against physicians involved in the legal practice of medicine. 2. Our AMA will continue to take an active interest in the apprehension and prosecution of those persons committing assaults on physicians as a result of the physician's acting in a professional capacity. 3. Our AMA will continue to monitor state legislative efforts on increased criminal penalties for assaults against health care providers. 4. Our AMA will continue to work with interested state and national medical specialty societies through all appropriate avenues, including state legislatures, when issues related to workplace violence inside and outside of the emergency department arise. [Res. 605, A-92; Reaffirmation I-99; Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmed in lieu of Res. 608, A-12; Modified: BOT Rep. 2, I-12; Reaffirmed in lieu of Res. 423, A-13; Reaffirmed: CSAPH Rep. 08, A-23]

### **Protecting Physicians and Other Healthcare Workers in Society H-515.950**

1. Our American Medical Association acknowledges and will act to reduce the incidence of antagonistic actions against physicians as well as other health care workers including first responders and public health officials, outside as well as within the workplace, including physical violence, intimidating actions of word or deed, and cyber-attacks, particularly those which appear motivated simply by their identification as health care workers. 2. Our AMA will educate the general public on the prevalence of violence and personal harassment against physicians as well as other health care workers including first responders, and public health officials, outside as well as within the workplace. 3. Our AMA will work with all interested stakeholders to improve safety of health care workers including first responders and public health officials and prevent violence to health care professionals. [Res. 413, I-20; Reaffirmed: CSAPH Rep. 7, I-23]

### **Medical Neutrality H-520.998**

Our American Medical Association supports medical neutrality, under the principles of the Geneva Convention, for all health care workers and the sick and wounded in all countries. [Sub. Res. 72, I-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CEJA Rep. 8, A-11; Reaffirmed in lieu of Res. 601, I-13; Reaffirmed: CEJA Rep. 05, A-23]

### **War Crimes as a Threat to Physicians' Humanitarian Responsibilities D-65.993**

1. Our American Medical Association will implore all parties at all times to understand and minimize the health costs of war on civilian populations generally and the adverse effects of physician persecution in particular. 2. Our AMA will support the efforts of physicians around the world to practice medicine ethically in any and all circumstances, including during wartime, episodes of civil strife, or sanctions and condemn the military targeting of health care facilities and personnel and using denial of medical services as a weapon of war, by any party, wherever and whenever it occurs. 3. Our AMA will advocate for the protection of physicians' rights to provide ethical care without fear of persecution. [BOT Action in response to referred for decision Res. 620, A-09; Modified: BOT Rep. 09, A-19; Modified: Res. 002, I-22; Reaffirmed: Res. 603, A-24]

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 616  
(A-26)

Introduced by: Resident and Fellow Section

Subject: Humanitarian and Medical Aid Support to Palestine

Referred to: Reference Committee F

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1 Whereas, the Israel– Hamas conflict began on October 7, 2023, when Hamas-led militants  
2 launched a large-scale assault on southern Israel, resulting in the deaths of approximately 1,200  
3 people and the abduction of around 251 hostages<sup>1</sup>; and  
4

5 Whereas, since the conflict began, Gaza’s Ministry of Health reports over 60,000 Palestinian  
6 deaths, mostly civilians, with independent estimates indicating the true toll may exceed 80,000  
7 fatalities and an additional 160,660 are estimated to be wounded<sup>2-4</sup>; and  
8

9 Whereas, data from an internal Israeli intelligence database suggests that at least 83% of  
10 Gazans killed were civilians, corroborating other reports that the dead are predominantly  
11 composed of civilians<sup>5-8</sup>; and  
12

13 Whereas, the humanitarian crisis in Gaza includes widespread displacement, with nearly all of  
14 the 2.3 million residents internally displaced, alongside critical shortages in food, water,  
15 medicine, shelter, and the collapse of critical infrastructure, including medical facilities,  
16 educational institutions, and cultural centers<sup>9-11</sup>; and  
17

18 Whereas, there are war-induced adversities affecting children that include but not limited to  
19 physical and/or mental health risks related to forced family separation, loss of access to school  
20 and healthcare, insecure access to food and shelter, and displacement from homes and  
21 Communities<sup>12</sup>; and  
22

23 Whereas, war-related events cause significant mental health issues, particularly, depressive  
24 symptomatology among mothers further negatively affecting wellbeing of both mothers and their  
25 children<sup>12</sup>; and  
26

27 Whereas, Gaza has the highest number of child amputees per capita anywhere in the world<sup>13</sup>;  
28 and  
29

30 Whereas, the World Health Organization has documented hundreds of attacks on health care in  
31 Gaza since October 7, 2023, including strikes on hospitals, ambulances, and medical  
32 personnel, severely disrupting essential medical services<sup>15</sup>; and  
33

34 Whereas, the UN Office of the High Commissioner for Human Rights has reported that at least  
35 27 of Gaza’s 38 hospitals have been struck, resulting in patient deaths, staff casualties, and the  
36 suspension of critical care<sup>16</sup>; and  
37

38 Whereas, the International Committee of the Red Cross has condemned such strikes as  
39 unacceptable and detrimental to civilian care<sup>20</sup>, while Physicians for Human Rights has recorded  
40 over 1,000 attacks on health workers, patients, ambulances, and infrastructure in the occupied

1 Palestinian territories since October 2023<sup>21</sup> and these sustained assaults have critically  
2 hampered the ability of physicians to practice medicine during wartime <sup>22-23</sup>; and  
3

4 Whereas, our AMA has previously passed Humanitarian and Medical Aid Support to Ukraine D-  
5 65.984, a similar resolution to provide humanitarian and medical aid support to Ukraine<sup>12</sup>;  
6 therefore be it  
7

8 RESOLVED, that our American Medical Association supports efforts to contribute funds to  
9 support the humanitarian crisis in Gaza (New HOD Policy); and be it further  
10

11 RESOLVED, that our AMA advocate for continuous support of organizations providing  
12 humanitarian missions and medical care to Palestinian refugees in Palestine, in nearby  
13 countries, and/or in the US (Directive to Take Action); and be it further  
14

15 RESOLVED, that our AMA advocate for an early implementation of mental health measures  
16 and address war-related trauma and post-traumatic stress disorder when dealing with  
17 Palestinian refugees with special attention to vulnerable populations including but not limited to  
18 young children, their parents, pregnant people, and the elderly. (Directive to Take Action)  
19

Fiscal Note: Minimal – less than \$5,000

Received: 4/21/26

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## RELEVANT AMA POLICY

### **Humanitarian and Medical Aid Support to Ukraine D-65.984**

1. Our American Medical Association will advocate for continuous support of organizations providing humanitarian missions and medical care to Ukrainian refugees in Ukraine, at the Polish-Ukrainian border, in nearby countries, and/or in the US. 2. Our AMA will advocate for an early implementation of mental health measures, including suicide prevention efforts, and address war-related trauma and post-traumatic stress disorder when dealing with Ukrainian refugees with special attention to vulnerable populations including but not limited to young children, their parents, pregnant people, and the elderly. 3. Our AMA will advocate for educational measures to enhance the understanding of war-related trauma in war survivors and promote broad protective factors (e.g., financial, employment, housing, and food stability) that can improve adjustment and outcomes for war-affected people, particularly when applied to vulnerable categories of people. [Res. 017, A-22; Modified: Speakers Rep. 02, I-24]

### **War Crimes as a Threat to Physicians' Humanitarian Responsibilities D-65.993**

1. Our American Medical Association will implore all parties at all times to understand and minimize the health costs of war on civilian populations generally and the adverse effects of physician persecution in particular. 2. Our AMA will support the efforts of physicians around the world to practice medicine ethically in any and all circumstances, including during wartime, episodes of civil strife, or sanctions and condemn the military targeting of health care facilities and personnel and using denial of medical services as a weapon of war, by any party, wherever and whenever it occurs. 3. Our AMA will advocate for the protection of physicians' rights to provide ethical care without fear of persecution. [BOT Action in response to referred for decision Res. 620, A-09; Modified: BOT Rep. 09, A-19; Modified: Res. 002, I-22; Reaffirmed: Res. 603, A-24]

### **Protection of Healthcare and Humanitarian Aid Workers in all Areas of Armed Conflict H-520.985**

1. Our American Medical Association supports peace in Israel and Palestine in order to protect civilian lives and healthcare personnel. 2. Our AMA supports the safety of healthcare and humanitarian aid workers along with safe access to healthcare, healthcare facilities, and humanitarian aid for all civilians in areas of armed conflict. [Res. 603, A-24]

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 617  
(A-26)

Introduced by: Resident and Fellow Section

Subject: Reevaluation of AMA Policy Regarding Support for Specific National Medical Associations in the World Medical Association

Referred to: Reference Committee F

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- 1 Whereas, in 2007, the AMA adopted policy D-250.990 which states “Our AMA will oppose any  
2 efforts to expel the Israeli Medical Association from the World Medical Association”; and  
3  
4 Whereas, the AMA holds no such policy for any other member of the World Medical  
5 Association; and  
6  
7 Whereas, maintaining an unconditional stance on a country’s membership in the World Medical  
8 Association risks undermining the AMA’s credibility as an impartial global health leader,  
9 particularly when new evidence or circumstances may arise; and  
10  
11 Whereas, AMA should review and reevaluate policies related to international organizational  
12 memberships to ensure they reflect current facts, ethical standards, and the AMA’s commitment  
13 to human rights; therefore be it  
14  
15 RESOLVED, that our American Medical Association rescind AMA policy D-250.990 “Israeli  
16 Medical Association” which states “Our AMA will oppose any efforts to expel the Israeli Medical  
17 Association from the World Medical Association” (Rescind HOD Policy); and be it further  
18  
19 RESOLVED, that our AMA's position on business in the World Medical Association (WMA)  
20 related to applications for constituent membership, or discipline or termination for current  
21 constituent members shall be based on the prevailing evidence at the time. (New HOD Policy)

Fiscal Note: Minimal – less than \$5,000

Received: 4/21/26/26

**RELEVANT AMA POLICY**

**Israeli Medical Association D-250.990**

Our AMA will oppose any efforts to expel the Israeli Medical Association from the World Medical Association. [Res. 613, A-07; Reaffirmed: CEJA Rep. 04, A-17]

**Medical Neutrality H-520.998**

Our American Medical Association supports medical neutrality, under the principles of the Geneva Convention, for all health care workers and the sick and wounded in all countries. [Sub. Res. 72, I-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CEJA Rep. 8, A-11; Reaffirmed in lieu of Res. 601, I-13; Reaffirmed: CEJA Rep. 05, A-23]

**Human Rights and Health Professionals H-65.981**

1. Our AMA opposes torture in any country for any reason; urges appropriate support for victims of torture; condemns the persecution of physicians and other health care personnel who treat torture victims. 2. Our AMA reiterates its endorsement of the World Medical Association Declaration of Tokyo: Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment, which opposes participation by physicians in torture or other forms of cruel, inhuman or degrading procedures on detainees or prisoners. ([https://World Medical Association Declaration of Tokyo](https://WorldMedicalAssociation.org/declaration-of-tokyo)) 3. Our AMA expresses its sympathy to those physicians who have been subject to imprisonment or torture because of their humanitarian efforts to improve the health of their patients. [Sub. Res. 615, A-97; Reaffirmed: Sub. Res. 12, A-04; Reaffirmed: Sub. Res. 10, A-05; Reaffirmed: CEJA Rep. 5, A-15; Consolidated with H-65.991: CCB/CLRPD Rep. 01, A-25]

**Medical Care in Countries in Turmoil H-65.994**

1. Our American Medical Association supports the provision of food, medicine and medical equipment to noncombatants threatened by natural disaster, military conflict or sanctions within their country through appropriate relief organizations. 2. Our AMA expresses its concern about the disappearance of physicians, medical students and other health care professionals, with resulting inadequate care to the sick and injured of countries in turmoil. 3. Our AMA urges appropriate organizations to transmit these concerns to the affected country's government. 4. Our AMA asks appropriate international health organizations to monitor the status of medical care, medical education and treatment of medical personnel in these countries, to inform the world health community of their findings, and to encourage efforts to ameliorate these problems. [Sub. Res. 133, A-83; Reaffirmed: CLRPD Rep. 1, I-93; Reaffirmed: CLRPD Rep. 1, A-05; Reaffirmed: CEJA Rep. 5, A-15; Modified: Res. 002, I-22]

**Support of Human Rights and Freedom H-65.965**

1. Our American Medical Association continues to support the dignity of the individual, human rights and the sanctity of human life, 2. Our AMA reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges and responsibilities commensurate with individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity or transgender status, race, religion, disability, ethnic origin, national origin or age. 3. Our AMA opposes any discrimination based on an individual's sex, sexual orientation, gender identity, race, appearance, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies. 4. Our AMA recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage for appropriate hate crimes prevention legislation in accordance with our AMA's policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States. [CCB/CLRPD Rep. 3, A-14; Reaffirmed in lieu of: Res. 001, I-16; Reaffirmation: A-17; Modified: Res. 013, A-22; Reaffirmed: BOT Rep. 5, I-22; Modified: Speaker Rep. 02, I-24]

**Abuse of Medicine for Political Purposes H-65.993**

The AMA opposes the use of the practice of medicine to suppress political dissent wherever it may occur. [Res. 127, A-83; Reaffirmed: CLRPD Rep. 1, I-93; Reaffirmed: CEJA Rep. 2, A-05; Reaffirmed: CEJA Rep. 5, A-15; Reaffirmed: CEJA Rep. 11, A-25]

**Universal Access for Essential Public Health Services D-440.924**

1. Our American Medical Association supports equitable access to the 10 Essential Public Health Services and the Foundational Public Health Services to protect and promote the health of all people in all communities. 2. Our AMA encourages state, local, tribal, and territorial public health departments to pursue accreditation through the Public Health Accreditation Board (PHAB). 3. Our AMA will work with appropriate stakeholders to develop a comprehensive list of minimum necessary programs and services to protect the public health of citizens in all state and local jurisdictions and ensure adequate provisions of public health, including, but not limited to clean water, functional sewage systems, access to vaccines, and other public health standards. 4. Our AMA will work with the National Association of City and County Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the Big Cities Health Coalition, the Centers for Disease Control and Prevention (CDC), and other related entities that are working to assess and assure appropriate funding levels, service capacity, and adequate infrastructure of the nation's public health system, including for rural jurisdictions. [Res. 419, A-19;

Modified: CSAPH Rep. 2, A-22]

**Protecting Physicians and Other Healthcare Workers in Society H-515.950**

1. Our American Medical Association acknowledges and will act to reduce the incidence of antagonistic actions against physicians as well as other health care workers including first responders and public health officials, outside as well as within the workplace, including physical violence, intimidating actions of word or deed, and cyber-attacks, particularly those which appear motivated simply by their identification as health care workers. 2. Our AMA will educate the general public on the prevalence of violence and personal harassment against physicians as well as other health care workers including first responders, and public health officials, outside as well as within the workplace. 3. Our AMA will work with all interested stakeholders to improve safety of health care workers including first responders and public health officials and prevent violence to health care professionals. [Res. 413, I-20; Reaffirmed: CSAPH Rep. 7, I-23]

**Health, In All Its Dimensions, Is a Basic Right H-65.960**

1. Our American Medical Association acknowledges that enjoyment of the highest attainable standard of health, in all its dimensions, including health care is a basic human right. 2. Our AMA acknowledges that the provision of health care services as well as optimizing the social determinants of health is an ethical obligation of a civil society. [Res. 021, A-19; Reaffirmed: Res. 234, A-22]

**Discriminatory Policies that Create Inequities in Health Care H-65.963**

Our AMA will: (1) speak against policies that are discriminatory and create even greater health disparities in medicine; and (2) be a voice for our most vulnerable populations, including sexual, gender, racial and ethnic minorities, who will suffer the most under such policies, further widening the gaps that exist in health and wellness in our nation. [Res. 001, A-18]

**Nondiscrimination in Responding to Terrorism H-65.978**

1. Our American Medical Association affirms its commitment to work with appropriate agencies and associations in responding to terrorist attacks. 2. Our AMA opposes discrimination or acts of violence against any person on the basis of religion, culture, nationality, or country of education or origin in the nation's response to terrorism. [Res. 1, I-01; Modified: CSAPH Rep. 1, A-11; Reaffirmed: CEJA Rep. 1, A-21]

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 618  
(A-26)

Introduced by: Resident and Fellow Section

Subject: Ending AMA Investment in Weapons Manufacturers

Referred to: Reference Committee F

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- 1 Whereas, global military spending reached \$2.7 trillion in 2024, and is estimated to reach \$6.6  
2 trillion by 2035<sup>1,2</sup>; and  
3  
4 Whereas, more than half of the US military budget is spent on military contractors including  
5 weapons manufacturers, at a time when investments in health care, education, and research  
6 are declining<sup>3</sup>; and  
7  
8 Whereas, from 2020 to 2024, \$771 billion in US military spending went to just five publicly-  
9 traded weapons manufacturers<sup>3,4</sup>; and  
10  
11 Whereas, attacks on health care facilities and personnel are rising to unprecedented levels, with  
12 over 2,500 incidents in 2023 and over 3,600 incidents in 2024<sup>5</sup>; and  
13  
14 Whereas, the arms industry has been labeled as a “commercial determinant of health”, with  
15 calls for divestment from the arms industry for health<sup>6,7</sup>; and  
16  
17 Whereas, financial ties to weapons manufacturers are fundamentally incompatible with the  
18 mission of physicians as healers who do no harm, and of the AMA’s mission to promote the  
19 betterment of public health; and  
20  
21 Whereas, the World Medical Association “believes that the development, manufacture and sale  
22 of weapons for use against human beings are abhorrent”<sup>8</sup>; and  
23  
24 Whereas, our AMA has previously labeled gun violence as a public health crisis (D-145.995);  
25 and  
26  
27 Whereas, our AMA has previously divested from tobacco manufacturers and the fossil fuel  
28 industry (H-135.921; H-500.975); therefore be it  
29  
30 RESOLVED, that our American Medical Association divest from all companies that derive a  
31 majority of their revenue from the manufacturing of weapons, cluster munitions, chemical,  
32 biological, or nuclear weapons, or key component of these weapons (Directive to Take Action);  
33 and be it further  
34  
35 RESOLVED, that our AMA report back to the House of Delegates at A-27 on what progress has  
36 been made towards divestment. (Directive to Take Action)

Fiscal Note: Moderate – between \$10,000 - \$50,000

Received: 4/21/266

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**RELEVANT AMA POLICY**

**AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments in Fossil Fuel Companies H-135.921**

1. Our American Medical Association will:
  - a. choose for its commercial relationships, when fiscally responsible, vendors, suppliers, and corporations that have demonstrated environmental sustainability practices that seek to minimize their fossil fuels consumption.
  - b. support efforts of physicians and other health professional associations to proceed with divestment, including to create policy analyses, support continuing medical education, and to inform our patients, the public, legislators, and government policy makers.
2. Our AMA:
  - a. declares that climate change is an urgent public health emergency, and calls upon all governments, organizations, and individuals to work to avert catastrophe.
  - b. urges all health and life insurance companies, including those that provide insurance for medical, dental, and long-term care, to work in a timely, incremental, and fiscally responsible manner to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels.
  - c. will send letters to the nineteen largest health or life insurance companies in the United States to inform them of AMA policies concerned with climate change and with fossil fuel divestments, and urging these companies to divest. [BOT Rep. 34, A-18; Appended: Res. 607, A-22; Reaffirmed: CSAPH Rep. 2, I-22]

**AMA Corporate Policies on Tobacco H-500.975**

1. Our American Medical Association:
  - a. continues to urge the federal government to reduce and control the use of tobacco and tobacco products;
  - b. supports developing an appropriate body for coordinating and centralizing the Association's efforts toward a tobacco-free society; and
  - c. will defend vigorously all attacks by the tobacco industry on the scientific integrity of AMA publications.
2. Our AMA will continue to use appropriate lobbying resources to support programs of anti-tobacco health promotion and advertising.
3. Our AMA's House of Delegates endorses the April 24, 1996, statement by the AMA Secretary-Treasurer that all physicians, health professionals, medical schools, hospitals, public health advocates, and citizens interested in the health and welfare of our children should review their personal and institutional investments and divest of any tobacco holdings (including mutual funds that include tobacco holdings); and specifically calls on all life and health insurance companies and HMOs to divest of any tobacco holdings.

4. Our AMA defines the Tobacco Industry as companies or corporate divisions that directly produce or purchase tobacco for production or market tobacco products, along with their research and lobbying groups, including the Council for Tobacco Research and the Smokeless Tobacco Research Council. A company or corporate division that does not produce or market tobacco products but that has a tobacco producing company as or among its owners will not be considered a prohibited part of the tobacco industry as long as it does not promote or contribute to the promotion, sale and/or use of tobacco products. If such promotional practices begin, the company will be placed on an "unacceptable for support" list.
5. Accordingly, it is the policy of our AMA:
  - a. not to invest in tobacco stocks or accept financial support from the tobacco industry;
  - b. to urge medical schools and their parent universities to eliminate their investments in corporations that produce or promote the use of tobacco and discourage them from accepting research funding from the tobacco industry;
  - c. to likewise urge all scientific publications to decline such funded research for publication; and
  - d. to encourage state and county medical societies and members to divest of any and all tobacco stocks.
6. Our AMA:
  - a. encourages state and local medical societies to determine whether candidates for federal, state and local offices accept gifts or contributions of any kind from the tobacco industry, and publicize their findings to both their members and the public; and
  - b. urges state and county medical societies and local health professionals along with their allies to support efforts to strengthen state and local laws that require public disclosure of direct and indirect expenditures to influence legislation or ordinances, given recent allegations about tobacco industry strategies.

[CSA Rep. 3, A-04; Reaffirmed: CSAPH Rep. 1, A-14; Reaffirmed: CSAPH Rep. 01, A-24]

#### **Further Action to Respond to the Gun Violence Public D-145.992**

1. Our American Medical Association will make readily accessible on the AMA website the comprehensive summary of AMA policies, plans, current activities, and progress regarding the public health crisis of firearm violence.
2. Our AMA will establish a task force to focus on gun violence prevention including gun-involved suicide.
3. Our AMA will support and consider providing grants to evidence-based firearm violence interruption programs in communities, schools, hospitals, and clinics.
4. Our AMA will collaborate with interested state and specialty societies to increase engagement in litigation related to firearm safety.
5. Our AMA will report annually to the House of Delegates on our AMA's efforts relating to legislation, regulation, and litigation at the federal, state, and local levels to prevent gun violence.

[BOT Rep. 2, I-22 Reaffirmation: Res. 431, A-24]

#### **Gun Violence as a Public Health Crisis D-145.995**

1. Our American Medical Association will immediately make a public statement that gun violence represents a public health crisis which requires a comprehensive public health response and solution.
2. Our AMA will actively lobby Congress to lift the gun violence research ban.

[Res. 1011, A-16; Reaffirmation: A-18; Reaffirmation: I-18; Reaffirmed: Res. 921, I-22; Reaffirmed: CSAPH Rep. 11, A-24; Reaffirmation: Res. 431, A-24]

#### **Firearms as a Public Health Problem in the United States - Injuries and Death H-145.997**

1. Our American Medical Association recognizes that uncontrolled ownership and use of firearms, especially handguns, is a serious threat to the public's health inasmuch as the weapons are one of the main causes of intentional and unintentional injuries and deaths. Therefore our AMA:
  - a. encourages and endorses the development and presentation of safety education programs that will engender more responsible use and storage of firearms;
  - b. urges that government agencies, the CDC in particular, enlarge their efforts in the study of firearm-related injuries and in the development of ways and means of reducing such injuries and deaths;
  - c. urges Congress to enact needed legislation to regulate more effectively the importation and interstate traffic of all handguns;

- d. urges the Congress to support recent legislative efforts to ban the manufacture and importation of nonmetallic, not readily detectable weapons, which also resemble toy guns; encourages the improvement or modification of firearms so as to make them as safe as humanly possible;
  - e. encourages nongovernmental organizations to develop and test new, less hazardous designs for firearms;
  - f. urges that a significant portion of any funds recovered from firearms manufacturers and dealers through legal proceedings be used for gun safety education and gun-violence prevention; and
  - g. strongly urges US legislators to fund further research into the epidemiology of risks related to gun violence on a national level.
2. Our AMA will advocate for firearm safety features, including but not limited to mechanical or smart technology, to reduce accidental discharge of a firearm or misappropriation of the weapon by a non-registered user; and support legislation and regulation to standardize the use of these firearm safety features on weapons sold for non-military and non-peace officer use within the U.S.; with the aim of establishing manufacturer liability for the absence of safety features on newly manufactured firearms.
  3. Our AMA will support research examining the major sources of illegally possessed firearms, as well as possible methods of decreasing their proliferation in the United States.
  4. Our AMA will work with key stakeholders including, but not limited to, firearm manufacturers, firearm advocacy groups, law enforcement agencies, public health agencies, firearm injury victims advocacy groups, healthcare providers, and state and federal government agencies to develop evidence-informed public health recommendations to mitigate the effects of violence committed with firearms.
  5. Our AMA will collaborate with key stakeholders and advocate for national public forums including, but not limited to, online venues, national radio, and televised/streamed in-person town halls, that bring together key stakeholders and members of the general public to focus on finding common ground, non-partisan measures to mitigate the effects of firearms in our firearm injury public health crisis.

[CSA Rep. A, I-87; Reaffirmed: BOT Rep. I-93-50; Appended: Res. 403, I-99; Reaffirmation A-07; Reaffirmation A-13; Appended: Res. 921, I-13; Reaffirmed: CSAPH Rep. 04, A-18; Reaffirmation: A-18; Reaffirmation: I-18; Appended: Res. 405, A-19; Appended: Res. 907, I-22; Reaffirmed: Res. 921, I-22; Reaffirmation: A-23; Reaffirmed: CSAPH Rep. 11, A-24; Reaffirmation: Res. 431, A-24]

### **Ban on Handguns and Automatic Repeating Weapons H-145.985**

It is the policy of our American Medical Association to:

1. Support interventions pertaining to firearm control, especially those that occur early in the life of the weapon (e.g., at the time of manufacture or importation, as opposed to those involving possession or use). Such interventions should include but not be limited to:
  - a. Mandatory inclusion of safety devices on all firearms, whether manufactured or imported into the United States, including built-in locks, loading indicators, safety locks on triggers, and increases in the minimum pressure required to pull triggers.
  - b. Bans on the possession and use of firearms and ammunition by unsupervised youths under the age of 21.
  - c. Bans of sales of firearms and ammunition from licensed and unlicensed dealers to those under the age of 21 (excluding certain categories of individuals, such as military and law enforcement personnel).
  - d. The imposition of significant licensing fees for firearms dealers.
  - e. The imposition of federal and state surtaxes on manufacturers, dealers and purchasers of handguns and semiautomatic repeating weapons along with the ammunition used in such firearms, with the attending revenue earmarked as additional revenue for health and law enforcement activities that are directly related to the prevention and control of violence in U.S. society.
  - f. Mandatory destruction of any weapons obtained in local buy-back programs.
2. Support legislation outlawing the Black Talon and other similarly constructed bullets.
3. Our AMA support the right of local jurisdictions to enact firearm regulations that are stricter than those that exist in state statutes and encourage state and local medical societies to evaluate and support local efforts to enact useful controls.
4. Our AMA opposes "concealed carry reciprocity" federal legislation that would require all states to recognize concealed carry firearm permits granted by other states and that would allow citizens with

concealed gun carry permits in one state to carry guns across state lines into states that have stricter laws.

5. Our AMA supports the concept of gun buyback programs as well as research to determine the effectiveness of the programs in reducing firearm injuries and deaths.

[BOT Rep. 50, I-93; Reaffirmed: CSA Rep. 8, A-05; Reaffirmation A-14; Appended: Res. 427, A-18; Reaffirmation: A-18; Modified: Res. 244, A-18; Reaffirmation: I-22]