

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 1  
(A-26)

Introduced by: Nita Shumaker, MD

Subject: Federal Legislation to Prohibit Social Media Use by Minors Under Age 16

Referred to: OMSS Reference Committee  
(, MD, Chair)

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- 1 Whereas, social media use among American youth has reached epidemic proportions, with  
2 approximately 95 percent of teenagers aged 13-17 reporting use of at least one social media  
3 platform and more than one-third reporting using social media “almost constantly;” and  
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5 Whereas, the average American adolescent spends 4.8 hours per day on social media  
6 platforms with some studies reporting even higher usage among girls and economically  
7 disadvantaged youth; and  
8  
9 Whereas, children as young as eight and nine years old are accessing social media platforms  
10 despite minimum age requirements of 13 and the majority of platforms employ algorithms  
11 specifically designed to maximize engagement and time on app, often at the expense of user  
12 wellbeing; and  
13  
14 Whereas, the United States Surgeon General issues an advisory in 2023 stating that social  
15 media poses a “profound risk of harm” to the mental health and wellbeing of children and  
16 adolescents and calling on Congress to enact age-appropriate health and safety standards; and  
17  
18 Whereas, multiple peer-reviewed studies have established statistically significant associations  
19 between heavy social media use and increased rates of depression, anxiety, loneliness, and  
20 suicidal ideation in adolescents, particularly among girls aged 10-14; and  
21  
22 Whereas, a 2022 study published in JAMA Psychiatry found that adolescents who spent more  
23 than three hours per day on social media had double the risk of experiencing poor mental health  
24 outcomes, including symptoms of depression and anxiety; and  
25  
26 Whereas, Dr. Jean Twenge’s longitudinal research published in Clinical Psychological Science  
27 documented sharp increases in adolescent depression and loneliness beginning around 2012  
28 and coinciding closely with widespread adoption of smartphones and social media; and  
29  
30 Whereas, social media platforms expose minors to cyberbullying, harassment, sexual predation,  
31 and exploitation, the National Center for Missing and Exploited Children’s reported a 39 percent  
32 increase in online enticement of children between 2020 and 2022; and  
33  
34 Whereas, the adolescent brain is neurologically immature, with the prefrontal cortex—  
35 responsible for impulse control, risk assessment, and emotional regulation—not fully developed  
36 until the mid-twenties, making children and teenagers particularly vulnerable to the addictive  
37 design features and dopaminergic reward cycles embedded in social media platforms; and  
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1 Whereas, the American Psychological Association’s Health Advisory on Social Media Use in  
2 Adolescence in 2023 concluded that adolescents who use social media frequently are more  
3 likely to be exposed to potentially harmful content and to experience negative social  
4 comparisons that damage self-esteem and body image; and

5  
6 Whereas, exposure to eating disorder content, self-harm imagery, and extremist ideologies on  
7 platforms such as Instagram, TikTok, and others had been documented to have direct,  
8 measurable, harmful effects on vulnerable youth; and

9  
10 Whereas, internal documents from Meta disclosed through litigation and congressional  
11 testimony revealed that company researchers were aware of Instagram’s harmful effects on  
12 teenage girls’ body image and mental health as early as 2019 and suppressed findings rather  
13 than remediate product design; and

14  
15 Whereas, despite voluntary self-regulatory commitments, social media companies have  
16 consistently failed to meaningfully enforce minimum age requirements, implement effective  
17 parental controls, or redesign algorithmic systems to reduce harm to minor users; and

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19 Whereas, excessive social media use has been linked to disrupted sleep patterns, with a  
20 majority of teens reporting that they check their phones within the last hour before bedtime,  
21 resulting in reduced sleep quality and duration that impairs learning, memory consolidation, and  
22 emotional regulation; and

23  
24 Whereas, the Children’s Online Privacy Protection Act (COPPA), enacted in 1998 and last  
25 updated in 2013, has proven wholly inadequate to address the modern social media landscape  
26 and provides no meaningful health protections for minors aged 13-15; and

27  
28 Whereas, Australia enacted the Online Safety Amendment (Social Media Minimum Age) Act in  
29 November 2024, establishing a minimum age of 16 for social media use—making it the first  
30 country in the world to impose such a restriction—with platforms subject to significant financial  
31 penalties for non-compliance; and

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33 Whereas, Norway enacted legislation in 2021 requiring parental consent for children under 15 to  
34 create social media accounts and in 2024 proposed raising the minimum age to 15 without  
35 exceptions; and

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37 Whereas, France passed a law in 2023 requiring parental consent for minors under 15 to  
38 access social media platforms with platforms required to obtain verifiable consent; and

39  
40 Whereas, the United Kingdom’s Online Safety Act of 2023 imposed strict duties of care on  
41 platforms likely to be accessed by children, requiring age verification and risk assessments to  
42 protect minors from harmful content; and

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44 Whereas, the European Union’s Digital Services Act of 2023 prohibits platforms from using  
45 personal data to serve targeted advertising to minors and requires enhanced protections for  
46 users under 18; and

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48 Whereas, Florida, Texas, Arkansas, and Montana have passed state-level legislation restricting  
49 social media access for minors under 16, though these laws face ongoing legal challenges,  
50 underscoring the need for uniform federal legislation; and

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1 Whereas, the American Academy of Pediatrics (AAP) has published clinical guidance  
2 recommending that pediatricians counsel families on the risks of social media and advise  
3 against unrestricted access for adolescents; and  
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5 Whereas, the AMA has historically played a decisive role in shaping public health policy on  
6 issues ranging from tobacco to seat belt safety to firearm violence, setting a clear precedent for  
7 legislative advocacy when the scientific evidence of harm to children is substantial; and  
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9 Whereas, pediatricians and child psychiatrists in clinical practice are witnessing firsthand an  
10 unprecedented surge in anxiety, depression, eating disorders, and self-harm in patients aged  
11 10-17 with many physicians identifying heavy social media use as a significant contributing  
12 factor; therefore be it  
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14 RESOLVED, that our American Medical Association will formally call upon the United States  
15 Congress and the President of the United States to enact federal legislation establishing a  
16 minimum age of 16 for the creation and use of social media accounts on platforms accessible in  
17 the United States (Directive to Take Action); and be it further  
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19 RESOLVED, that our AMA advocate for legislation to require social media platforms to  
20 implement robust, technologically reliable age verification systems to prevent access by users  
21 under 16 with meaningful civil and criminal penalties for platforms that fail to comply (Directive  
22 to Take Action); and be it further  
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24 RESOLVED, that our AMA advocate for legislation to provide for independent auditing of social  
25 media platform compliance with regulatory oversight by the Federal Trade Commission and/or a  
26 designated federal agency with authority to enforce penalties (Directive to Take Action); and be  
27 it further  
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29 RESOLVED, that our AMA urge Congress to require social medial platforms to conduct and  
30 publicly disclose independent health impact assessments examining the effects of their products  
31 on users under 18 before launching new features or algorithmic changes (Directive to Take  
32 Action); and be it further  
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34 RESOLVED, that our AMA advocate for robust federal funding for longitudinal research into the  
35 effects of social media on child and adolescent mental health, neurodevelopment, and  
36 academic performance, to be administered through the National Institutes of Health and the  
37 Centers for Diseases Control and Prevention (Directive to Take Action); and be it further  
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39 RESOLVED, that our AMA support the development of clinical guidelines for pediatricians and  
40 family physicians to screen for harmful social media use as part of routine well-child and  
41 adolescent health visits (Directive to Take Action); and be it further  
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43 RESOLVED, that our AMA engage in sustained public education efforts to inform parents,  
44 educators, and policymakers about the documented risks of social media use by minors under  
45 16, leveraging the organization's standing as a trusted public health authority (Directive To Take  
46 Action); and be it further  
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48 RESOLVED, that our AMA communicate its positions to the U.S. Congress, the White House  
49 Office of Science and Technology Policy, the Federal Trade Commission, the Federal  
50 Communications Commission, and all relevant state medical associations (Directive to Take  
51 Action).  
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Fiscal Note: (Assigned by HOD)

Received: 3/2/2026

## REFERENCES

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## **RELEVANT AMA POLICY**

### **Teens and Social Media H-478.976**

1. Our American Medical Association will study and make recommendations for teenage use of social media, including proposing model state and federal legislation as needed, with a report back at the 2024 Annual Meeting.
2. Our American Medical Association urges physicians to:
  - a. educate themselves about social media;
  - b. be prepared to counsel patients and/or their guardians about the potential risks and harms of social media; and
  - c. consider expanding clinical interviews to inquire about social media use.
3. Our AMA encourages further clinical, epidemiological, and interdisciplinary research on the impact of social media on health.
4. Our AMA supports education of clinicians, educators, and the public on digital media literacy and the health effects of social media.
5. Our AMA recognizes that the relative risks and benefits of social media may depend on individual differences (e.g., social media engagement, pre-existing traits, and environment).
6. Our AMA supports legislative, regulatory, and associated initiatives that, at a minimum, provide youth with strong data privacy protections, require platforms to be designed to align with child development, and provide transparency into the potential harms posed by platforms to young people and any steps taken to mitigate those harms.
7. Our AMA will collaborate with professional societies, industry, and other stakeholders to improve social media platform privacy protections, transparency (e.g., algorithmic, data, and process), data sharing processes, and systems for accountability and redress in response to online harassment.

Citation: Res. 430, A-23; Appended: CSAPH Rep. 05, I-24

### **Addressing Social Media and Social Networking Usage and its Impacts on Mental Health D-478.965**

1.
  - a. Our American Medical Association will collaborate with relevant professional organizations to:
    - a. support the development of continuing education programs to enhance physicians' knowledge of the health impacts of social media and social networking usage; and
    - b. support the development of effective clinical tools and protocols for the identification, treatment, and referral of children, adolescents, and adults at risk for and experiencing health sequelae of social media and social networking usage.
2. Our AMA advocates for schools to provide safe and effective, evidence-based educational programs so that:
  - a. all students can learn to identify and mitigate the onset of mental health sequelae of social media and social networking usage; and

- b. all students develop skills in digital literacy to serve as an individual protective foundation for interaction with various types of digital media (including social media).
3. Our AMA affirms that use of social media and social networking has the potential to positively or negatively impact the physical and mental health of individuals, especially adolescents and those with preexisting psychosocial conditions.
4. Our AMA advocates for and support media and social networking services addressing and developing safeguards tailored to youth users, including ensuring robust protections for youth online privacy, providing effective tools to manage screentime content and access, considering special circumstances for certain youth populations (such as LGBTQ+ youth and youth with disabilities), and promoting the development and dissemination of age-appropriate digital literacy training.
5. Our AMA advocates for the study of the positive and negative biological, psychological, and social effects of social media and social networking services use.

Citation: Res. 905, I-17; Modified: Res. 420, A-21; Reaffirmed: A-23; Modified: CSAPH Rep. 05, I-24

### **Internet Pornography: Protecting Children and Youth Who Use the Internet and Social Media H-60.934**

1. Our American Medical Association recognizes the positive role of the Internet in providing health information to children and youth.
2. Our AMA recognizes the negative role of the Internet in connecting children and youth to predators and exposing them to pornography.
3. Our AMA supports federal legislation that restricts Internet access to pornographic materials in designated public institutions where children and youth may use the Internet.
4. Our AMA encourages physicians to continue efforts to raise parent/guardian awareness about the importance of educating their children about safe Internet and social media use.
5. Our AMA supports school-based media literacy programs that teach effective thinking, learning, and safety skills related to Internet and social media use.
6. Our AMA actively support legislation that would strengthen child-centric content protection by internet service providers and/or search engines in order to limit the access of pornography to minors on the internet and mobile applications.

Citation: BOT Rep. 10, I-06; Modified: CSAPH Rep. 01, A-16; Appended: Res. 926, I-22