DISCLAIMER
The following is a preliminary report of actions taken by the House of Delegates at its 2026 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-26)

Final Report of Reference Committee C

Alëna Balasanova, MD, DFAPA, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Council on Medical Education Report 1 - Council on Medical Education Sunset Review of 2016 House of Delegates' Policies
2. Council on Medical Education Report 3 - Support for the Establishment of Indigenous-Led Medical Schools in the United States
3. Council on Medical Education Report 4 - Reflecting the Values and Priorities of Tribal Communities in Indigenous-Led Medical Schools in the United States
4. Resolution 302 - Excessive Cost of Multi-State DEA Licensure
5. Resolution 306 - Competency-Based Portfolio Assessment of Medical Students, Interns, Residents, and Fellows
6. Resolution 307 - Recognizing Advocacy as a Component of Faculty Appointment and Promotion in Academic Medicine
7. Resolution 308 - Impact of Federal and State Restrictive Actions on Gender-Affirming Care on Medical Education and Physician Workforce Development
8. Resolution 314 - Promoting Sex- and Gender-Inclusive Diagnostic Practices, Language, and Patient Education
9. Resolution 316 - Addressing Transitions Within GME Regarding Orientation Standards

RECOMMENDED FOR ADOPTION AS AMENDED

10. Resolution 304 - Increasing the Use of Retired Physicians in Teaching Students and Residents
11. Resolution 305 - Leadership by Physicians for Physicians in Graduate Medical Education (GME)
12. *Resolution 310 - Increasing Capacity and Access to Maternal Health Services in Rural Areas
13. Resolution 312 - Advocating for Equitable Application Review in a Single Match System
14. *Resolution 313 - Evaluation of Situational Judgement Tests in Medical School Admissions
15. Resolution 315 - Expanding the Native Hawaiian Health Scholarship Program Eligibility

RECOMMENDED FOR ADOPTION IN LIEU OF

16. Resolution 309 - Osteoporosis Education, Awareness, and Musculoskeletal Health Optimization
17. *Resolution 317 - Support for Intern, Resident, and Fellow Jeopardy Pay and Additional Compensation for Gaps in Trainee Coverage

RECOMMENDED FOR REFERRAL

18. *Council on Medical Education Report 2 - Examining ABMS Processes for New Boards

RECOMMENDED FOR NOT ADOPTION

19. Resolution 303 - Allowing Options for Certification Maintenance
20. Resolution 311 - Changing the Paradigm of Medical Student Debt to Address the Geriatric Physician Shortfall

RECOMMENDATION FOR REAFFIRMATION IN LIEU OF

21. Resolution 301 - Expanding Resident and Fellow Exposure to Diverse Healthcare Practice Models to Fulfill ACGME Core Competencies

RECOMMENDED FOR ADOPTION

(1) COUNCIL ON MEDICAL EDUCATION REPORT 1 - COUNCIL ON MEDICAL EDUCATION SUNSET REVIEW OF 2016 HOUSE OF DELEGATES' POLICIES

RECOMMENDATION:

Your Reference Committee recommends that Council on Medical Education Report 1 be adopted.

HOD ACTION: Council on Medical Education Report 1 is adopted and the remainder of the report filed.

The Council on Medical Education recommends that the House of Delegates policies listed in the Appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.

Your Reference Committee received online testimony in favor of this report and therefore recommends adoption of Council on Medical Education (CME) Report 1.

(2) COUNCIL ON MEDICAL EDUCATION REPORT 3 - SUPPORT FOR THE ESTABLISHMENT OF INDIGENOUS-LED MEDICAL SCHOOLS IN THE UNITED STATES

RECOMMENDATION:

Your Reference Committee recommends that Council on Medical Education Report 3 be adopted.

HOD ACTION: Council on Medical Education Report 3 is adopted and the remainder of the report filed.

The Council on Medical Education recommends that the following be adopted in lieu of Resolution 303-A-25, resolves 2 and 4, and the remainder of the report be filed:

1. Our AMA convenes a collaborative with Tribal Nations, Tribal Colleges and Universities (TCUs), Indigenous-led medical education organizations, and academic partners to conduct structured feasibility assessments that lead to the development of Indigenous-led medical schools, including infrastructure needs, accreditation pathways, financing models, and governance structures grounded in tribal sovereignty. (New HOD Policy)

2. Our AMA advocates for the development and funding of comprehensive mentorship and pathway programs connecting Indigenous pre-medical students with physician and other mentors, guiding academic preparation, MCAT preparation, the medical school application process, and career development. (New HOD Policy)

3. Our AMA encourages collaboration between our AMA, medical schools, TCUs, and community organizations to increase pathways and funding for Indigenous students in medicine. (New Policy)

4. Reaffirm AMA policies H-60.917, "Disparities in Public Education as a Crisis in Public Health and Civil Rights," H-295.840, "Support for the Establishment of Indigenous-Led Medical Schools in the United States," and H-350.960, "Underrepresented Student Access to US Medical Schools." (Reaffirm HOD Policy)

Your Reference Committee received online testimony in favor of this report and therefore recommends adoption of CME Report 3.

(3) COUNCIL ON MEDICAL EDUCATION REPORT 4 - REFLECTING THE VALUES AND PRIORITIES OF TRIBAL COMMUNITIES IN INDIGENOUS-LED MEDICAL SCHOOLS IN THE UNITED STATES

RECOMMENDATION:

Your Reference Committee recommends that Council on Medical Education Report 4 be adopted.

HOD ACTION: Council on Medical Education Report 4 is adopted and the remainder of the report filed.

The Council on Medical Education recommends that the following be adopted in lieu of Resolution 303-A-25, resolve 3, and the remainder of the report be filed:

1. Our AMA supports the development of leadership training programs for Indigenous physicians, equipping them with the skills and knowledge to assume leadership roles in academic medicine, health care administration, and public health. (New HOD policy)

2. Our AMA encourages Indigenous faculty and leadership recruitment/retention through an Indigenous Faculty & Leadership Development Initiative in collaboration with AMA Ed Hub. (New HOD policy)

3. That our AMA develop and disseminate an Indigenous-centered undergraduate medical education curricular resource with collaboration and guidance from tribal communities.(Directive to Take Action)

4. That our AMA convene an Indigenous Medical Education Design & Partnership Workshop to advance Indigenous educational principles and partnerships. (Directive to Take Action)

5. That our AMA advocate for sustainable funding and workforce policies that support Indigenous learners, faculty, and clinical training partnerships. (New HOD policy)

6. Reaffirm AMA policies H-295.840, "Support for the Establishment of Indigenous-Led Medical Schools in the United States" and H-350.960, "Underrepresented Student Access to US Medical Schools." (Reaffirm HOD Policy)

Your Reference Committee received online testimony in favor of this report and therefore recommends adoption of CME Report 4.

(4) RESOLUTION 302 - EXCESSIVE COST OF MULTI-STATE DEA LICENSURE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 302 be adopted.

HOD ACTION: Resolution 302 is adopted.

RESOLVED, that our American Medical Association continue its support of person-specific rather than site-specific Drug Enforcement Administration (DEA) registration numbers and a one-time DEA registration fee by reaffirming existing AMA policies, "One Fee One Number D-100.975" and "One Fee, One Number D-100.980." (Reaffirm HOD Policy)

Your Reference Committee received online testimony in favor of this resolution, which asks for reaffirmation of AMA policies, D-100.975, "One Fee One Number" and D-100.980, "One Fee, One Number". Therefore, your Reference Committee recommends adoption of Resolution 302.

(5) RESOLUTION 306 - COMPETENCY-BASED PORTFOLIO ASSESSMENT OF MEDICAL STUDENTS, INTERNS, RESIDENTS, AND FELLOWS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 306 be adopted.

HOD ACTION: Resolution 306 is adopted.

RESOLVED, that our American Medical Association amend D-295.318 "Competency-Based Portfolio Assessment of Medical Students" by addition and deletion to read as follows:

1. Our American Medical Association will work with the Association of American Medical Colleges, the American Osteopathic Association, the American Association of Colleges of Osteopathic Medicine, and the Accreditation Council for Graduate Medical Education, and other organizations to examine new and emerging approaches to medical student and trainee evaluations, including competency-based portfolio assessment; and be it further

2. Our AMA will work with the NRMP, ACGME and ~~the 11 schools in the AMA's Accelerating Change in Medical Education consortium~~ medical schools to develop pilot projects to study the impact of competency-based frameworks on student graduation, the residency and fellowship match process ~~and off-cycle entry into residency programs,~~ and transitions across the UME-GME practice continuum; including off-cycle entry pathways.
(Modify Current HOD Policy); and be it further

RESOLVED, that our AMA amend H-65.951 "Healthcare and Organizational Policies and Cultural Changes to Prevent and Address Racism, Discrimination, Bias and Microaggressions" by addition to read as follows:

Our American Medical Association recognizes that implicit biases in evaluations, including those related to gender, race, ethnicity, socioeconomic status, and/or personal background, may influence learner assessment, advancement, and professional opportunities across the medical education continuum;

Our American Medical Association adopted the following guidelines for healthcare organizations and systems, including academic medical centers, to establish policies and an organizational culture to prevent and address systemic racism, explicit and implicit bias and microaggressions in the practice of medicine:

GUIDELINES TO PREVENT AND ADDRESS SYSTEMIC RACISM, EXPLICIT BIAS AND MICROAGGRESSIONS IN THE PRACTICE OF MEDICINE

Health care organizations and systems, including academic medical centers, should establish policies to prevent and address discrimination including systemic racism, explicit and implicit bias and microaggressions in their workplaces.

An effective healthcare anti-discrimination policy should:

- Clearly define discrimination, systemic racism, explicit and implicit bias and microaggressions in the healthcare setting.
- Ensure the policy is prominently displayed and easily accessible.
- Describe the management's commitment to providing a safe and healthy environment that actively seeks to prevent and address systemic racism, explicit and implicit bias and microaggressions.
- Establish training requirements for systemic racism, explicit and implicit bias, and microaggressions for all members of the healthcare system.
- Prioritize safety in both reporting and corrective actions as they relate to discrimination, systemic racism, explicit and implicit bias and microaggressions.
- Create anti-discrimination policies that:
    - Specify to whom the policy applies (i.e., medical staff, students, trainees, administration, patients, employees, contractors, vendors, etc.).
    - Define expected and prohibited behavior.
    - Outline steps for individuals to take when they feel they have experienced discrimination, including racism, explicit and implicit bias and microaggressions.
    - Ensure privacy and confidentiality to the reporter.
    - Provide a confidential method for documenting and reporting incidents.
    - Outline policies and procedures for investigating and addressing complaints and determining necessary interventions or action.

These policies should include:

- Taking every complaint seriously.
- Acting upon every complaint immediately.
- Developing appropriate resources to resolve complaints.
- Creating a procedure to ensure a healthy work environment is maintained for complainants and prohibit and penalize retaliation for reporting.
- Communicating decisions and actions taken by the organization following a complaint to all affected parties.
- Document training requirements to all the members of the healthcare system and establish clear expectations about the training objectives.

In addition to formal policies, organizations should promote a culture in which discrimination, including systemic racism, explicit and implicit bias and microaggressions are mitigated and prevented. Organized medical staff leaders should work with all stakeholders to ensure safe, discrimination-free work environments within their institutions.

Tactics to help create this type of organizational culture include:

- Surveying staff, trainees and medical students, anonymously and confidentially to assess:
    - Perceptions of the workplace culture and prevalence of discrimination, systemic racism, explicit and implicit bias and microaggressions.
    - Ideas about the impact of this behavior on themselves and patients.
    - Integrating lessons learned from surveys into programs and policies.

- Encouraging safe, open discussions for staff and students to talk freely about problems and/or encounters with behavior that may constitute discrimination, including racism, bias or microaggressions.
- Establishing programs for staff, faculty, trainees and students, such as Employee Assistance Programs, Faculty Assistance Programs, and Student Assistance Programs, that provide a place to confidentially address personal experiences of discrimination, systemic racism, explicit or implicit bias or microaggressions.
- Providing designated support person to confidentially accompany the person reporting an event through the process.

(Modify Current HOD Policy)

Your Reference Committee received online testimony in favor of this item and therefore recommends adoption of Resolution 306.

(6) RESOLUTION 307 - RECOGNIZING ADVOCACY AS A COMPONENT OF FACULTY APPOINTMENT AND PROMOTION IN ACADEMIC MEDICINE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 307 be adopted.

HOD ACTION: Resolution 307 is adopted.

RESOLVED, that our American Medical Association reaffirm AMA Policy G-615.103, "Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine and Legislative Advocacy" (Reaffirm HOD Policy); and be it further

RESOLVED, that our AMA encourage medical education institutions and academic medical centers to recognize physician advocacy activities as a component of faculty appointment, promotion, and tenure criteria (New HOD Policy); and be it further

RESOLVED, that our AMA collaborate with relevant organizations representing medical school leadership, to promote best practices for incorporating advocacy efforts into protected non-clinical faculty effort and academic productivity models. (Directive to Take Action)

Your Reference Committee received mixed online testimony. Most testimony supported this resolution, but an amendment was offered regarding states where advocacy is illegal. As most testimony supported adoption and as the language does not describe a requirement but simple encouragement, your Reference Committee recommends that Resolution 307 be adopted.

(7) RESOLUTION 308 - IMPACT OF FEDERAL AND STATE RESTRICTIVE ACTIONS ON GENDER-AFFIRMING CARE ON MEDICAL EDUCATION AND PHYSICIAN WORKFORCE DEVELOPMENT

RECOMMENDATION:

Your Reference Committee recommends that Resolution 308 be adopted.

HOD ACTION: Resolution 308 is adopted.

RESOLVED, that our American Medical Association study the impact of federal and state restrictive actions on gender-affirming care on undergraduate medical education (UME), graduate medical education (GME), and continuing medical education (CME), including effects on: (1) clinical training opportunities, (2) accreditation standards and compliance, (3) federal funding streams for medical education and research, (4) faculty recruitment and retention, (5) trainee recruitment, retention, and geographic distribution, (6) academic freedom and curricular integrity, and (7) physician workforce preparedness to provide comprehensive, evidence-based care (Directive to Take Action); and be it further

RESOLVED, that our AMA assess the implications of federal executive actions, agency guidance, regulatory changes, and funding conditions on academic medical centers and training programs that provide or teach gender-affirming care. (Directive to Take Action)

Your Reference Committee received mixed online testimony. Several delegations expressed strong support, while some individuals shared personal opposition to the general subject matter. Since the resolution calls for study and assessment rather than delineating specific practices, your Reference Committee recommends that Resolution 308 be adopted.

(8) RESOLUTION 314 - PROMOTING SEX- AND GENDER-INCLUSIVE DIAGNOSTIC PRACTICES, LANGUAGE, AND PATIENT EDUCATION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 314 be adopted.

HOD ACTION: Resolution 314 is adopted.

RESOLVED, that our American Medical Association supports discontinuing use of the term 'atypical' to describe sex- and gender-based differences in symptomatic presentations in medical education curriculum and reference materials. (New HOD Policy)

Your Reference Committee received supportive online testimony. Your Reference Committee agrees and recommends that Resolution 314 be adopted.

(9) RESOLUTION 316 - ADDRESSING TRANSITIONS WITHIN GME REGARDING ORIENTATION STANDARDS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 316 be adopted.

HOD ACTION: Resolution 316 is adopted.

RESOLVED, that our American Medical Association study mechanisms for training programs to provide residents and fellows with necessary benefits, including but not limited to health insurance, during transitions in undergraduate and graduate medical education (Directive to Take Action); and be it further

RESOLVED, that our AMA study the benefits of flexible start dates as it relates to reducing logistical and financial burdens on trainees, including but not limited to the following transitions: (1) from medical school to residency; (2) from a transitional or preliminary year to residency; and (3) from residency into fellowship. (Directive to Take Action)

Your Reference Committee received supportive online testimony. Your Reference Committee agrees and recommends that Resolution 316 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(10) RESOLUTION 304 - INCREASING THE USE OF RETIRED PHYSICIANS IN TEACHING STUDENTS AND RESIDENTS

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 304 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association explore, with the appropriate ~~stakeholders~~ interested parties, creative and innovative ways to increase opportunities ~~and decrease hurdles~~ for retired physicians to participate ~~fully~~ as medical faculty at medical schools and residency training programs.

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 304 be adopted as amended.

HOD ACTION: Resolution 304 is adopted as amended.

RESOLVED, that our American Medical Association explore with the appropriate stakeholders creative and innovative ways to increase opportunities and decrease hurdles for retired physicians to participate fully as medical faculty at medical schools and residency training programs. (Directive to Take Action)

Your Reference Committee received online testimony that was supportive of the intent of Resolution 304. Testimony from the Council on Medical Education offered amendments to delete “decreased hurdles” and “fully,” explaining that it will accomplish the intent while leaving flexibility for implementation of appropriate educators across a broad range of institutions. Another testimony offered a similar amendment. Your Reference Committee agrees with the Council’s amended language, further amended “stakeholders” to modernize language, and recommends that Resolution 304 be adopted as amended.

(11) RESOLUTION 305 - LEADERSHIP BY PHYSICIANS FOR PHYSICIANS IN GRADUATE MEDICAL EDUCATION (GME)

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 305 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association ~~work with~~ encourage the ACGME to examine ~~and strengthen~~ minimum qualifications for Designated Institutional Officials to ensure physician leadership in the oversight of graduate medical education programs.

RECOMMNEDATION B:

Your Reference Committee recommends that Resolution 305 be adopted as amended.

HOD ACTION: Resolution 305 is adopted as amended.

RESOLVED, that our American Medical Association work with the ACGME to examine and strengthen minimum qualifications for Designated Institutional Officials to ensure physician leadership in the oversight of graduate medical education programs. (Directive to Take Action)

Your Reference Committee received mixed online testimony. Some testimony was supportive of the resolution as written. The Council on Medical Education offered amendments to improve the factual accuracy and appropriateness of the resolution, which was supported by others. Another testimony offered amendments to “require” that DIOs be physicians, which was supported by others. One testimony suggested referral to better evaluate the rationale, effectiveness, and educational outcomes associated with varying leadership models. Your Reference Committee notes that concerns raised by testimony could be dealt with as part of an examination of the process, and that AMA cannot make requirements for other organizations. Therefore, Your Reference Committee recommends that Resolution 305 be adopted as amended.

(12) *RESOLUTION 310 - INCREASING CAPACITY AND ACCESS TO MATERNAL HEALTH SERVICES IN RURAL AREAS

RECOMMENDATION A:

Your Reference Committee recommends that the first resolved clause of Resolution 310 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association continue to address the nation's obstetrics and gynecology training and workforce needs, by ~~evaluating~~ supporting additional ways to increase physicians providing OB-GYN services in shortage areas,~~ including but not limited to increasing postgraduate positions in OB-GYN and family medicine OB fellowships, and increasing ACGME funding,~~ (Directive to Take Action); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second resolved clause of Resolution 310 be deleted.

~~RESOLVED, that our AMA support board certification programs that offer family medicine physician training in obstetric care to expand access to maternal health care services in rural areas (New HOD Policy); and be it further~~

RECOMMENDATION C:

Your Reference Committee recommends that the fourth resolved clause of Resolution 310 be amended by deletion to read as follows:

RESOLVED, that our AMA support increased funding ~~and prioritization within the National Health Service Corps Rural Community Loan Repayment Program~~ for ~~OB-GYN and family medicine~~ physicians providing obstetric care ~~working~~ in Maternity Care Target Areas (MCTAs).

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 310 be adopted as amended.

HOD ACTION: Resolution 310 is adopted as amended.

RESOLVED, that our American Medical Association continue to address the nation's obstetrics and gynecology training and workforce needs, by evaluating additional ways to increase physicians providing OB-GYN services in shortage areas, including but not limited to increasing postgraduate positions in OB-GYN and family medicine OB fellowships, and increasing ACGME funding, (Directive to Take Action); and be it further

RESOLVED, that our AMA support board certification programs that offer family medicine physician training in obstetric care to expand access to maternal health care services in rural areas (New HOD Policy); and be it further

RESOLVED, that our AMA support expansion of Family Medicine obstetrical care provided by family physicians who are trained and privileged to deliver such services (New HOD Policy); and be it further

RESOLVED, that our AMA support increased funding and prioritization within the National Health Service Corps Rural Community Loan Repayment Program for OB-GYN and family medicine physicians providing obstetric care working in Maternity Care Target Areas (MCTAs).

Your Reference Committee received supportive online and in-person testimony. Several amendments were offered with the intent of clarifying the language of the resolved clauses. While some in-person testimony was supportive of the recommended amendments in the Preliminary Report, other testimony suggested further amendments. The Council on Medical Education suggested that the first resolved clause be further amended to replace "evaluating" with "supporting" and your Reference Committee agrees. Your Reference Committee noted that family medicine (FM) is already a board certifying specialty that allows FM to do obstetrical training, which would deem the second resolved clause unnecessary.

While the Preliminary Report proposed deletion of the fourth resolved clause, in-person testimony sought its inclusion. Concerns were raised about the possible perceived overreach related to NHSC's decision-making as well as unintended consequences. Your Reference Committee appreciates the testimony and offers amended language to the fourth clause in lieu of deletion. Therefore, your Reference Committee recommends that Resolution 310 be adopted as amended.

(13) RESOLUTION 312 - ADVOCATING FOR EQUITABLE APPLICATION REVIEW IN A SINGLE MATCH SYSTEM

RECOMMENDATION A:

Your Reference Committee recommends that the first resolved clause of Resolution 312 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association ~~collaborate with its partners to advocate for and ensure~~ support the removal of filters within medical student clinical elective application systems which differentiate between applicants' allopathic or osteopathic degree status (Directive to Take Action); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second resolved clause of Resolution 312 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA ~~collaborate with its partners to advocate for and ensure the removal of all~~ oppose the use of filters within the residency and fellowship application systems which ~~differentiate between~~ denote equivalent aspects such as allopathic and osteopathic degree status (Directive to Take Action); and be it further

RECOMMENDATION C:

Your Reference Committee recommends that the third resolved clause of Resolution 312 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA provide a report at A-28 on the status of filtering by degree status within medical student clinical elective application ~~residency and fellowship application~~ systems (Directive to Take Action); and be it further

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 312 be adopted as amended.

HOD ACTION: Resolution 312 is adopted as amended.

RESOLVED, that our American Medical Association collaborate with its partners to advocate for and ensure the removal of filters within clinical elective application systems which differentiate between applicants' allopathic or osteopathic degree status (Directive to Take Action); and be it further

RESOLVED, that our AMA collaborate with its partners to advocate for and ensure the removal of all filters within the residency and fellowship application systems which differentiate between allopathic and osteopathic degree status (Directive to Take Action); and be it further

RESOLVED, that our AMA provide a report at A-28 on the status of filtering by degree status within clinical elective application, residency and fellowship application systems (Directive to Take Action); and be it further

RESOLVED, that our AMA reaffirm H-295.876: Equal Fees for Osteopathic and Allopathic Medical Students and H-295.848: Teaching and Assessing Osteopathic Manipulative Medicine and Osteopathic Principles and Practice. (Reaffirm HOD Policy)

Your Reference Committee received supportive online testimony. Your Reference Committee noted that changing the content and filters of application systems is outside the purview of the AMA. Likewise, such data may not be readily available to the AMA to conduct a study as written in the second resolved clause. Your Reference Committee was informed that the online testimony of the Council on Medical Education was intended to contain amendments to the first, second and third resolved clauses that did not carry over in the posting to the ORC. Your Reference Committee appreciates the clarifying amendments from the Council. Thus, your Reference Committee recommends that Resolution 312 be adopted as amended.

(14) RESOLUTION 313 - EVALUATION OF SITUATIONAL JUDGEMENT TESTS IN MEDICAL SCHOOL ADMISSIONS

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 313 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association ~~work with~~ support ~~the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and other~~ relevant ~~stakeholders~~ interested parties ~~to evaluate~~ in their continued evaluation of the utilization of situational judgment tests, and other similar online decision-making assessments, in ~~the~~ medical school admissions and residency and fellowship selection processes, ~~and~~ to determine whether or not this style of examination meets the

AMA's stated goal of holistic applicant review, unbiased by non-modifiable factors. (Directive to Take Action)
RECOMMENDATION B:

Your Reference Committee recommends that Resolution 313 be adopted as amended.

HOD ACTION: Resolution 313 is adopted as amended.

RESOLVED, that our American Medical Association work with the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and other relevant stakeholders to evaluate the utilization of situational judgment tests, and other similar online decision-making assessments in the medical school admissions process and determine whether or not this style of examination meets the AMA's stated goal of holistic applicant review, unbiased by non-modifiable factors. (Directive to Take Action)

Your Reference Committee received supportive online testimony. The Council on Medical Education initially suggested reaffirmation of policies D-310.945 and H-295.844 in lieu of this resolution, but in-person testimony offered amendments to indicate an appropriate scope for AMA's work and to recognize ongoing efforts already being done. One delegation offered an additional amendment to include residents and fellows. All additional testimony was supportive of both amendments and reiterated the importance of research on the impacts of these tests. Your Reference Committee agrees with these amendments and offers minor edits for consistency with AMA language guidelines and the inclusion of residents and fellows. Thus, your Reference Committee recommends that Resolution 313 be adopted as amended.

(15) RESOLUTION 315 - EXPANDING THE NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM ELIGIBILITY

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 315 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association ~~support~~ encourage expanded funding and eligibility requirements for the Native Hawaiian Health Scholarship Program (NHHSP)~~,~~ or ~~an~~ equivalent programs ~~to include Native Hawaiian trainees who provide specialized healthcare services~~.

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 315 be adopted as amended.

HOD ACTION: Resolution 315 is adopted as amended.

RESOLVED, that our American Medical Association support expanded funding and eligibility requirements for the Native Hawaiian Health Scholarship Program (NHHSP), or an equivalent program, to include Native Hawaiian trainees who provide specialized healthcare services. (New HOD Policy)

Your Reference Committee received supportive online and in-person testimony regarding the need to expand funding and eligibility within the Native Hawaiian Health Scholarship Program (NHHSP) and related programs to address persistent workforce shortages across all specialties. There was also testimony in support of the inclusivity of original resolution language. The Council on Medical Education recommended amendments, noting that NHHSP should retain authority over how its resources are allocated and that its mission already prioritizes areas of greatest need. Testimony noted data highlighting that, of ten recent scholarship recipients, only one was a physician and the others were members of the allied health professions. Your Reference Committee agrees with the favorable testimony and the Council's input. Thus, Your Reference Committee recommends that Resolution 315 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(16) RESOLUTION 309 - OSTEOPOROSIS EDUCATION, AWARENESS, AND MUSCULOSKELETAL HEALTH OPTIMIZATION

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 309 be adopted in lieu of original Resolution 309 to read as follows:

RESOLVED, That our American Medical Association encourage development and promotion of physician education, continuing medical education (CME), multidisciplinary programming, research, and patient and physician awareness initiatives regarding osteoporosis and bone health optimization as components of musculoskeletal health, frailty prevention, mobility preservation, healthy aging, surgical risk optimization, and improvement of functional outcomes, including evidence-based strategies related to physical activity, nutrition, fall prevention, screening, and individualized clinical decision-making consistent with existing evidence; and be it further

RESOLVED, that our AMA advocate for insurance coverage of evidence-based osteoporosis screening tests and osteoporosis therapies.

HOD ACTION: Alternate Resolution 309 be adopted in lieu of Original Resolution 309.

RESOLVED, that our American Medical Association study opportunities to enhance physician education regarding osteoporosis as a component of musculoskeletal health, frailty prevention, and surgical risk optimization (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage development or promotion of continuing medical education (CME), educational resources, or multidisciplinary programming highlighting the relevance of bone health to mobility preservation, healthy aging, and surgical outcomes (New HOD Policy); and be it further

RESOLVED, that our AMA support efforts to increase patient and physician awareness of evidence-based preventive strategies for osteoporosis including physical activity, nutrition, fall prevention, and appropriate screening consistent with existing recommendations (New HOD Policy); and be it further

RESOLVED, that our AMA encourage research examining the relationship between bone health and outcomes such as frailty, disability, surgical recovery, and health care utilization (New HOD Policy); and be it further

RESOLVED, that our AMA encourage physician education regarding the role of bone health optimization as part of comprehensive strategies to preserve mobility, reduce disability, and improve functional outcomes in aging populations (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for insurance coverage of evidence-based osteoporosis screening tests and osteoporosis therapies (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage physician awareness that clinical decision-making regarding osteoporosis screening and treatment may appropriately incorporate individualized risk assessment, including consideration of patients at elevated risk for musculoskeletal deterioration or those being considered for complex spine surgery, consistent with clinical judgment and existing evidence. (New HOD Policy)

Your Reference Committee received mixed testimony for this resolution. The Council on Medical Education supported the intent but was not in favor of the resolution as written and suggested it be streamlined; other testimony concurred. In response, the author submitted alternate language, synthesizing the seven resolved clauses down to two clauses. Your Reference Committee appreciates the new language offered by the author, which addresses the overall intent of the resolution while consolidating language. Your Reference Committee supports the intent of the resolution, noting that this topic is relevant to many specialties. Therefore, your Reference Committee recommends that alternate resolution 309 be adopted in lieu of original resolution 309.

(17) RESOLUTION 317 - SUPPORT FOR INTERN, RESIDENT, AND FELLOW JEOPARDY PAY AND ADDITIONAL COMPENSATION FOR GAPS IN TRAINEE COVERAGE

RECOMMENDATION A:

Your Reference Committee recommends that Alternate Resolution 317 be adopted in lieu of original Resolution 317 to read as follows:

SUPPORT FOR INTERNS, RESIDENTS, AND FELLOWS DURING JEOPARDY CALL VIA IMPACT STUDY

RESOLVED, That our American Medical Association study the impacts of jeopardy duty on resident and fellow trainees, including the frequency and causes of unscheduled coverage, variation across specialties and institutions, and the associated educational, wellness,

and workload implications and report back to the House of Delegates with findings and recommendations to inform future policy on systems improvement and, if appropriate, recompense related to jeopardy coverage.

HOD ACTION: Alternate Resolution 317 be adopted in lieu of Original Resolution 317.

RESOLVED, that our American Medical Association supports standardized compensation ("jeopardy pay"), provided in addition to base salary and benefits, for interns, residents, and fellows who are required to cover unscheduled ("jeopardy") shifts or additional duties, and encourages programs to adopt transparent and equitable compensation structures that account for specialty-specific burdens. (New HOD Policy)

Your Reference Committee received mixed testimony that reflected a wide range of perspectives. Testimony from the Council on Medical Education and others opposed the Preliminary Report recommendation of referral due to the specific topic of study and lack of payment data. Testimony emphasized that residents' contributions during jeopardy coverage deserve recognition and that programs should maintain transparent and equitable compensation structures. Several groups supported adoption, noting that existing AMA policy already affirms appropriate compensation for residents and fellows, and expressing concern that further study would be impractical given the significant variation across specialties, institutions, and scheduling models. Testimony in support of referral argued that the underlying issues driving jeopardy coverage, such as specialty-specific burdens, inequitable workload distribution, and structural gaps in scheduling, require deeper examination, particularly due to educational impact not easily alleviated by payment alone. There was also testimony to caution that standardized compensation alone may not resolve these systemic challenges and could create unintended consequences, including incentivizing practices that disrupt education, compromise elective time, or erode professional expectations. There was broad agreement that residents deserve fair treatment and that institutions should not rely on jeopardy coverage in ways that undermine training or leave. However, those who testified differed on whether immediate adoption or further study would best support those goals. Your Reference Committee agrees this is complex issue that warrants deeper assessment of both the underlying factors that contribute to the practice of jeopardy duty and the impacts on trainees to determine the appropriate solution. Therefore, your Reference Committee has changed its recommendation from the Preliminary Report and now recommends alternate Resolution 317 in lieu of original 317 to further study the most appropriate topics related to the issue.

RECOMMENDED FOR REFERRAL

(18) COUNCIL ON MEDICAL EDUCATION REPORT 2-EXAMINING ABMS PROCESSES FOR NEW BOARDS

RECOMMENDATION:

Your Reference Committee recommends that the second recommendation of Council on Medical Education Report 2 be referred.

HOD ACTION: Council on Medical Education Report 2 be referred.

The Council on Medical Education recommends that the following be adopted in lieu of Resolution 301-A-25, and the remainder of the report be filed:

1. Policy H-275.926,"Medical Specialty Board Certification Standards," item 3b, be amended by deletion to read as follows:
   3b. offer an independent, external assessment of knowledge and skills for both initial certification and recertification or continuous certification in the medical specialty. ~~In addition, accepted standards, such as those adopted by state medical boards or the Essentials for Approval of Examining Boards in Medical Specialties, will be utilized for that determination.~~ (Modify Current HOD Policy)

2. Our AMA supports the following principles to inform the development of new board certifying bodies:
   Principles for New Board Certifying Bodies
   1. Serve the public interest by supporting high-quality evidence-based care, patient safety, professionalism, and ethical conduct of individual physicians.
   2. Maintain independent governance, ensure impartial and transparent processes, engage relevant parties, and uphold fair pathways for transition or reapplication when establishing criteria for certification.
   3. Align certification with recognized education and training, clearly define competencies, and use objective, standards-based assessments that reflect clinical practice.
   4. Incorporate ongoing evaluation and improvement, supported by effective use of technology to enhance accessibility and efficiency.
   5. Ensure representative physician leadership informed by diverse practice settings and provide opportunities for diplomates to participate in governance. (New HOD Policy)

3. Policy D-275.943, "Examining ABMS Processes for New Boards," be rescinded as having been accomplished by this report. (Rescind HOD Policy)

Your Reference Committee received favorable online and in-person testimony. Several amendments were offered online with the purpose of clarifying the language or intent of the report's recommendations. Your Reference Committee appreciated those suggestions and incorporated language to enhance the new principles outlined in the second recommendation. Testimony addressed whether the recommendations should specify "new" boards versus all boards. Concerns were raised about how some ABMS boards already certify non-physicians appropriately (such as PhDs for medical genetics), as well as if such a change would be germane to the report as currently written. Testimony also suggested that the language regarding the *Essentials for Approval of Examining Boards in Medical Specialties*, as seen in the first recommendation of the report that calls for it to be deleted from Policy H-275.926,"Medical Specialty Board Certification Standards," (clause 3b), should be retained. However, the reason it was deleted is because ABMS changed their bylaws and adopted "Policy on Admission of New Specialty Boards to Membership in ABMS" in 2023 that replaced the *Essentials*. Thus, your Reference Committee concurs that deletion is appropriate.

The Council on Medical Education testified that the proposed new sixth clause of the Principles that addressed only physicians, as seen in the Preliminary Report, be referred. However, it was determined that the new clause itself does not stand alone and therefore cannot be handled as such. Thus, your Reference Committee recommends that entire CME 2 be referred back to the Council to revise their report to elucidate the concerns raised in testimony.

RECOMMENDED FOR NOT ADOPTION

(19) RESOLUTION 303 - ALLOWING OPTIONS FOR CERTIFICATION MAINTENANCE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 303 be not adopted.

HOD ACTION: Resolution 303 is not adopted.

RESOLVED, that our American Medical Association encourage all hospitals and insurance programs in the United States to end the monopoly of MOC and accept NBPAS to accomplish any MOC requirements (New HOD Policy); and be it further

RESOLVED, that our AMA request that the Accreditation Council for Graduate Medical Education (ACGME), the Liaison Committee on Medical Education (LCME), and the Commission on Osteopathic College Accreditation (COCA) accept this alternative route for MOC for all teachers of medical students and physicians in order to maintain quality and experienced instruction in residency programs and medical schools in this era of physician shortages. (Directive to Take Action)

Your Reference Committee received online and in-person testimony that was primarily opposed to Resolution 303. One testimony offered amendments, and another suggested that policies be reaffirmed in lieu of this resolution. The author testified in support of the resolution and proposed additional amendments. Others acknowledged support of the spirit of the resolution but not the language nor amendments. Your Reference Committee recognizes frustrations related to the current process, including one state's ongoing actions which disadvantage physicians in ways that are opposed to existing AMA policies, such as H-275.924, "Continuing Board Certification". Your Reference Committee also notes extensive testimony that ongoing work is already taking place to remedy these issues, including the elimination of high-stakes exams from multiple boards. Most in-person testimony also emphasized that the original resolution as well as amendments may create unintended consequences, such as confusion among the public regarding physician qualifications, or may jeopardize the board certification process. Your Reference Committee concurs with the concerns raised in opposing testimony and recommends that Resolution 303 be not adopted.

(20) RESOLUTION 311 - CHANGING THE PARADIGM OF MEDICAL STUDENT DEBT TO ADDRESS THE GERIATRIC PHYSICIAN SHORTFALL

RECOMMENDATION:

Your Reference Committee recommends that Resolution 311 be not adopted.

HOD ACTION: Resolution 311 is not adopted.

RESOLVED, that our American Medical Association (AMA) develop a platform supporting a 3-year medical school curriculum in order to help reduce medical student debt and reduce the coming physician shortage (Directive to Take Action); and be it further

RESOLVED, that our AMA, in order to advance equity in the medical profession, work to ensure all specialties—especially primary care—can compete fairly, reduce the looming physician shortage especially those providing care to older patients (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that the AAMC and Liaison Committee on Medical Education (LCME) begin steps to ensure that all medical schools offer a 3-year program by 2030 to help reduce student debt. (Directive to Take Action)

Your Reference Committee received mixed online testimony. Several testimonies noted opposition due to the lack of evidence that mandating of shortened medical school would solve the issues the resolution seeks to address. One testimony raised concern about unintended consequences, such that compressing medical school to 3 years could possibly reduce exposure to specialties (e.g., ophthalmology). The Council on Medical Education noted that the AMA has already invested in initiatives such as ChangeMedEd®, which examines innovations in medical education, including the role and utility of accelerated three-year pathways. The Council further noted that AMA already maintains extensive policy supporting and strengthening the primary care workforce. Your Reference Committee agrees that it is not feasible or appropriate to encourage all medical schools to transition to a three-year curriculum, particularly within such a limited time-frame, and concurs with concerns regarding the actionability and specificity of the language. Thus, your Reference Committee recommends that Resolution 311 be not adopted.

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

(21) RESOLUTION 301 - EXPANDING RESIDENT AND FELLOW EXPOSURE TO DIVERSE HEALTHCARE PRACTICE MODELS TO FULFILL ACGME CORE COMPETENCIES

RECOMMENDATION:

Your Reference Committee recommends that Policy H-295.864 be reaffirmed in lieu of Resolution 301.

HOD ACTION: Policy H-295.864 be reaffirmed in lieu of Resolution 301.

RESOLVED, that our American Medical Association will advocate to the ACGME and other relevant accrediting and educational bodies for the formal inclusion and recognition of diverse practice model exposure as a vital component of Systems-Based Practice training. (Directive to Take Action)

Your Reference Committee received mixed online testimony. One testimony suggested reaffirmation of Policy H-295.864, "Systems-Based Practice Education for Medical Students and Resident/Fellow Physicians", in lieu of this resolution. The author concurred with reaffirmation. Another testimony offered amended language. Your Reference Committee agrees with reaffirmation to achieve the resolution's goal of continuing to support systems-based practice education through close engagement with the ACGME. Thus, Your Reference Committees recommends that Policy H-295.864 be reaffirmed in lieu of this resolution.

This concludes the report of Reference Committee C. I would like to thank Robert Dunn, MD, Holly Rosencranz, MD, Emma Vomer, DO, David Whalen, MD, Barbara Weissman, MD, Jocelyn Young, DO, and all those who testified before the Committee. I would also like to thank AMA staff persons Lena Drake, Dave Henderson, MD, Kim Lomis, MD, Tanya Lopez, and Amber Ryan.

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