

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 D

Cheryl Hurd, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2
3 **RECOMMENDED FOR ADOPTION**

- 4
5 1. BOT 17 - Supporting the Integration of Blood Pressure Variability Data in
6 Electronic Medical Records Report
7 2. BOT 29 - Educational Materials Regarding Ultra-processed Foods
8 3. CSAPH 01 - Council on Science and Public Health Sunset Review of 2016
9 House Policies
10 4. CSAPH 03 – Public Health Implications of Food Subsidies
11 5. CSAPH 04 - Improving Public Awareness of Lung Cancer Screening and CAD in
12 Chronic Smokers
13 6. CSAPH 05 - Removing Artificial Turf in Schools, Parks, and Public Places
14 7. CSAPH 10 - Standardizing Safety Requirements for Traditional and Rideshare
15 Based Non-Emergency Medical Transportation
16 8. Resolution 404 - Develop Climate-Conscious Resources for Physicians
17 9. Resolution 411 - Addressing the Myopia Epidemic, Public Education, and
18 Insurance Coverage for Evidence-Based Myopia Control
19 10. Resolution 413 - Erosion of the Public Evidence Base for Health Policy
20 11. Resolution 415 - Advocacy for Restoration of the Endangerment Finding
21 Regarding Greenhouse Gas Emissions
22 12. Resolution 416 - Clinical Laboratory Workforce Shortage and Sustainability
23 13. Resolution 421 - Improving Access to Care and Support for Patients with
24 Inflammatory Bowel Disease in the United States
25 14. Resolution 422 - Expanding Access to High Resolution Anoscopy
26 15. Resolution 423 - Expanding Access to HIV Pre-Exposure Prophylaxis (PrEP)
27 16. Resolution 424 - Supporting Education and Access to Postexposure Doxycycline
28 (DoxyPEP)
29 17. Resolution 429 - Adolescent Dating Violence Comprehensive Screening Tool
30 Development
31 18. Resolution 430 - Support Heavy Metal and Toxic Exposure Testing for Residents
32 Affected by Wildfires
33 19. Resolution 433 - Addressing the Epidemic of Fragility Fractures Through
34 Improved Osteoporosis Screening and Treatment
35 20. Resolution 435 - Supporting Regulations for More Stringent Safety Measures for
36 Micromobility
37 21. Resolution 437 - Addressing Housing Needs of the Native Hawaiian and their
38 Diaspora
39

1 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 2
3 22. CSAPH 02 - Setting Standards for Forensic Toxicology Laboratories Used in
4 Litigation
5 23. CSAPH 06 - Mitigating Air and Noise Pollution from Aviation in Minority
6 Communities Disproportionately Impacted and Vulnerable Communities
7 24. Resolution 401 - Partnership with the Administration to Reduce Harmful
8 Chemicals in Food and Align with European Safety Standards
9 25. Resolution 402 - Strengthening Public Health Protections Against Raw Milk–
10 Associated Illness
11 26. Resolution 403 - AMA's continued support for COVID-19 vaccination in pregnant
12 individuals and children
13 27. Resolution 405 - Studying the Environmental Impact of Ambient Clinical
14 Intelligence Use
15 28. Resolution 407 - Colorectal Cancer in Alaskan Native Patients
16 29. Resolution 408 - Addressing Rural Maternal Morbidity and Mortality through
17 Collaboration and Intersectionality
18 30. Resolution 409 - Eliminate PFAS and Glyphosate in our Food and Environment
19 31. Resolution 414 - Restoring Balanced Scientific Perspective within the ACIP
20 32. Resolution 417 - Respiratory Protection for Wildland Firefighters
21 33. Resolution 418 - Ensuring Access to Full HIV Post-Exposure Prophylaxis (PEP)
22 Courses for Survivors of Sexual Assault
23 34. Resolution 419 - Examining the Impact of Circadian Disruption from Shift Work
24 During Pregnancy
25 35. Resolution 420 - Expanding Support for Women Experiencing Homelessness
26 36. Resolution 425 - Prioritizing, Measuring, and Preventing Workplace Violence in
27 Health Care
28 37. Resolution 426 - Integrating Nutrition into Health Care Delivery to Reduce
29 Cardiovascular Risk and Food Insecurity ("Food is Medicine")
30 38. Resolution 427 - Infant Feeding Options for HIV-Seropositive Individuals
31 39. Resolution 428 - Protecting Environmental Health Before, During, and After War
32 40. Resolution 431 - Supporting Transportation Infrastructure Reform for Public
33 Health
34 41. Resolution 432 - Addressing Public Health Risks of Online Sports Betting
35 42. Resolution 436 - Protecting Children from Potential Harms of Caffeinated
36 Products
37 43. Resolution 439 - Age Verification and ENDS Products

38
39 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 40
41 44. Resolution 438 - Preserving and Strengthening Maternal Mortality Review
42 Committees
43

44 **RECOMMENDED FOR REFERRAL**

- 45
46 45. Resolution 406 - Reduce Environmental Impact of Medical Journals
47 46. Resolution 412 - Guiding Principles of Pandemic Prevention, Preparedness and
48 Response; Support for the World Health Organization Pandemic Agreement
49 47. BOT 09 – American Medical Association Optimal Health Outcomes Report
50

1 **RECOMMENDED FOR REFERRAL FOR DECISION**

2

3 48. Resolution 410 - Light Pollution

4

5 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

6

7 49. Resolution 434 - Vaccinations in Physician Offices

RECOMMENDED FOR ADOPTION

- 1
2
3 (1) BOARD OF TRUSTEES (BOT) 17 - SUPPORTING THE
4 INTEGRATION OF BLOOD PRESSURE VARIABILITY
5 DATA IN ELECTRONIC MEDICAL RECORDS REPORT
6

7 **RECOMMENDATION:**
8

9 **Your Reference Committee recommends that the**
10 **Recommendations in the Board of Trustees (BOT)**
11 **Report 17 be adopted and the remainder of the report**
12 **be filed.**
13

14 **HOD ACTION: BOT Report 17 be adopted and the remainder of the Report filed.**
15

16
17 The Board of Trustees recommends that Resolution 424-A-25 be amended by addition
18 and the remainder of the report be filed.
19

20 That our AMA support additional research efforts to establish pathological Blood Pressure
21 Variability thresholds to guide dietary and exercise recommendations, sleep evaluation,
22 risk stratification, and other evidence-based interventions by healthcare providers; and be
23 it further (New HOD Policy)
24

25 That our American Medical Association support the integration of blood pressure variability
26 data into electronic medical records, emphasizing automated calculation capabilities
27 similar to those established for body mass index once additional research has been
28 published on this topic, including peer-reviewed evidence establishing clinical utility,
29 reproducibility of blood pressure variability metrics, and such research has informed
30 recommendations or guidance from relevant clinical and public health authorities. (New
31 HOD Policy)
32

33 Your Reference Committee heard limited, but unanimously supportive testimony on the
34 recommendations presented in this report. Hypertension remains one of the leading
35 contributors to cardiovascular disease, stroke, renal disease, and maternal morbidity and
36 mortality in our nation. Emerging evidence demonstrates that blood pressure variability
37 may provide additional important insight and should be integrated into electronic medical
38 records once additional research establishes clinical utility and has informed clinical
39 guidance. Therefore, your Reference Committee recommends adoption.

1 (2) BOARD OF TRUSTEES 29 - EDUCATIONAL MATERIALS
2 REGARDING ULTRA-PROCESSED FOODS
3

4 **RECOMMENDATION:**
5

6 **Your Reference Committee recommends that the**
7 **Recommendations in BOT Report 29 be adopted and**
8 **the remainder of the report be filed.**
9

10 **HOD ACTION: BOT Report 29 be adopted and the remainder of the Report filed.**
11

12 **ADOPTED LANGUAGE:**

13 **Policy H-150.914, “Addressing the Health Impacts of Ultraprocessed Foods”**

14 **1. Our AMA supports and promotes awareness and education, among both the**
15 **public and clinicians, about the differences between healthy and unhealthy**
16 **ultraprocessed foods (UPF) and the benefits of minimally processed and**
17 **unprocessed foods.**

18 **2. Our AMA supports the development of multi-lingual patient educational**
19 **materials with regard to the health impact of UPFs and will help disseminate**
20 **available materials through relevant AMA platforms.**

21 **3. Our AMA supports federal, state, and local policies that promote and**
22 **incentivize the production and distribution of healthier, affordable, minimally-**
23 **processed and unprocessed foods.**

24 **4. Our AMA encourages the integration of nutrition education into all levels of**
25 **medical education to empower clinicians to best counsel patients efficiently and**
26 **effectively on reducing unhealthful UPF consumption.**

27 **5. Our AMA supports increased funding for research into the health impacts of**
28 **ultraprocessed foods and strategies to mitigate their risks. (Modify Current HOD**
29 **Policy)**
30

31 The Board of Trustees recommends:
32

33 (1) That the second resolve of Resolution 601-A-25 not be adopted; and
34

35 (2) That Policy H-150.914, “Addressing the Health Impacts of Ultraprocessed Foods” be
36 amended by addition and deletion to read as follows:
37

38 1. Our AMA supports and promotes ~~public~~ awareness and education, among both the
39 public and clinicians, about the differences between healthy~~fu~~ and
40 unhealthy~~fu~~ ultraprocessed foods (UPF) and the benefits of minimally processed and
41 unprocessed foods.
42

43 2. Our AMA supports the development of multi-lingual patient educational materials with
44 regard to the health impact of UPFs and will help disseminate available materials through
45 relevant AMA platforms.

46 2. 3. Our AMA supports federal, state, and local policies that promote and incentivize the
47 production and distribution of healthier, affordable, minimally-processed and unprocessed
48 foods.

1 3. 4. Our AMA encourages the integration of nutrition education into all levels of medical
2 education to empower clinicians to best counsel patients efficiently and effectively on
3 reducing unhealthful UPF consumption.

4 4. 5. Our AMA supports increased funding to the FDA for research into the health impacts
5 of ultraprocessed foods and strategies to mitigate their risks.
6

7
8 Your Reference Committee heard supportive testimony for this report, which was
9 developed in response to Resolution 601-A-25 which sought to conduct further study on
10 the health impact of ultraprocessed foods (UPF) and develop multilingual patient
11 educational materials to disseminate information about the harmful health effects of UPFs.
12 The report findings highlighted a need for a standardized definition of UPFs and therefore
13 led the BOT to recommend that the second resolve of Resolution 601-A-25 not be
14 adopted. This received supportive testimony in agreement. The remainder of the report
15 recommended that current policy H-150.914 be amended to support education and
16 awareness about the health impacts of UPFs. This received multiple comments of support,
17 with one delegation noting that our AMA should consider more opportunities to gain
18 visibility via the dissemination of educational materials to physicians and the public. Your
19 Reference Committee agrees, and therefore, recommends adoption of the
20 recommendations in BOT Report 29.

1 (3) COUNCIL ON SCIENCE AND PUBLIC HEALTH (CSAPH)
2 01 - COUNCIL ON SCIENCE AND PUBLIC HEALTH
3 SUNSET REVIEW OF 2016 HOUSE POLICIES
4

5 **RECOMMENDATION:**
6

7 **Your Reference Committee recommends that the**
8 **Recommendations in CSAPH Report 01 be adopted and**
9 **the remainder of the report be filed.**

10
11 **HOD ACTION: CSAPH Report 01 be adopted and the remainder of the Report filed.**
12

13
14 The Council on Science and Public Health recommends that the House of Delegates
15 policies listed in the appendix to this report be acted upon in the manner indicated and the
16 remainder of this report be filed. (Directive to Take Action)
17

18 Testimony on the recommended actions within this report was limited. Two amendments
19 were proposed by an individual to help clarify language within policies. CSAPH noted that
20 the actions taken within a sunset report are limited and they are careful not to make
21 amendments that could potentially change the intent or meaning of the policy. CSAPH
22 believes these proposed amendments are outside of the purview of the sunset report.
23 Your Reference Committee agrees and therefore, recommends adoption.
24

25 (4) CSAPH 03 – PUBLIC HEALTH IMPLICATIONS OF FOOD
26 SUBSIDIES
27

28 **RECOMMENDATION:**
29

30 **Your Reference Committee recommends that the**
31 **Recommendation in CSAPH Report 03 be adopted and**
32 **the remainder of the report be filed.**
33

34 **HOD ACTION: CSAPH Report 03 be adopted and the remainder of the Report filed.**
35

36 **ADOPTED LANGUAGE:**

37 **Policy H-150.932, “Reform the US Farm Bill to Improve US Public Health and Food**
38 **Sustainability”**
39

40 **Our American Medical Association will advocate for:**

- 41 • **Increased subsidies for the production of a diversity of health-promoting,**
42 **whole foods, including fruits and vegetables;**
- 43 • **Reallocation of existing subsidies to improve equity for farmers that have**
44 **been historically excluded from or underfunded by federal agricultural**
45 **assistance programs;**
- 46 • **Increased funding for financial incentives, programs, and research initiatives**
47 **to support sustainable agricultural practices, restorative agriculture,**
48 **conservation efforts, and other projects that improve ecological diversity and**
49 **resilience to climate change;**

- 1 • **Strengthen funding for U.S. Farm Bill initiatives which incorporate a ‘food is**
2 **medicine’ approach and support interventions such as medically tailored**
3 **meals, produce prescriptions, medically tailored groceries, nutrition**
4 **counseling, and evidence-based education on preparation of healthy food;**
5 **and**
- 6 • **the creation of a new advisory board to review and recommend US Farm Bill**
7 **budget allocations to ensure any government subsidies are only used to help**
8 **produce healthy food choices and sustainable foods, and that advisory**
9 **committee members include physicians, public health officials and other**
10 **public health stakeholders. (Modify Current HOD Policy)**

12
13 The Council on Science and Public Health recommends that AMA Policy H-150.932,
14 “Reform the US Farm Bill to Improve US Public Health and Food Sustainability,” be
15 amended by addition and deletion to read as follows and the remainder of the report be
16 filed.

17
18 ~~Reform the US Farm Bill to Improve US Public Health and Food Sustainability: Our~~
19 ~~American Medical Association will advocate for supports:~~

- 20 • Increased subsidies for the production of a diversity of health-promoting, whole foods,
21 including fruits and vegetables;
- 22 • Reallocation of existing subsidies to improve equity for farmers that have been
23 historically excluded from or underfunded by federal agricultural assistance programs;
- 24 • Increased funding for financial incentives, programs, and research initiatives to
25 support sustainable agricultural practices, restorative agriculture, conservation efforts,
26 and other projects that improve ecological diversity and resilience to climate change;
- 27 • Strengthen funding for U.S. Farm Bill initiatives which incorporate a ‘food is medicine’
28 approach and support interventions such as medically tailored meals, produce
29 prescriptions, medically tailored groceries, nutrition counseling, and evidence-based
30 education on preparation of healthy food; and
- 31 • the creation of a new advisory board to review and recommend US Farm Bill budget
32 allocations to ensure any government subsidies are only used to help produce healthy
33 food choices and sustainable foods, and that advisory committee members include
34 physicians, public health officials and other public health stakeholders. (Modify Current
35 HOD Policy)

36
37 Your Reference Committee heard unanimously supportive testimony for this report from
38 multiple delegations and sections. Testimony noted the importance of supporting
39 sustainable, affordable, and healthy food systems, which is directly and indirectly impacted
40 through U.S. food subsidies. Testimony also supported the inclusion and advancement of
41 a “food is medicine” approach with the U.S. Farm Bill. Your Reference Committee
42 recommends that the recommendation in CSAPH Report 03 be adopted.

- 1 (5) CSAPH 04 - IMPROVING PUBLIC AWARENESS OF
2 LUNG CANCER SCREENING AND CAD IN CHRONIC
3 SMOKERS
4

5 **RECOMMENDATION:**
6

7 Your Reference Committee recommends that the
8 Recommendation in CSAPH Report 04 be adopted and
9 the remainder of the report be filed.
10

11 **HOD ACTION:** CSAPH Report 04 be adopted and the remainder of the Report filed.
12

13 **ADOPTED LANGUAGE:**

14 Policy H-185.936 “Lung Cancer Screening to be Considered Standard Care”
15

- 16 1. Our American Medical Association recommends that coverage of screening
17 low-dose CT (LDCT) scans for patients at high risk for lung cancer by
18 Medicare, Medicaid, and private insurance be a required covered benefit.
- 19 2. Our AMA will empower the American public with knowledge through an
20 education campaign to raise awareness of lung cancer screening with low-
21 dose CT scans in high-risk patients to improve screening rates and decrease
22 the leading cause of cancer death in the United States.
- 23 3. Our AMA will work with interested national medical specialty societies and
24 state medical associations to urge the Centers for Medicare & Medicaid
25 Services and state Medicaid programs to increase access to low-dose CT
26 screening for Medicaid patients at high risk for lung cancer by including it as
27 a covered benefit, without cost-sharing or prior authorization requirements,
28 and increasing funding for research and education to improve awareness and
29 utilization of the screening among eligible enrollees.
- 30 4. Our AMA, in conjunction with other interested national specialty societies of
31 expertise (e.g., ACP, AAFP, ACR), will create and share educational resources
32 and training to help physicians efficiently discuss and document low-dose
33 computed tomography (LDCT) lung cancer screening during shared decision-
34 making visits for high-risk populations.
- 35 5. Our AMA will promote physician education and awareness regarding the
36 value of low-dose CT in detecting lung cancer, and will encourage education,
37 technological innovation, and continued research around the detection of
38 coronary artery calcification on low-dose CT performed as a part of a lung
39 cancer screening program.
- 40 6. Our AMA will support efforts by key stakeholders in cardiology, pulmonology,
41 oncology, and imaging specialties to research interventions to improve
42 access to and utilization of lung cancer screening with low-dose CT scans in
43 high-risk patients. (Modify Current HOD Policy)
44

45
46 Your Council on Science and Public Health recommends that the following be adopted in
47 lieu of Resolution 404-A-25 and the remainder of the report be filed.
48

1 That Policy H-185.936 “Lung Cancer Screening to be Considered Standard Care,” be
2 amended by addition to read as follows:

- 3
- 4 1. Our American Medical Association recommends that coverage of screening low-dose
- 5 CT (LDCT) scans for patients at high risk for lung cancer by Medicare, Medicaid, and
- 6 private insurance be a required covered benefit.
- 7 2. Our AMA will empower the American public with knowledge through an education
- 8 campaign to raise awareness of lung cancer screening with low-dose CT scans in
- 9 high-risk patients to improve screening rates and decrease the leading cause of cancer
- 10 death in the United States.
- 11 3. Our AMA will work with interested national medical specialty societies and state
- 12 medical associations to urge the Centers for Medicare & Medicaid Services and state
- 13 Medicaid programs to increase access to low-dose CT screening for Medicaid patients
- 14 at high risk for lung cancer by including it as a covered benefit, without cost-sharing or
- 15 prior authorization requirements, and increasing funding for research and education to
- 16 improve awareness and utilization of the screening among eligible enrollees.
- 17 4. Our AMA, in conjunction with other interested national specialty societies of expertise
- 18 (e.g., ACP, AAFP, ACR), will create and share educational resources and training to
- 19 help physicians efficiently discuss and document low-dose computed tomography
- 20 (LDCT) lung cancer screening during shared decision-making visits for high-risk
- 21 populations.
- 22 5. Our AMA will promote physician education and awareness regarding the value of low-
- 23 dose CT in detecting lung cancer, and will encourage education, technological
- 24 innovation, and continued research around the detection of coronary artery
- 25 calcification on low-dose CT performed as a part of a lung cancer screening program.
- 26 6. Our AMA will support efforts by key stakeholders in cardiology, pulmonology,
- 27 oncology, and imaging specialties to research interventions to improve access to and
- 28 utilization of lung cancer screening with low-dose CT scans in high-risk patients.
- 29 (Modify Current HOD Policy)

30
31 Your Reference Committee heard very supportive testimony for this report. Testimony
32 noted the gaps in lung cancer screening rates, especially among high-risk patients.
33 Testimony overwhelmingly supported efforts to promote physician education and
34 advocacy for low-dose CT screening. Therefore, your Reference Committee recommends
35 that the recommendation in CSAPH Report 04 be adopted.

36
37 (6) CSAPH 05 - REMOVING ARTIFICIAL TURF IN SCHOOLS,
38 PARKS, AND PUBLIC PLACES

39
40 **RECOMMENDATION:**

41
42 **Your Reference Committee recommends that the**
43 **Recommendations in CSAPH Report 05 be adopted and**
44 **the remainder of the report be filed.**

45
46 **HOD ACTION: CSAPH Report 05 be adopted and the remainder of the Report filed.**
47
48

1 The Council on Science and Public Health recommends that the following be adopted in
2 lieu of Resolution 408-A-25, and the remainder of the report be filed.

3
4 1. The American Medical Association (AMA) recommends well maintained, natural,
5 drought-tolerant and hardiness zone appropriate turfgrass, with the use of integrated pest
6 management to reduce potential chemical exposures, as the preferred choice on sports
7 fields or lawns, in public and private schools and colleges, as well as in city parks.

8 2. Our AMA recommends municipalities conduct comprehensive risk-benefit analyses
9 when deciding whether to replace natural turfgrass with artificial turf (or vice versa) to best
10 meet the needs and concerns of their communities, including those with accessibility
11 concerns.

12 3. The AMA encourages more research to address evidence gaps on the potential health
13 risks of artificial turf fields. In particular, more research is needed on the release of
14 chemicals from artificial turf, the level of exposure to turf users, and potential health
15 impacts, as well as the differences in risk from heat-related illnesses and physical injuries
16 on artificial turf versus natural turf. (New HOD Policy)

17
18 Your Reference Committee heard unanimously supportive testimony for this report from
19 multiple delegations and sections, including the authoring delegation of the original
20 resolution from A-25 which was referred for study. Testimony highlighted that the report
21 takes a balanced and evidence-based approach to this topic while also weighing
22 accessibility concerns that are critical to ensure artificial or natural turf fields are usable
23 for all. Your Reference Committee recommends that the recommendations in CSAPH
24 Report 05 be adopted.

25
26 (7) CSAPH 10 - STANDARDIZING SAFETY REQUIREMENTS
27 FOR TRADITIONAL AND RIDESHARE BASED NON-
28 EMERGENCY MEDICAL TRANSPORTATION

29
30 **RECOMMENDATION:**

31
32 **Your Reference Committee recommends that that the**
33 **Recommendations in CSAPH Report 10 be adopted and**
34 **the remainder of the report be filed.**

35
36 **HOD ACTION: CSAPH Report 10 be adopted and the remainder of the Report filed.**
37

38
39 The Council on Science and Public Health recommends that the following be adopted,
40 and the remainder of the report be filed.

41
42 1. Our AMA acknowledges that transportation is a foundational component of health care
43 access and supports policies that ensure vulnerable populations can obtain necessary
44 medical care.

45 2. Our AMA supports efforts to promote greater consistency and coordination in the
46 minimum safety standards that guide traditional nonemergency medical transportation
47 across states and delivery models and encourages ongoing evaluation of these standards
48 as transportation systems and patient needs evolve.

1 3. Our AMA acknowledges that rideshare based nonemergency medical transportation
2 (RB-NEMT) is an expanding component of medical transportation and supports continued
3 research to assess safety risks and establish evidence-based minimum safety
4 requirements to help ensure RB-NEMT can be integrated safely and appropriately into
5 patient care. (New HOD Policy)
6

7 Your Reference Committee heard testimony that was largely supportive of this report and
8 its recommendations. Multiple delegations, sections, and individuals highlighted the
9 growing role of rideshare-based non-emergency medical transportation (RB-NEMT) as an
10 innovative approach to improving access, while underscoring the need for consistent
11 safety standards, oversight, and evidence-based guidance as these models expand. Two
12 delegations raised concerns regarding the limited attention to specific populations,
13 particularly children, with one delegation recommending referral to ensure this population
14 was addressed. The Council on Science and Public Health noted that the report
15 contemplated different population needs at a high level and noted that exploring different
16 populations in detail was beyond the scope of this report, given that the ask of the original
17 resolution was broad and not specific to children. Given the overall support for this report,
18 and the Council's rationale that population-specific considerations may be more
19 appropriately addressed in future work, your Reference Committee recommends that the
20 recommendations in CSAPH Report 10 be adopted.
21

22 (8) RESOLUTION 404 - DEVELOP CLIMATE-CONSCIOUS
23 RESOURCES FOR PHYSICIANS
24

25 **RECOMMENDATION:**

26
27 **Your Reference Committee recommends that**
28 **Resolution 404 be adopted.**
29

30 **HOD ACTION: Resolution 404 be adopted.**

31
32
33 RESOLVED, that our American Medical Association support compiling and maintaining a
34 resource for U.S. physicians, focused on education physicians and other healthcare
35 professionals about the health impacts of climate change and the role of the healthcare
36 sector in contributing to greenhouse gas emissions; and be it further
37

38 RESOLVED, that our AMA support providing practical, evidence-based recommendations
39 for reducing the environmental footprint of clinical practices and healthcare systems; and
40 be it further
41

42 RESOLVED, that our AMA support offering resources and tools to support physicians in
43 advocating for environmentally sustainable policies and practices within their organization
44 and communities; and be it further
45

46 RESOLVED, that our AMA facilitates collaboration and sharing of best practices among
47 healthcare professionals and institutions committed to addressing climate change and
48 promoting sustainability.

1 Your Reference Committee heard unanimously supportive testimony for this resolution.
2 Testimony noted this resolution aligns and complements existing AMA policy on climate
3 change and that AMA is well positioned to disseminate resources and tools to physicians
4 and health systems on ways to reduce the environmental footprint of healthcare. Your
5 Reference Committee recommends adoption of Resolution 404.

6
7 (9) RESOLUTION 411 - ADDRESSING THE MYOPIA
8 EPIDEMIC, PUBLIC EDUCATION, AND INSURANCE
9 COVERAGE FOR EVIDENCE-BASED MYOPIA
10 CONTROL

11
12 **RECOMMENDATION:**

13
14 **Your Reference Committee recommends that**
15 **Resolution 411 be adopted.**

16
17 **HOD ACTION: Resolution 411 be adopted.**
18

19 RESOLVED, that our American Medical Association recognize that myopia is a significant
20 and increasing public health concern warranting public health outreach, improved
21 screening in children, and prevention efforts; and be it further

22
23 RESOLVED, that our AMA advocate for public education initiatives to increase awareness
24 among patients, caregivers, educators, and policymakers about the risks of progressive
25 myopia and the availability of evidence-based interventions shown to slow myopia
26 progression; and be it further

27
28 RESOLVED, that our AMA support efforts to formally classify myopia as a disease,
29 including by CMS, to ensure that patients can receive appropriate treatment and insurance
30 coverage for the treatment of this medical condition; and be it further

31
32 RESOLVED, that our AMA support efforts to ensure comprehensive insurance coverage
33 and reimbursement for evidence-based treatments demonstrated to slow myopia
34 progression in pediatric and adolescent patients.

35
36 Your Reference Committee heard unanimously supportive testimony for this resolution.
37 Many delegations and sections noted the urgency of the proposed policy due to increasing
38 rates of myopia across the globe, and the severe consequences of untreated myopia.
39 Therefore, your Reference Committee recommends that Resolution 411 be adopted.

40
41 (10) RESOLUTION 413 - EROSION OF THE PUBLIC
42 EVIDENCE BASE FOR HEALTH POLICY

43
44 **RECOMMENDATION:**

45
46 **Your Reference Committee recommends that**
47 **Resolution 413 be adopted.**

1
2 **HOD ACTION: Resolution 413 be adopted.**
3

4
5 RESOLVED, that our American Medical Association urges the U.S. federal government
6 to publicly disclose the causes of federal disease surveillance interruptions; to provide
7 expeditious timelines for restoration of surveillance databases and analyses for all
8 nationally notifiable diseases, including hiring and re-hiring of scientifically qualified and
9 appropriately funded staff; and to adopt an adequate mandatory public notification protocol
10 for any future pauses; and be it further

11
12 RESOLVED, that our AMA advocate Congressional oversight, including an annual report,
13 assessing CDC surveillance performance; staffing adequacy; data transparency; and the
14 impact of funding levels collectively on public health readiness and national security.

15
16 Your Reference Committee heard testimony that was unanimously supportive of
17 Resolution 413. Multiple delegations, sections, and individuals emphasized the critical
18 importance of robust, transparent, and well-funded public health surveillance systems,
19 noting that timely and accurate data are essential for clinical decision-making and effective
20 public health response. Testimony also highlighted concerns regarding recent
21 interruptions and lack of transparency in federal surveillance systems, as well as the need
22 for adequate staffing, funding, and Congressional oversight to ensure reliability and
23 accountability. Therefore, your Reference Committee recommends that Resolution 413
24 be adopted.

25
26 (11) RESOLUTION 415 - ADVOCACY FOR RESTORATION OF
27 THE ENDANGERMENT FINDING REGARDING
28 GREENHOUSE GAS EMISSIONS

29
30 **RECOMMENDATION:**

31
32 **Your Reference Committee recommends that**
33 **Resolution 415 be adopted.**
34

35 **HOD ACTION: Resolution 415 be adopted.**
36

37
38 RESOLVED, That our AMA encourage the Litigation Center to monitor lawsuits against
39 the rescinding of the endangerment finding and to consider submitting amicus curiae
40 briefs in those with a likelihood of success on behalf of the HOD; and be it further

41
42 RESOLVED, that our AMA advocate against the repeal of the endangerment finding and
43 support its restoration; and be it further

44
45 RESOLVED, that our AMA publicly state that repeal of the endangerment finding is a
46 threat to public health and take appropriate action, to include collaboration with relevant
47 associations and stakeholders, to ensure that the public is adequately educated.

1 Your Reference Committee heard unanimously supportive testimony from multiple
2 delegations and individuals for this resolution. Testimony reinforced the urgency of
3 regulation and action on reducing greenhouse gas emissions that are causing climate
4 change which has a myriad of adverse health impacts. Additionally, those testifying noted
5 that the restoration of the endangerment finding is a critical policy lever to reduce
6 greenhouse gas emissions and protect public health. Your Reference Committee
7 recommends adoption of Resolution 415.

8
9 (12) RESOLUTION 416 - CLINICAL LABORATORY
10 WORKFORCE SHORTAGE AND SUSTAINABILITY

11
12 **RECOMMENDATION:**

13
14 **Your Reference Committee recommends that**
15 **Resolution 416 be adopted.**

16
17 **HOD ACTION: Resolution 416 be adopted.**

18
19
20 RESOLVED, that our American Medical Association recognize the unique and critical role
21 of medical laboratory professionals in patient care and public health and the urgent need
22 to address workforce shortages; and be it further

23
24 RESOLVED, that our AMA support advocacy efforts to sustain and strengthen clinical
25 laboratory training and education programs, including assistance for faculty development
26 and infrastructure, to address capacity and recruitment needs; and be it further

27
28 RESOLVED, that our AMA collaborate with relevant stakeholders, including accrediting
29 bodies, educational institutions, health care organizations, and professional societies, to
30 promote awareness of clinical laboratory careers, as members of the physician-led health
31 care team, among students and the public.

32
33 Your Reference Committee heard testimony that was strongly supportive of the original
34 language in Resolution 416. Multiple delegations, sections, and individuals emphasized
35 the critical role of medical laboratory professionals in patient care, noting that workforce
36 shortages are contributing to delays in diagnostic testing, strain on existing staff, and
37 challenges in maintaining timely, high-quality care across clinical settings. An amendment
38 was proposed by a delegation to expand the resolution's focus to include competency-
39 based educational pathways and evaluation of unnecessary barriers to workforce entry.
40 Multiple delegations and sections had concerns with this amendment noting that it could
41 have unintended consequences. Your Reference Committee agrees and therefore
42 recommends that Resolution 416 be adopted.

1 (13) RESOLUTION 421 - IMPROVING ACCESS TO CARE AND
2 SUPPORT FOR PATIENTS WITH INFLAMMATORY
3 BOWEL DISEASE IN THE UNITED STATES
4

5 **RECOMMENDATION:**
6

7 **Your Reference Committee recommends that**
8 **Resolution 421 be adopted.**
9

10 **HOD ACTION: Resolution 421 be adopted.**
11

12
13 RESOLVED, That the American Medical Association (AMA) support the development and
14 implementation of standardized, scalable referral and patient navigation pathways for
15 each state — through collaboration with the American Gastroenterological Association,
16 the American College of Gastroenterology, the American Society for Gastrointestinal
17 Endoscopy, the Crohn’s & Colitis Foundation, state and local Departments of Public
18 Health, Federally Qualified Health Centers, safety-net health systems, and community-
19 based organizations — to connect patients with inflammatory bowel disease to timely and
20 affordable colonoscopy services for diagnosis and surveillance, leveraging existing
21 colorectal cancer screening and navigation models (New HOD Policy); and be it further
22

23 RESOLVED, That the AMA support educational initiatives and resource dissemination,
24 developed in collaboration with appropriate partners—including patient advocacy
25 organizations, professional societies, and health systems—to increase awareness among
26 physicians regarding documentation requirements for Social Security Disability Insurance
27 (SSDI) and Supplemental Security Income (SSI) eligibility in patients with severe
28 inflammatory bowel disease, in order to improve access to financial support and insurance
29 coverage (New HOD Policy); and be it further
30

31 RESOLVED, That the AMA support policies that support nationwide efforts to
32 expand equitable access to colonoscopy services for patients with inflammatory bowel
33 disease and increase physician awareness of disability benefit eligibility as a mechanism
34 to improve continuity of care and access to necessary medical services (New HOD
35 Policy).
36

37 Your Reference Committee heard limited testimony that was unanimously supportive of
38 this resolution. Multiple delegations and sections emphasized the importance of improving
39 access to timely, coordinated diagnostic and specialty care for patients with inflammatory
40 bowel disease, highlighting persistent barriers including delays in colonoscopy,
41 fragmented care, and insurance-related challenges. Testimony also underscored the
42 critical role of colonoscopy and longitudinal monitoring in preventing complications and
43 reducing disparities, as well as the value of collaborative approaches to improve care
44 delivery. Therefore, your Reference Committee recommends that Resolution 421 be
45 adopted.

1 (14) RESOLUTION 422 - EXPANDING ACCESS TO HIGH
2 RESOLUTION ANOSCOPY

3
4 **RECOMMENDATION:**

5
6 **Your Reference Committee recommends that**
7 **Resolution 422 be adopted.**
8

9 **HOD ACTION: Resolution 422 be adopted.**

10
11
12 RESOLVED, that our AMA collaborate with relevant national medical specialty societies
13 to promote development and dissemination of evidence-based and practical guidance,
14 referral pathways, and implementation strategies to integrate anal cancer screening and
15 HRA access into routine care for high-risk populations; and be it further

16
17 RESOLVED, that our AMA encourage and promote educational resources, training
18 opportunities, and competency guidance related to high-resolution anoscopy developed
19 by relevant medical specialty societies and other expert organizations in order to support
20 expansion of patient access and an appropriately trained workforce; and be it further

21
22 RESOLVED, that our American Medical Association advocate at the federal and state
23 levels for policies that expand equitable access to high-resolution anoscopy (HRA) for
24 high-risk populations, including ensuring adequate reimbursement, reducing geographic
25 disparities, and supporting workforce development; and be it further

26
27 RESOLVED, that our AMA encourage federal agencies, including the Health Resources
28 and Services Administration (HRSA) and Centers for Medicare and Medicaid Services
29 (CMS), to support funding mechanisms and demonstration programs that expand HRA
30 capacity in HIV care settings, federally qualified health centers, and underserved
31 communities.

32
33 Your Reference Committee heard unanimously supportive testimony for this resolution.
34 Multiple delegations and sections remarked that real-world implementation of anal cancer
35 screening lags and noted an urgent need for further training and equipment to incorporate
36 screening into routine care. In particular, it was noted that high-risk populations, who would
37 benefit the most from screening, are often unable to access high resolution anoscopy due
38 to workforce shortages, geographic disparities, and inadequate reimbursement. Multiple
39 sections testified that patients are forced to travel far distances to access evidence-based
40 care, and that this resolution identifies gaps to reduce existing health disparities.
41 Therefore, your Reference Committee recommends that Resolution 422 be adopted.

1 (15) RESOLUTION 423 - EXPANDING ACCESS TO HIV PRE-
2 EXPOSURE PROPHYLAXIS (PREP)

3
4 **RECOMMENDATION:**

5
6 **Your Reference Committee recommends that**
7 **Resolution 423 be adopted.**
8

9 **HOD ACTION: Resolution 423 be adopted.**

10
11
12 RESOLVED, that our AMA supports advocacy, research funding, and targeted
13 programmatic support to address disparities in PrEP access among populations
14 disproportionately affected by HIV, ensuring that strategies are tailored to the unique
15 needs of these communities; and be it further

16
17 RESOLVED, that our AMA supports efforts to expand PrEP access to all individuals in
18 alignment with evidence-based guidelines and shared decision making, including but not
19 limited to innovative delivery models across various care settings and strategies to
20 address social determinants of health that impede PrEP uptake such as housing
21 instability, transportation barriers, and stigma.
22

23
24 Your Reference Committee heard testimony that was unanimously supportive of
25 Resolution 423. Multiple delegations, sections, and individuals emphasized the
26 importance of expanding access to HIV pre-exposure prophylaxis (PrEP) and highlighted
27 ongoing challenges to uptake, particularly among populations disproportionately impacted
28 by HIV. An amendment was proffered to explicitly include youth in the first Resolve clause.
29 The authors noted that maintaining broader language, without specifying a particular age
30 or group, will allow the AMA to advocate for all populations and adapt as access needs
31 evolve. Your Reference Committee agrees and therefore recommends that Resolution
32 423 be adopted.

33 (16) RESOLUTION 424 - SUPPORTING EDUCATION AND
34 ACCESS TO POSTEXPOSURE DOXYCYCLINE
35 (DOXYPEP)

36
37 **RECOMMENDATION:**

38
39 **Your Reference Committee recommends that**
40 **Resolution 424 be adopted.**
41

42 **HOD ACTION: Resolution 424 be adopted.**

43
44
45 RESOLVED, that our AMA supports physician and trainee education on Postexposure
46 Doxycycline (DoxyPEP) and other anti-microbial postexposure treatments; and be it
47 further
48

1 RESOLVED, that our AMA supports prescribing and insurance coverage of Postexposure
2 Doxycycline (DoxyPEP) for sexually transmitted infection (STI) prevention.
3

4
5 Your Reference Committee heard testimony that was unanimously supportive of
6 Resolution 424. Multiple delegations, sections, and individuals emphasized the
7 effectiveness of doxycycline postexposure prophylaxis (DoxyPEP) as an emerging
8 strategy to prevent bacterial sexually transmitted infections and highlighted persistent
9 gaps in awareness, access, and uptake. An amendment was proffered to add language
10 specifying “for all ages” in the first Resolve clause. The authors noted that the existing
11 language is intentionally broad and inclusive and that adding qualifiers may unnecessarily
12 limit the flexibility of the policy. Your Reference Committee agrees and therefore
13 recommends that Resolution 424 be adopted.
14

15 (17) RESOLUTION 429 - ADOLESCENT DATING VIOLENCE
16 COMPREHENSIVE SCREENING TOOL DEVELOPMENT
17

18 **RECOMMENDATION:**
19

20 **Your Reference Committee recommends that**
21 **Resolution 429 be adopted.**
22

23 **HOD ACTION: Resolution 429 be adopted.**
24

25
26 RESOLVED, that our American Medical Association ask relevant stakeholders, including
27 federal agencies, academic institutions, and professional societies, to support the
28 development of validated, culturally sensitive, LGBTQ+ inclusive adolescent-specific
29 screening tools for adolescent intimate partner violence that can be easily implemented in
30 the clinic setting.
31

32 Your Reference Committee heard unanimously supportive testimony for this resolution.
33 Multiple delegations and sections emphasized the risks of adolescent dating violence,
34 particularly among female and LGBTQ+ students. Testimony noted the need for
35 adolescent specific screening tools, especially for those most at risk, and that current AMA
36 policy does not sufficiently cover the development of culturally sensitive and adolescent
37 specific tools to prevent violence. Your Reference Committee agrees and therefore
38 recommends that Resolution 429 be adopted.
39

40 (18) RESOLUTION 430 - SUPPORT HEAVY METAL AND
41 TOXIC EXPOSURE TESTING FOR RESIDENTS
42 AFFECTED BY WILDFIRES
43

44 **RECOMMENDATION:**
45

46 **Your Reference Committee recommends that**
47 **Resolution 430 be adopted.**

1
2 **HOD ACTION: Resolution 430 be adopted.**

3
4
5 RESOLVED, that our American Medical Association supports the development,
6 dissemination, and implementation of voluntary post-wildfire toxicant exposure screening
7 protocols, covering heavy metals, polycyclic aromatic hydrocarbons (PAHs), and other
8 dangerous air pollutants and toxic substances, for wildfire-impacted individuals and
9 communities, in coordination with appropriate public health and environmental agencies,
10 universities, public health schools and societies; and be it further

11
12 RESOLVED, that our AMA support federal and state efforts, in partnership with public
13 health and environmental agencies, to ensure access to environmental monitoring, mobile
14 health services, medical follow-up, and treatment for individuals exposed to toxic
15 substances during or after wildfire events, with particular attention to frontline, vulnerable
16 and disproportionately impacted communities.

17
18 Your Reference Committee heard generally supportive testimony for this resolution from
19 multiple sections although one delegation and one individual testified in support of referral.
20 Supportive testimony noted that wildfires are becoming increasingly more frequent,
21 intense, and destructive leading to widespread exposure to hazardous air pollution and
22 threatening public health. Testimony in support of referral felt that further study is needed
23 to develop specific actionable recommendations around testing for heavy metals and that
24 if individuals were screened for heavy metals and found to be positive for exposure, there
25 would be no specific treatment and therefore screening would have limited utility. The
26 resolution authors testified in opposition to referral, noting that the resolution does not
27 mandate universal screening, it doesn't prescribe rigid testing protocols independent of
28 evidence-based guidance, and screening is still valuable in that it can identify exposure
29 patterns and affected populations that can be targeted for public health interventions or
30 further follow-up. Due to the largely supportive testimony for Resolution 430, your
31 Reference Committee recommends adoption.

32
33 (19) RESOLUTION 433 - ADDRESSING THE EPIDEMIC OF
34 FRAGILITY FRACTURES THROUGH IMPROVED
35 OSTEOPOROSIS SCREENING AND TREATMENT

36
37 **RECOMMENDATION:**

38
39 **Your Reference Committee recommends that**
40 **Resolution 433 be adopted.**

41
42 **HOD ACTION: Resolution 433 be adopted.**

43
44
45 RESOLVED, that our American Medical Association recognize fragility fractures and
46 untreated osteoporosis as a significant and urgent public health issue in the United States;
47 and be it further

48

1 RESOLVED, that our AMA support expanded and evidence-based osteoporosis
2 screening efforts, including improved access to dual-energy X-ray absorptiometry
3 scanning and Fracture Risk Assessment Tool evaluations for at-risk populations; and be
4 it further

5
6 RESOLVED, that our AMA encourage health systems, hospitals, and physician groups to
7 develop and implement coordinated fracture liaison services and secondary fracture
8 prevention programs; and be it further

9
10 RESOLVED, that our AMA advocate for legislation or regulation for improved insurance
11 coverage and payment policies for osteoporosis screening, diagnosis, pharmacologic
12 treatment, and follow-up care; and be it further

13
14 RESOLVED, that our AMA support nationwide public and physician education initiatives
15 aimed at increasing awareness of osteoporosis risk factors, prevention, and the
16 importance of post-fracture evaluation.

17
18 Your Reference Committee heard testimony that was largely supportive of Resolution 433.
19 Multiple delegations and sections emphasized that osteoporosis and fragility fractures
20 remain underdiagnosed and undertreated, highlighting significant gaps in screening,
21 treatment, and secondary fracture prevention despite the availability of effective
22 interventions. A delegation proffered an amendment to strike the first Resolve clause,
23 noting concern regarding the characterization of osteoporosis as a public health issue. An
24 individual proffered an amendment to strike the third Resolve noting concern about the
25 feasibility and implementation of coordinated fracture liaison services. Given that there
26 was no testimony in support of these amendments and that the majority of the testimony
27 was in support of this resolution including support for the content the proffered
28 amendments sought to delete, your Reference Committee recommends that Resolution
29 433 be adopted.

30
31 (20) RESOLUTION 435 - SUPPORTING REGULATIONS FOR
32 MORE STRINGENT SAFETY MEASURES FOR
33 MICROMOBILITY

34
35 **RECOMMENDATION:**

36
37 **Your Reference Committee recommends that**
38 **Resolution 435 be adopted.**

39
40 **HOD ACTION: Resolution 435 be adopted.**

41
42
43 RESOLVED, that our American Medical Association better define and expand AMA policy
44 to help improve safety for micromobility (e-bikes and e-scooters) usage by endorsing the
45 following positions:

- 46 1. Helmets, certified by the US Consumer Safety Product Commission and rated for
47 speed, should be worn for all and be mandatory for Class 3 e-bikes and all scooters;
48 2. Additional gear should include elbow pads, knee pads, wrist guards, closed-toe
49 footwear and high-visibility or reflective gear for use at nighttime;

- 1 3. Headphones should be avoided during use;
- 2 4. E-scooters and Class 3 e-bikes should have a minimum age of 16 to operate;
- 3 5. Require education and training for Class 3 e-bikes;
- 4 6. Define where e-bikes can be ridden both on and off-road, including speed limits on
- 5 shared paths and no operation allowed on sidewalks;
- 6 7. No distractions while operating;
- 7 8. No passengers while operating;
- 8 9. Regulate out-of-class products and anti-tampering;
- 9 10. Training required to operate devices, including smooth and consistent braking at
- 10 high speeds and basic traffic rules; (Directive to Take Action); and be it further

11
12 RESOLVED, that our American Medical Association advocate for standardized injury
13 surveillance and reporting of micromobility-related injuries at the state and national level,
14 including integration into existing trauma registries and public health reporting systems
15 (Directive to Take Action); and be it further

16
17 RESOLVED, that our American Medical Association encourage and advocate for
18 accelerated research into the root causes of e-bike and e-scooter related injuries in the
19 United States, with the goal of defining actionable best practices to prevent and/or
20 minimize serious injury associated with operation of various classes of such vehicles, as
21 well as the relevant demographics of the operators thereof (Directive to take Action).

22 Your Reference Committee heard limited but supportive testimony for this resolution. This
23 resolution addresses the growing public health risks associated with e-bikes and e-
24 scooters by promoting clear safety standards, rider education, and responsible use as well
25 as the need for improved injury surveillance and research to better understand and
26 prevent micromobility-related injuries. Therefore, your Reference Committee recommends
27 that Resolution 435 be adopted.

28 (21) RESOLUTION 437 - ADDRESSING HOUSING NEEDS OF
29 THE NATIVE HAWAIIAN AND THEIR DIASPORA

30
31 **RECOMMENDATION:**

32
33 **Your Reference Committee recommends that**
34 **Resolution 437 be adopted.**

35
36 **HOD ACTION: Resolution 437 be adopted.**

37
38
39 RESOLVED, that our American Medical Association support federal funding for housing
40 programs, including efforts by the Department of Hawaiian Home Lands (DHHL), that
41 prioritizes tribal self-determination for Indigenous communities and inclusion of Native
42 Hawaiians regardless of geographic location; and be it further

43
44 RESOLVED, that our American Medical Association recognize Native Hawaiian
45 Organizations as the authoritative bodies for determining Native Hawaiian membership
46 and lineage, and oppose the use of externally imposed criteria, such as blood quantum,
47 to determine eligibility for any form of federal, state, or local assistance.

1 Your Reference Committee heard brief but unanimously supportive testimony for this
2 resolution, which highlighted the severe impact of homelessness on native Hawaiian
3 populations. Testimony underscored the urgent nature of the resolution, with state budgets
4 receiving drastic reductions and an increasing number of legal challenges to indigenous
5 Hawaiian self-governance. Testimony also emphasized the gravity of homelessness in
6 Hawaii, which currently has the highest rates of homelessness in the United States. Your
7 Reference Committee agrees and therefore recommends that Resolution 437 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(22) CSAPH 02 - SETTING STANDARDS FOR FORENSIC TOXICOLOGY LABORATORIES USED IN LITIGATION

RECOMMENDATION A:

Your Reference Committee recommends the first Recommendation of CSAPH Report 02 be amended by deletion to read as follows:

1. Our American Medical Association support national efforts to establish a unified, science-based oversight framework for CLIA-exempt forensic toxicology laboratories, including the development of consistent baseline standards, a coordinated national accreditation structure, enhanced transparency requirements, and complementary oversight expectations for individual CLIA-exempt forensic toxicology laboratories practitioners to address the absence of mandatory accreditation and the current fragmentation of quality systems; and

RECOMMENDATION B:

Your Reference Committee recommends that the second Recommendation in the CSAPH Report 02 be amended by deletion to read as follows:

2. Our American Medical Association encourages greater transparency in CLIA-exempt forensic toxicology laboratory operations, including publicly accessible information on personnel qualifications, accreditation status and scope, quality assurance practices, method validation documentation, and scientific oversight processes, and the key evidentiary materials needed for judicial evaluation such as raw data, validation records, quality-control logs, and proficiency testing results, to strengthen the reliability, interpretability, and accountability of medicolegal testing. (Directives to Take Action)

RECOMMENDATION C:

Your Reference Committee recommends that the Recommendations in CSAPH Report 02 be adopted as amended and the remainder of the report be filed.

1 **RECOMMENDATION D:**

2
3 **Your Reference Committee recommends that the title of**
4 **CSAPH Report 02 be changed to read as follows:**

5
6 **SETTING STANDARDS FOR CLINICAL LABORATORY**
7 **IMPROVEMENT AMENDMENTS (CLIA)-EXEMPT**
8 **TOXICOLOGY LABORATORIES USED IN LITIGATION**
9

10 **HOD ACTION: CSAPH Report 2 adopted as amended and remainder of Report**
11 **filed.**

12
13 **ADOPTED LANGUAGE:**

14 **Setting Standards for Clinical Laboratory Improvement Amendments (CLIA)-**
15 **Exempt Toxicology Laboratories Used in Litigation**

- 16
17 **1. Our American Medical Association support national efforts to establish a**
18 **unified, science-based oversight framework for CLIA-exempt toxicology**
19 **laboratories, including the development of consistent baseline standards, a**
20 **coordinated national accreditation structure, enhanced transparency**
21 **requirements, and complementary oversight expectations for individual CLIA-**
22 **exempt toxicology laboratories to address the absence of mandatory**
23 **accreditation and the current fragmentation of quality systems; and**
24 **2. Our American Medical Association encourages greater transparency in CLIA-**
25 **exempt toxicology laboratory operations, including publicly accessible**
26 **information on personnel qualifications, accreditation status and scope, quality**
27 **assurance practices, method validation documentation, and scientific oversight**
28 **processes, and the key evidentiary materials needed for judicial evaluation such**
29 **as raw data, validation records, quality-control logs, and proficiency testing**
30 **results, to strengthen the reliability, interpretability, and accountability of testing.**
31 **(Directives to Take Action)**

32
33
34 **The Council on Science and Public Health recommends that the following be adopted,**
35 **and the remainder of the report be filed.**

- 36
37 **1. Our American Medical Association support national efforts to establish a unified,**
38 **science-based oversight framework for CLIA-exempt forensic toxicology laboratories,**
39 **including the development of consistent baseline standards, a coordinated national**
40 **accreditation structure, enhanced transparency requirements, and complementary**
41 **oversight expectations for individual forensic toxicology practitioners to address the**
42 **absence of mandatory accreditation and the current fragmentation of quality systems; and**
43 **2. Our American Medical Association encourages greater transparency in forensic**
44 **toxicology laboratory operations, including publicly accessible information on personnel**
45 **qualifications, accreditation status and scope, quality assurance practices, method**
46 **validation documentation, and scientific oversight processes, and the key evidentiary**
47 **materials needed for judicial evaluation such as raw data, validation records, quality-**
48 **control logs, and proficiency testing results, to strengthen the reliability, interpretability,**
49 **and accountability of medicolegal testing. (Directives to Take Action)**

1 Your Reference Committee heard mixed testimony that was generally supportive of the
2 report and its recommendations. Testimony in support emphasized the importance of
3 establishing a more consistent, science-based oversight framework for toxicology
4 laboratories, noting variability in current practices, gaps in standardization, and the
5 implications for both civil and criminal proceedings. An amendment was proffered, asking
6 to reinstate provisions related to laboratory leadership qualifications. The Council on
7 Science and Public Health opposed the proposed amendment, expressing concern that
8 specifying personnel requirements could unnecessarily limit flexibility and narrow the pool
9 of qualified leadership. This amendment was also opposed by multiple delegations. A
10 delegation proffered an amendment to remove reference of “forensic” in the
11 recommendations as well as “medicolegal” stating that the inclusion of forensic would
12 include postmortem toxicology services which have well-established and rigorous
13 standards already in place. They noted that specifically referencing CLIA-exempt
14 toxicology laboratories would be in line with the intent of the report, while also recognizing
15 and respecting the distinct role of postmortem toxicology systems. Multiple delegations
16 were in support of this amendment including the original author of the resolution. Your
17 Reference Committee agrees with this amendment and therefore recommends that the
18 recommendations in CSAPH Report 02 be adopted as amended.

19
20 (23) CSAPH 06 - MITIGATING AIR AND NOISE POLLUTION
21 FROM AVIATION IN MINORITY COMMUNITIES
22 DISPROPORTIONATELY IMPACTED AND VULNERABLE
23 COMMUNITIES

24
25 **RECOMMENDATION A:**

26
27 **Your Reference Committee recommends the first**
28 **Recommendation of CSAPH Report 06 be amended by**
29 **addition and deletion to read as follows:**

- 30
31 **1. Supports increased surveillance, monitoring and**
32 **research of air and noise pollution exposure from**
33 **aviation, specifically for ~~vulnerable populations,~~**
34 **airport workers and persons who reside in**
35 **neighborhoods near airports or under flight paths**
36 **nearby communities.**

37
38 **RECOMMENDATION B:**

39
40 **Your Reference Committee recommends that the**
41 **Recommendations in the CSAPH Report 06 be adopted**
42 **as amended and the remainder of the report be filed.**

43
44 **HOD ACTION: CSAPH Report 6 adopted as amended and remainder of Report filed**

45
46 **ADOPTED LANGUAGE:**

47 **Our American Medical Association:**

- 1 **1. Supports increased surveillance, monitoring and research of air and noise**
- 2 **pollution exposure from aviation, specifically for airport workers and persons who**
- 3 **reside in neighborhoods near airports or under flight paths.**
- 4 **2. Encourages studies on the effectiveness of different interventions to mitigate**
- 5 **air and noise pollution exposure from aviation.**
- 6 **3. Encourages airports to implement policy measures identified under the**
- 7 **'balanced approach' system to minimize noise exposure in surrounding**
- 8 **communities, which could include changes to common flight paths, flight**
- 9 **curfews, land use planning and community engagement, sound-proof insulation**
- 10 **projects in nearby communities, and further technological advances to reduce jet**
- 11 **engine noise.**
- 12 **4. Supports the phase-in of sustainable aviation fuels to reduce air pollution and**
- 13 **climate impacts associated with aviation. (New HOD Policy)**
- 14

15
16 The Council on Science and Public Health recommends that the following be adopted in
17 lieu of Resolution 421-A-25, and the remainder of the report be filed.

18
19 Our American Medical Association:

- 20
- 21 1. Supports increased surveillance, monitoring and research of air and noise pollution
- 22 exposure from aviation, specifically for vulnerable populations, airport workers and nearby
- 23 communities.
- 24 2. Encourages studies on the effectiveness of different interventions to mitigate air and
- 25 noise pollution exposure from aviation.
- 26 3. Encourages airports to implement policy measures identified under the 'balanced
- 27 approach' system to minimize noise exposure in surrounding communities, which could
- 28 include changes to common flight paths, flight curfews, land use planning and community
- 29 engagement, sound-proof insulation projects in nearby communities, and further
- 30 technological advances to reduce jet engine noise.
- 31 4. Supports the phase-in of sustainable aviation fuels to reduce air pollution and climate
- 32 impacts associated with aviation. (New HOD Policy)
- 33

34 Your Reference Committee heard limited but overwhelmingly supportive testimony for this
35 report and for its recommendations. Testimony highlighted that aviation pollution
36 disproportionately impacts marginalized communities and the need for a more sustainable
37 transportation system. One individual proffered a friendly amendment to provide more
38 specific context for which populations are most vulnerable to aviation pollution, namely
39 those who reside in neighborhoods near airports. There was no objection to this suggested
40 amendment by the report's authors, and your Reference Committee agrees this helps
41 clarify and strengthen the recommendations. Therefore, your Reference Committee
42 recommends the adoption of CSAPH Report 06 recommendations as amended.

1 (24) RESOLUTION 401 - PARTNERSHIP WITH THE
2 ADMINISTRATION TO REDUCE HARMFUL CHEMICALS
3 IN FOOD AND ALIGN WITH EUROPEAN SAFETY
4 STANDARDS

5
6 **RECOMMENDATION A:**

7
8 **Your Reference Committee recommends that the first**
9 **Resolve clause of Resolution 401 be amended by**
10 **addition and deletion to read as follows:**

11
12 **RESOLVED, that our American Medical Association**
13 **advocates for the establishment of a joint task force**
14 **comprising AMA representatives, FDA officials, USDA**
15 **personnel, independent academic scientists, and**
16 **relevant administration appointees to:**

- 17
18 1) **Conduct a systematic review of food additives**
19 **currently approved in the U.S. but banned or**
20 **restricted in other nations ~~Europe~~**
21 2) **Evaluate the scientific evidence regarding health**
22 **impacts of these substances**
23 3) **Develop a prioritized timeline for regulatory**
24 **action on the most concerning additives**
25 4) **Create transition pathways for food**
26 **manufacturers to adopt safer alternatives**
27 **(Directive to Take Action); and be it further**

28
29 **RECOMMENDATION B:**

30
31 **Your Reference Committee recommends that**
32 **Resolution 401 be adopted as amended.**

33
34 **RECOMMENDATION C:**

35
36 **Your Reference Committee recommends that the title**
37 **of Resolution 401 be changed to read as follows:**

38
39 **PARTNERSHIP WITH THE ADMINISTRATION TO**
40 **REDUCE HARMFUL CHEMICALS IN FOOD**

41
42

HOD ACTION: Resolution 401 be adopted as amended.

43
44 **ADOPTED LANGUAGE:**

45 **Partnership with the Administration to Reduce Harmful Chemicals in Food**

46
47 **RESOLVED, that our American Medical Association advocates for the**
48 **establishment of a joint task force comprising AMA representatives, FDA officials,**

1 **USDA personnel, independent academic scientists, and relevant administration**
2 **appointees to:**

- 3
4 **1) Conduct a systematic review of food additives currently approved in the U.S.**
5 **but banned or restricted in other nations**
6 **2) Evaluate the scientific evidence regarding health impacts of these substances**
7 **3) Develop a prioritized timeline for regulatory action on the most concerning**
8 **additives**
9 **4) Create transition pathways for food manufacturers to adopt safer alternatives**
10 **(Directive to Take Action).**

11
12 **RESOLVED, that our AMA will monitor the implementation of any resulting food**
13 **additive regulation policies and provide ongoing medical and scientific guidance**
14 **to ensure reforms achieve meaningful public health improvements (Directive to**
15 **Take Action).**

16
17
18 **RESOLVED, that our American Medical Association advocates for the establishment of a**
19 **joint task force comprising AMA representatives, FDA officials, USDA personnel, and**
20 **relevant administration appointees to:**

- 21 **1. Conduct a systematic review of food additives currently approved in the U.S. but banned**
22 **or restricted in Europe**
23 **2. Evaluate the scientific evidence regarding health impacts of these substances**
24 **3. Develop a prioritized timeline for regulatory action on the most concerning additives**
25 **4. Create transition pathways for food manufacturers to adopt safer alternatives**
26 **(Directive to Take Action); and be it further**

27
28 **RESOLVED, that our AMA will monitor the implementation of any resulting food additive**
29 **regulation policies and provide ongoing medical and scientific guidance to ensure reforms**
30 **achieve meaningful public health improvements (Directive to Take Action)**

31
32 Your Reference Committee heard mostly supportive testimony from multiple groups for
33 this resolution, citing the importance of reducing harmful chemical exposures in our food
34 supply and advancing evidence-based policies that protect public health from these
35 exposures. A friendly amendment was proffered to add 'independent academic scientists'
36 to the groups that would be asked to engage in this joint task force, and this amendment
37 was supported by the resolution authors. Additionally, one delegation expressed concern
38 about the reference to Europe specifically within the first Resolve, noting that there may
39 be other nations outside of Europe or other important public health bodies that have
40 created guidance or regulations on food additives (e.g., the World Health Organization).
41 Your Reference Committee felt this was an important point and amended the first bullet in
42 the first Resolve to be broader in scope while maintaining the spirit of the resolution.
43 Another concern was raised about the fiscal impact of monitoring regulations around food
44 additives. As monitoring regulations and policies are within the normal scope of activities
45 of AMA advocacy staff, we did not feel this point needed to be addressed through
46 additional amendments to the resolution. During in-person testimony, an amendment was
47 offered by FDA to delete the entire first Resolve clause noting that there are existing efforts
48 underway within the FDA to address safety concerns over food additives. Your Reference
49 Committee did not hear any additional testimony in opposition to its preliminary report

1 recommendation. The resolution author was not supportive of FDA proffered amendments
2 and CSAPH testified noting that they are working on a report on food additives for the
3 Interim 2026 meeting and the issues brought up during testimony could be considered
4 within that report. Therefore, your Reference Committee recommends Resolution 401 be
5 adopted as amended and the title be changed to be aligned with the amended text.
6

7 (25) RESOLUTION 402 - STRENGTHENING PUBLIC HEALTH
8 PROTECTIONS AGAINST RAW MILK-ASSOCIATED
9 ILLNESS

10
11 **RECOMMENDATION A:**

12
13 **Your Reference Committee recommends that the first**
14 **Resolve clause of Resolution 402 be amended by**
15 **addition to read as follows:**

16
17 **RESOLVED, that our American Medical Association**
18 **oppose the consumption, sale, and distribution of raw**
19 **unpasteurized milk and dairy products, for protection of**
20 **everyone, including but not limited to those at risk for**
21 **Listeria complications (New HOD Policy); and be it**
22 **further**

23 **RECOMMENDATION B:**

24
25 **Your Reference Committee recommends that the third**
26 **Resolve clause of Resolution 402 be amended by**
27 **addition to read as follows:**

28
29 **RESOLVED, that our AMA collaborate with like-minded**
30 **organization, possibly the AAP, to jointly develop and**
31 **disseminate cost-efficient public education initiatives**
32 **on the risks of raw, unpasteurized milk and dairy**
33 **products for children and those who are pregnant,**
34 **targeting parents, schools, and childcare providers**
35 **(Directive to Take Action), and be it further**

36
37 **RECOMMENDATION C:**

38
39 **Your Reference Committee recommends that the fourth**
40 **Resolve clause of Resolution 402 be amended by**
41 **addition to read as follows:**

42
43 **RESOLVED, that our AMA support and advocate for, in**
44 **jurisdictions where the sale or distribution of**
45 **unpasteurized raw milk products cannot be prohibited,**
46 **the implementation of labeling requirements that**
47 **clearly warn consumers of the specific health risks**
48 **associated with consumption of raw milk products, for**
49 **general public and for members of vulnerable**

1 **populations, including children and those who are**
2 **pregnant; (Directive to Take Action); and be it further**

3
4 **RECOMMENDATION D:**

5
6 **Your Reference Committee recommends that**
7 **Resolution 402 be adopted as amended.**
8

9 **HOD ACTION: Resolution 402 be adopted as amended.**

10
11 **ADOPTED LANGUAGE:**

12 **RESOLVED, that our American Medical Association oppose the consumption,**
13 **sale, and distribution of raw unpasteurized milk and dairy products, for protection**
14 **of everyone, including but not limited to those at risk for Listeria complications**
15 **(New HOD Policy).**

16
17 **RESOLVED, that our AMA urge congress and state legislatures to prohibit**
18 **interstate sale of raw unpasteurized milk, strengthening current FDA regulation.**
19

20 **RESOLVED, that our AMA collaborate with like-minded organization, possibly the**
21 **AAP, to jointly develop and disseminate cost-efficient public education initiatives**
22 **on the risks of raw, unpasteurized milk and dairy products for children and those**
23 **who are pregnant, targeting parents, schools, and childcare providers (Directive**
24 **to Take Action).**

25
26 **RESOLVED, that our AMA support and advocate for, in jurisdictions where the**
27 **sale or distribution of unpasteurized raw milk products cannot be prohibited, the**
28 **implementation of labeling requirements that clearly warn consumers of the**
29 **specific health risks associated with consumption of raw milk products, for the**
30 **general public and for members of vulnerable populations, including children and**
31 **those who are pregnant; (Directive to Take Action).**

32
33 **RESOLVED, that our AMA support banning raw milk in settings accessible to**
34 **children, such as schools and daycare facilities.**
35

36
37 **RESOLVED, that our American Medical Association oppose the consumption and**
38 **distribution of raw unpasteurized milk and dairy products, for protection of everyone,**
39 **including but not limited to those at risk for Listeria complications; and be it further**

40
41 **RESOLVED, that our AMA urge congress and state legislatures to prohibit interstate sale**
42 **of raw unpasteurized milk, strengthening current FDA regulation; and be it further**

43
44 **RESOLVED, that our AMA collaborate with like-minded organizations, possibly the AAP,**
45 **to jointly develop and disseminate cost-efficient public education initiatives on the risks of**
46 **raw, unpasteurized milk and dairy products for children, targeting parents, schools, and**
47 **childcare providers; and be it further**
48

1 RESOLVED, that our AMA support and advocate for, in jurisdictions where the sale or
2 distribution of unpasteurized raw milk products cannot be prohibited, the implementation
3 of labeling requirements that clearly warn consumers of the specific health risks
4 associated with consumption of raw milk products, for general public and for members of
5 vulnerable populations; and be it further
6

7 RESOLVED, that our AMA support banning raw milk in settings accessible to children,
8 such as schools and daycare facilities.
9

10 Your Reference Committee heard supportive testimony from multiple delegations and
11 individual physicians regarding the urgent need for this resolution. Testimony noted that
12 while the public health benefits of pasteurization and health risks of consuming raw milk
13 have been well documented for some time, there has been a growing movement of
14 support for the consumption and deregulation of raw milk. Consuming raw milk can cause
15 severe illness and disease, especially for immuno-compromised individuals. Despite
16 strong support for the resolution, there were a few suggested amendments. The first
17 suggestion was to amend the first Resolve to say 'sale' versus 'consumption,' which was
18 supported by some but not others, noting that the AMA should oppose consumption, sale
19 and distribution of raw milk. Additionally, another delegation suggested adding language
20 to Resolve clauses three and four to include specific references to children and pregnant
21 individuals as vulnerable populations that should not consume raw milk. Considering that
22 others who testified also mentioned these groups as vulnerable populations, your
23 Reference Committee believes these amendments to be valuable. Your Reference
24 Committee recommends that Resolution 402 be adopted as amended.
25

26 (26) RESOLUTION 403 - AMA'S CONTINUED SUPPORT FOR
27 COVID-19 VACCINATION IN PREGNANT INDIVIDUALS
28 AND CHILDREN
29

30 **RECOMMENDATION A:**

31
32 **Your Reference Committee recommends that**
33 **Resolution 403 be amended by addition and deletion to**
34 **read as follows:**
35

36 **RESOLVED, that our American Medical Association**
37 **calls on the U.S. Centers for Disease Control and**
38 **Prevention, Health and Human Services, and the**
39 **Department of Health and Human Services to restore**
40 **explicit evidence-based vaccine recommendations,**
41 **including for COVID-19 vaccination of pregnant**
42 **individuals and young children aged 6 months to 17**
43 **years. (Directive to Take Action)**
44

45 **RECOMMENDATION B:**

46
47 **Your Reference Committee recommends that**
48 **Resolution 403 be adopted as amended.**

1
2 **HOD ACTION: Resolution 403 be adopted as amended.**
3

4 **ADOPTED LANGUAGE:**

5 **RESOLVED, that our American Medical Association calls on the U.S. Centers for**
6 **Disease Control and Prevention, Health and Human Services, and the Department**
7 **of Health and Human Services to restore evidence-based vaccine**
8 **recommendations, including for COVID-19 vaccination of pregnant individuals and**
9 **children aged 6 months to 17 years. (Directive to Take Action)**
10

11
12 **RESOLVED, that our American Medical Association calls on the U.S. Centers for Disease**
13 **Control and Prevention, Health and Human Services, and the Department of Health and**
14 **Human Services to restore explicit recommendations for COVID 19 vaccination of**
15 **pregnant individuals and young children aged 6 months to 17 years.**
16

17 Your Reference Committee heard testimony that was supportive of Resolution 403.
18 Multiple delegations, sections, and individuals emphasized the importance of maintaining
19 evidence-based COVID-19 vaccination recommendations, particularly for pregnant
20 individuals and children, and highlighted the continued risk of severe outcomes in these
21 populations. Several amendments were proffered during testimony, highlighting the
22 challenge of calling for restoring explicit recommendations rather than calling for evidence-
23 based vaccine recommendation, with recognition that science may change over time. An
24 additional amendment called for removing the word “young.” These amendments received
25 support from multiple delegations and individuals. An individual also proposed additional
26 resolve clauses to emphasize patient counseling and shared decision-making, as well as
27 to support appropriate reimbursement and resources for these discussions; however,
28 there was no additional testimony in support of these proposals. Therefore, your
29 Reference Committee recommends that Resolution 403 be adopted as amended.
30

31 (27) RESOLUTION 405 - STUDYING THE ENVIRONMENTAL
32 IMPACT OF AMBIENT CLINICAL INTELLIGENCE USE
33

34 **RECOMMENDATION A:**

35
36 **Your Reference Committee recommends that the**
37 **second Resolve clause of Resolution 405 be amended**
38 **by addition and deletion to read as follows:**
39

40 **RESOLVED, that our AMA support efforts to require**
41 **voluntarily reporting of emissions, water use, and e-**
42 **waste from data centers to allow for public health**
43 **entities to anticipate care and coverage costs to**
44 **affected populations (New HOD Policy); and be it further**
45

46 **RECOMMENDATION B:**

47
48 **Your Reference Committee recommends that**
49 **Resolution 405 be adopted as amended.**

1
2 **HOD ACTION: Resolution 405 be adopted as amended.**

3
4 **ADOPTED LANGUAGE:**

5 **RESOLVED, that our American Medical Association in collaboration with state**
6 **medical societies, develop a framework to study the public health impact and**
7 **ecological challenges posed by the growth of ambient clinical intelligence**
8 **(Directive to Take Action).**

9
10 **RESOLVED, that our AMA support efforts to require reporting of emissions, water**
11 **use, and e-waste from data centers to allow for public health entities to anticipate**
12 **care and coverage costs to affected populations (New HOD Policy).**

13
14 **RESOLVED, our AMA works with stakeholders to encourage state and federal**
15 **legislatures to offer specific tax incentives to ambient clinical intelligence vendors**
16 **to work toward using 100% sustainable energy sources (Directive to Take Action).**

17
18 **RESOLVED, our AMA works with other industry healthcare associations to help**
19 **establish clear guidelines on the responsible disposal of AI-enabled medical**
20 **devices as well as AI purposed hardware. (Directive to Take Action)**

21
22
23 **RESOLVED, that our American Medical Association in collaboration with state medical**
24 **societies, develop a framework to study the public health impact and ecological challenges**
25 **posed by the growth of ambient clinical intelligence (Directive to Take Action); and be it**
26 **further**

27
28 **RESOLVED, that our AMA support efforts to voluntarily report emissions, water use, and**
29 **e-waste from data centers to allow for public health entities to anticipate care and coverage**
30 **costs to affected populations (New HOD Policy); and be it further**

31
32 **RESOLVED, our AMA works with stakeholders to encourage state and federal legislatures**
33 **to offer specific tax incentives to ambient clinical intelligence vendors to work toward using**
34 **100% sustainable energy sources (Directive to Take Action); and be it further**

35
36 **RESOLVED, our AMA works with other industry healthcare associations to help establish**
37 **clear guidelines on the responsible disposal of AI-enabled medical devices as well as AI**
38 **purposed hardware. (Directive to Take Action)**

39
40 Your Reference Committee heard mostly supportive testimony for this resolution with one
41 delegation offering an amendment to the second Resolve clause to change voluntary
42 reporting of emissions, water usage, and waste to mandatory. Since changing the word
43 voluntary to mandatory did not make sense grammatically, your Reference Committee felt
44 amending that Resolve with the word “require” instead of “mandatory” fulfilled the spirit of
45 the requested amendment. Other testimony noted that while there are benefits of AI
46 integration in health care, the rapid and large-scale development of AI data centers across
47 the U.S has raised important environmental and public health concerns, including strain
48 on electrical grids and water resources. It was noted that EPA has jurisdiction over this

1 issue and should be noted but no amendment was submitted. Your Reference Committee
2 recommends Resolution 405 be adopted as amended.

3
4 (28) RESOLUTION 407 - COLORECTAL CANCER IN
5 ALASKAN NATIVE PATIENTS

6
7 **RECOMMENDATION A:**

8
9 Your Reference Committee recommends that the
10 second Resolve clause of Resolution 407 be amended
11 by addition and deletion to read as follows:

12
13 **RESOLVED**, that our AMA will coordinate with
14 interested national medical specialty societies, state
15 medical associations, ~~Alaska Native Corporations~~ tribal
16 health organizations, the Indian Health Service, and
17 tribal governments to enhance physician education and
18 awareness of the tribal public health authority
19 recommendation to initiate preventive screening for
20 colorectal cancer at age 40 in individuals with Alaska
21 Native ancestry and advocate that these screenings be
22 covered by all public and private payers, including the
23 Indian Health Service and U.S. Centers for Medicare and
24 Medicaid Services. These patients should also be
25 counseled that the U.S. Preventive Services Task Force
26 does not have a position on initiating colorectal cancer
27 screening at age 40 in the Alaska Native population, and
28 thus should be presented the risks and benefits
29 associated with colonoscopy and medically
30 appropriate screening alternatives. (Directive to Take
31 Action)

32
33 **RECOMMENDATION B:**

34
35 Your Reference Committee recommends that
36 Resolution 407 be adopted as amended.

37
38 **RECOMMENDATION C:**

39
40 Your Reference Committee recommends that the title
41 of Resolution 407 be changed to read as follows:

42
43 **COLORECTAL CANCER IN ALASKA NATIVE PATIENTS**

44
45 **HOD ACTION:** Resolution 407 be adopted as amended.

46
47 **ADOPTED LANGUAGE:**

48 **Colorectal Cancer in Alaska Native Patients**

1 **RESOLVED, that our American Medical Association advocates that the National**
2 **Cancer Institute dedicate resources to the investigation of early-onset colorectal**
3 **cancer in Americans younger than age 45.**

4
5 **RESOLVED, that our AMA will coordinate with interested national medical**
6 **specialty societies, state medical associations, tribal health organizations, the**
7 **Indian Health Service, and tribal governments to enhance physician education and**
8 **awareness of the tribal public health authority recommendation to initiate**
9 **preventive screening for colorectal cancer at age 40 in individuals with Alaska**
10 **Native ancestry and advocate that these screenings be covered by all public and**
11 **private payers, including the Indian Health Service and U.S. Centers for Medicare**
12 **and Medicaid Services. These patients should also be counseled that the U.S.**
13 **Preventive Services Task Force does not have a position on initiating colorectal**
14 **cancer screening at age 40 in the Alaska Native population, and thus should be**
15 **presented the risks and benefits associated with colonoscopy and medically**
16 **appropriate screening alternatives. (Directive to Take Action)**

17
18
19 **RESOLVED, that our American Medical Association advocates that the National Cancer**
20 **Institute dedicate resources to the investigation of early-onset colorectal cancer in**
21 **Americans younger than age 45; and be it further**

22
23 **RESOLVED, that our AMA will coordinate with interested national medical specialty**
24 **societies, state medical associations, Alaska Native Corporations, and tribal governments**
25 **to enhance physician education and awareness of the tribal public**
26 **health authority recommendation to initiate preventive screening for colorectal cancer at**
27 **age 40 in individuals with Alaska Native ancestry and advocate that these screenings be**
28 **covered by all public and private payers, including the Indian Health Service and U.S.**
29 **Centers for Medicare and Medicaid Services. These patients should also be counseled**
30 **that the U.S. Preventive Services Task Force does not have a position on initiating**
31 **colorectal cancer screening at age 40 in the Alaska Native population, and thus should be**
32 **presented the risks and benefits associated with colonoscopy and medically appropriate**
33 **screening alternatives.**

34
35 Your Reference Committee heard mixed testimony regarding Resolution 407. Multiple
36 delegations, sections, and individuals expressed strong support for addressing colorectal
37 cancer disparities among Alaska Native populations, emphasizing the significantly
38 elevated incidence rates, earlier onset of disease, and the importance of tailoring
39 screening and preventive strategies based on population-specific epidemiologic risk.
40 However, a delegation and an individual raised concerns regarding the focus on a single
41 population and the absence of population-specific recommendations from the U.S.
42 Preventive Services Task Force, and supported referral for further study to better assess
43 evidence, cost-effectiveness, and broader applicability to other populations. A delegation
44 proffered an amendment to ensure accurate mention of organizations to coordinate with.
45 The authors were in support of this amendment. A section proffered an amendment to
46 ensure inclusion of appropriate screening alternatives such as CT colonography. Multiple
47 delegations, sections, and an individual opposed this amendment, noting that referencing
48 specific modalities is unnecessary and that the existing language “and medically
49 appropriate screening alternatives” already addresses the intent. Your Reference

1 Committee agrees with these recommendations. In addition, your Reference Committee
2 notes that the proper terminology is Alaska Native, not Alaskan Native, and further
3 recommends a title change to address this concern and therefore, recommends that
4 Resolution 407 be adopted as amended.

5
6 (29) RESOLUTION 408 - ADDRESSING RURAL MATERNAL
7 MORBIDITY AND MORTALITY THROUGH
8 COLLABORATION AND INTERSECTIONALITY

9
10 **RECOMMENDATION A:**

11
12 **Your Reference Committee recommends that the first**
13 **Resolve clause of Resolution 408 be amended by**
14 **addition to read as follows:**

15
16 **RESOLVED, that our American Medical Association**
17 **publish a focused report examining the intersection of**
18 **maternal mortality disparities, access to rural**
19 **pregnancy care, workforce shortages, the effects of**
20 **changes in Medicaid reimbursement, expansion and**
21 **extension for maternity care, and reproductive health**
22 **policy variability, with recommendations to reduce**
23 **preventable maternal deaths, including during the**
24 **postpartum period; and be it further**

25
26 **RECOMMENDATION B:**

27
28 **Your Reference Committee recommends that the third**
29 **Resolve clause of Resolution 408 be amended by**
30 **addition to read as follows:**

31
32 **RESOLVED, that our AMA collaborate with specialty**
33 **societies, academic medical institutions, and public**
34 **health stakeholders to promote and disseminate**
35 **innovative practice models, such as regional call-**
36 **sharing systems, tele-maternal-fetal medicine support,**
37 **and hospital-physician partnership structures-**
38 **designed to reduce rural maternal morbidity and**
39 **mortality, including during the postpartum period.**
40 **(Directive to Take Action)**

41
42 **RECOMMENDATION C:**

43
44 **Your Reference Committee recommends that**
45 **Resolution 408 be adopted as amended.**

46
47 **HOD ACTION: Resolution 408 be adopted as amended.**

48
49 **ADOPTED LANGUAGE:**

1 **RESOLVED, that our American Medical Association publish a focused report**
2 **examining the intersection of maternal mortality disparities, access to rural**
3 **pregnancy care, workforce shortages, the effects of changes in Medicaid**
4 **reimbursement, expansion and extension for maternity care, and reproductive**
5 **health policy variability, with recommendations to reduce preventable maternal**
6 **deaths, including during the postpartum period.**

7
8 **RESOLVED, that our AMA ensure that this report includes evidence-based**
9 **recommendations to reduce preventable maternal mortality through the**
10 **postpartum year, including strategies for optimized allocation of federal and state**
11 **funding.**

12
13 **RESOLVED, that our AMA collaborate with specialty societies, academic medical**
14 **institutions, and public health stakeholders to promote and disseminate**
15 **innovative practice models, such as regional call-sharing systems, tele-maternal-**
16 **fetal medicine support, and hospital–physician partnership structures-**
17 **designed to reduce rural maternal morbidity and mortality, including during the postpartum**
18 **period. (Directive to Take Action)**

19
20
21 **RESOLVED, that our American Medical Association publish a focused report examining**
22 **the intersection of maternal mortality disparities, access to rural pregnancy care, workforce**
23 **shortages, and reproductive health policy variability, with recommendations to reduce**
24 **preventable maternal deaths, including during the postpartum period; and be it further**

25
26 **RESOLVED, that our AMA ensure that this report includes evidence-based**
27 **recommendations to reduce preventable maternal mortality through the postpartum year,**
28 **including strategies for optimized allocation of federal and state funding; and be it further**

29
30 **RESOLVED, that our AMA collaborate with specialty societies and public health**
31 **stakeholders to promote and disseminate innovative practice models—such as regional**
32 **call-sharing systems, tele–maternal-fetal medicine support, and hospital–physician**
33 **partnership structures—designed to reduce rural maternal morbidity and mortality,**
34 **including during the postpartum period.**

35
36 Your Reference Committee heard mostly supportive testimony for this resolution with a
37 few amendments proffered and one delegation requesting referral of the second resolve.
38 Only one individual supported reaffirmation of existing AMA policy as proposed by AMA
39 staff. Supportive testimony highlighted the importance of this resolution to address the
40 growing maternal health crisis affecting rural communities and praised that it covered the
41 postpartum period as a critical window for maternal health. Suggested amendments
42 proposed adding Medicaid changes to the scope of the proposed study and academic
43 medical institutions as one of the AMA collaborators. Your Reference Committee heard
44 supportive testimony for at least one of these amendments and felt both were valuable
45 additions. The delegation requesting referral of the second resolve noted that while they
46 supported the development of evidence-based recommendations they felt this resolve text
47 would benefit from more careful consideration. Since this resolution is already calling on
48 the AMA to study this issue and referral of the second resolve would result in a study by
49 our AMA, your Reference Committee did not feel that it was necessary to refer the second

1 resolve as evidence-based recommendations will be produced through the resulting study.
2 As such, your Reference Committee recommends the adoption of Resolution 408 as
3 amended.

4
5 (30) RESOLUTION 409 - ELIMINATE PFAS AND
6 GLYPHOSATE IN OUR FOOD AND ENVIRONMENT

7
8 **RECOMMENDATION A:**

9
10 Your Reference Committee recommends that
11 Resolution 409 be amended by addition to read as
12 follows:

13
14 **RESOLVED**, that our American Medical Association
15 promote a safe and healthy food supply and
16 environment by advocating to the EPA, USDA, FDA,
17 relevant regulatory bodies and other stakeholders for
18 removal reduction of PFAS and Glyphosate chemicals
19 from our food supply and environment to
20 concentrations below which there have been no
21 observed adverse effects demonstrated, while
22 preserving access to FDA-approved medically
23 necessary drugs and devices, including metered-dose
24 and propellant driven inhalers, where clinically
25 appropriate alternatives are not available.

26
27 **RECOMMENDATION B:**

28
29 Your Reference Committee recommends that
30 Resolution 409 be amended by addition of a second
31 Resolve clause to read as follows:

32
33 **RESOLVED**, that our American Medical Association
34 oppose the use of PFAS-containing insecticides in
35 industrial agriculture.

36
37 **RECOMMENDATION C:**

38
39 Your Reference Committee recommends that
40 Resolution 409 be adopted as amended.

41
42

HOD ACTION: Resolution 409 be adopted as amended.

43
44 **ADOPTED LANGUAGE:**

45 **RESOLVED**, that our American Medical Association promote a safe and healthy
46 food supply and environment by advocating to relevant regulatory bodies and
47 stakeholders for reduction of PFAS and glyphosate chemicals from our food supply
48 and environment to concentrations below which there have been no observed
49 adverse effects demonstrated.

1 **RESOLVED, that our American Medical Association oppose the use of PFAS-**
2 **containing insecticides in industrial agriculture.**
3

4 **RESOLVED, that our American Medical Association promote a safe and healthy food**
5 **supply and environment by advocating for removal of PFAS and Glyphosate chemicals**
6 **from our food supply and environment.**
7

8 Your Reference Committee heard mostly supportive testimony for this resolution from
9 multiple delegations, sections and individuals. However, there was concern noted by
10 several testifying that the resolution as written was not practical or achievable, as the
11 chemicals mentioned in the resolution are so pervasive in our environment and the
12 evidence is still evolving on how they impact health. The resolution authors testified during
13 the in-person hearing that they preferred the more aspirational language of the original
14 resolution text, noting that safe levels for these chemicals are unknown and that many of
15 these chemicals are long-lasting and accumulate over time within our bodies and in the
16 environment. Opposition to the preliminary report recommendations and support for the
17 original resolution language was supported by others during the in-person hearing.
18 Additionally, amendments were proffered to include the agencies that our AMA would be
19 advocating to and make sure that inhalers, some of which use PFAS chemicals as
20 propellants, should not be impacted by other regulatory actions to reduce these chemicals.
21 Your Reference Committee was supportive of these amendments but wanted to ensure
22 that the policy could be used broadly for advocacy purposes and therefore included 'other
23 stakeholders' with the proposed amendments. Your Reference Committee recommends
24 Resolution 409 be adopted as amended.
25

26 (31) RESOLUTION 414 - RESTORING BALANCED
27 SCIENTIFIC PERSPECTIVE WITHIN THE ACIP
28

29 **RECOMMENDATION A:**
30

31 **Your Reference Committee recommends the second**
32 **Resolve clause of Resolution 414 be amended by**
33 **addition to read as follows:**
34

35 **RESOLVED, that our AMA condemns the arbitrary and**
36 **unilateral April 2026 alterations to the ACIP charter,**
37 **which appear to have been designed to subvert the**
38 **authority of relevant Federal judges and to allow the**
39 **appointment of unqualified committee members and**
40 **liaisons to the Advisory Committee on Immunization**
41 **Practices (ACIP)**
42

43 **RECOMMENDATION B:**
44

45 **Your Reference Committee recommends the fourth**
46 **Resolve clause of resolution 414 be amended by**
47 **addition and deletion to read as follows:**

1 **RESOLVED**, that our AMA specifically notes the
2 importance of representation from health economics
3 experts, and from the medical specialty of Preventive
4 Medicine, in vaccine policy development as was
5 recognized in the original charter, but was eliminated in
6 the most recent April 2026 update of the charter.

7
8 **RECOMMENDATION C:**

9
10 Your Reference Committee recommends that
11 Resolution 414 be amended by addition of a fifth
12 Resolve clause to read as follows:

13
14 **RESOLVED**, That our AMA immediately oppose any
15 executive order or federal administrative action that
16 changes or proposes to change the United States
17 vaccine schedules without proper evidence and
18 scientific review by an appropriately convened
19 Advisory Committee on Immunization Practices (ACIP)
20 and the Centers for Disease Control and Prevention
21 (CDC) per the approved charter prior to June 2025.

22
23 **RECOMMENDATION D:**

24
25 Your Reference Committee recommends that
26 Resolution 414 be amended by addition of a sixth
27 Resolve clause to read as follows:

28
29 **RESOLVED**, That our AMA oppose any alignment of the
30 United States vaccine schedules with other
31 international recommendations that do not strictly
32 account for unique U.S. domestic data and
33 demographics.

34
35 **RECOMMENDATION E:**

36
37 Your Reference Committee recommends Resolution
38 414 be adopted as amended.

39
40

HOD ACTION: Resolution 414 be adopted as amended.

41
42 **ADOPTED LANGUAGE:**

43 Policy D-440.902, Advisory Committee on Immunization Practices

44 1. Our American Medical Association will continue sustained public advocacy in
45 support of the previous Advisory Committee on Immunization Practices (ACIP)
46 structure, including the liaison representative program, as outlined in ACIP's 2024
47 Charter and practiced until Spring 2025.

48 2. Our AMA pursue all appropriate channels to reverse the 2025-2026 changes to
49 ACIP's structure, membership, and operations.

1 **3. Our AMA request an investigation into the actions of the U.S. Secretary of**
2 **Health and Human Services regarding his administration of the Centers for**
3 **Disease Control and Prevention and Advisory Committee on Immunization**
4 **Practices.**

5 **4. Our AMA will continue to identify and evaluate alternative evidence-based**
6 **vaccine advisory structures and invest resources in such initiatives, as**
7 **necessary; and be it further**
8

9 **RESOLVED, that our AMA condemns the arbitrary and unilateral April 2026**
10 **alterations to the ACIP charter, which appear to have been designed to subvert**
11 **the authority of relevant Federal judges and to allow the appointment of**
12 **unqualified committee members and liaisons to the Advisory Committee on**
13 **Immunization Practices (ACIP).**
14

15 **RESOLVED, that our AMA will collaborate with interested state and specialty**
16 **societies to support litigation against changes to the ACIP charter, budget,**
17 **operating principles and staffing which produce ongoing harm to the public's**
18 **health, and many of which were adopted without adequate and meaningful**
19 **opportunity for public comment;**
20

21 **RESOLVED, that our AMA specifically notes the importance of representation**
22 **from health economics experts, and from the medical specialty of Preventive**
23 **Medicine, in vaccine policy development as was recognized in the original charter,**
24 **but was eliminated in the most recent April 2026 update of the charter.**
25

26 **RESOLVED, That our AMA immediately oppose any executive order or federal**
27 **administrative action that changes or proposes to change the United States**
28 **vaccine schedules without proper evidence and scientific review by an**
29 **appropriately convened Advisory Committee on Immunization Practices (ACIP)**
30 **and the Centers for Disease Control and Prevention (CDC) per the approved**
31 **charter prior to June 2025.**
32

33 **RESOLVED, That our AMA oppose any alignment of the United States vaccine**
34 **schedules with other international recommendations that do not strictly account**
35 **for unique U.S. domestic data and demographics.**
36

37
38 **RESOLVED that our American Medical Association amend Policy D-440.902 by addition**
39 **and deletion to read as follows:**
40

41 **1. Our American Medical Association will ~~continue~~ initiate sustained public advocacy in**
42 **support of the ~~current~~ previous Advisory Committee on Immunization**
43 **Practices (ACIP) structure, including the liaison representative program, as outlined in**
44 **ACIP's 2024 Charter and practiced until Spring 2025.**

45 **2. Our AMA will immediately send a letter to the Secretary of Health and Human Services**
46 **calling for an immediate reversal of the recent changes to the Advisory Committee on**
47 **Immunization Practices pursue all appropriate channels to reverse the 2025-2026**
48 **changes to ACIP's structure, membership, and operations.**

1 3. Our AMA will immediately send a letter to the Senate Committee on Health, Education,
2 Labor, and Pensions (HELP) and request an investigation into the actions of
3 the U.S. Secretary of Health and Human Services regarding his administration of the
4 Centers for Disease Control and Prevention and Advisory Committee on Immunization
5 Practices.

6 4. Our AMA will continue to identify and evaluate alternative evidence-based vaccine
7 advisory structures and invest resources in such initiatives, as necessary; and be it further
8

9 RESOLVED, that our AMA condemns the arbitrary and unilateral 2026 alterations to the
10 ACIP charter, which appear to have been designed to subvert the authority of relevant
11 Federal judges and to allow the appointment of unqualified committee members and
12 liaisons to the Advisory Committee on Immunization Practices (ACIP); and be it further
13

14 RESOLVED, that our AMA will collaborate with interested state and specialty societies
15 to support litigation against changes to the ACIP charter, budget, operating principles and
16 staffing which produce ongoing harm to the public's health, and many of which were
17 adopted without adequate and meaningful opportunity for public comment; and be it
18 further
19

20 RESOLVED, that our AMA specifically notes the importance of representation from health
21 economics experts, and from the medical specialty of Preventive Medicine, in vaccine
22 policy development as was recognized in the original charter, but was eliminated in the
23 most recent update of the charter.
24

25 Your Reference Committee heard supportive testimony on this resolution with strong
26 recognition that the ACIP plays a critical role in public health. Those who testified opposed
27 the recent changes to ACIP and CDC vaccine recommendations and support restoring an
28 evidence-based and transparent process. Changes that limit access to effective vaccines
29 have real consequences for patients and place lives at risk. CSAPH posted an
30 informational comment noting that as of May 2026, the U.S. Department of Health and
31 Human Services rescinded the revised ACIP charter after acknowledging it failed to follow
32 the required public comment process before implementing the changes. It was
33 acknowledged in testimony that given the possibility of additional changes to the charter
34 this year, we should be more specific in referencing the April 2026 changes to the charter
35 to help ensure clarity. Additional resolve clauses were also proposed to address a recent
36 executive order asking for changes to the United States vaccine schedules to align our
37 vaccine recommendations with those of other nations. There was overwhelming support
38 for these additional resolve clauses and acknowledgement that we cannot rely on data
39 from other countries to make vaccine recommendations for the unique U.S. population
40 and context. The AMA Office of General Council had an issue with the use of the word
41 "challenge" in the proffered amendment in the fifth Resolve. "Challenge" would limit us to
42 taking legal action while "oppose" broadens our opportunity to respond, including legal
43 action. Therefore, your Reference Committee recommends adoption as amended.

1 (32) RESOLUTION 417 - RESPIRATORY PROTECTION FOR
2 WILDLAND FIREFIGHTERS
3

4 **RECOMMENDATION A:**
5

6 Your Reference Committee recommends that the first
7 Resolve clause of Resolution 417 be amended by
8 addition and deletion to read as follows:
9

10 **RESOLVED**, that our American Medical Association
11 advocate for the adoption of evidence based
12 respiratory protection standards for wildland
13 firefighting, including triggers based on PM2.5 or other
14 exposure metrics, easy access to ~~NFPA 1984-~~
15 ~~compliant, NIOSH-approved Class 2 or Class 3~~
16 ~~respirators, and protocols that balance respiratory~~
17 ~~protection with heat and~~ National Institute of
18 Occupational Safety and Health (NIOSH) Approved
19 respiratory protective devices and other exposure
20 mitigation technologies appropriate for wildland
21 operations; and operational protocols that balance
22 respiratory protection with heat stress, physiological
23 burden, communication, visibility, and exertional
24 demands while maximizing incorporation of the
25 performance objectives and protective elements
26 described in National Fire Protection Association
27 (NFPA) 1984 until fully NFPA 1984-certified products
28 become commercially available (Directive to Take
29 Action); and be it further
30

31 **RECOMMENDATION B:**
32

33 Your Reference Committee recommends that
34 Resolution 417 be adopted as amended.
35

36 **HOD ACTION:** Resolution 417 be adopted as amended.
37

38 **ADOPTED LANGUAGE:**

39 **RESOLVED**, that our American Medical Association advocate for the adoption of
40 evidence based respiratory protection standards for wildland firefighting, including
41 triggers based on PM2.5 or other exposure metrics, easy access to National
42 Institute of Occupational Safety and Health (NIOSH) Approved respiratory
43 protective devices and other exposure mitigation technologies appropriate for
44 wildland operations; and operational protocols that balance respiratory protection
45 with heat stress, physiological burden, communication, visibility, and exertional
46 demands while maximizing incorporation of the performance objectives and
47 protective elements described in National Fire Protection Association (NFPA) 1984
48 until fully NFPA 1984-certified products become commercially available (Directive
49 to Take Action).

1 **RESOLVED, That our AMA join the American College of Occupational and**
2 **Environmental Medicine (ACOEM) in advocating for relevant federal and state fire**
3 **agencies, forestry departments, and occupational safety organizations to research,**
4 **develop, and field test lightweight, low-breathing-resistance (≤ 80 mm H₂O at 150**
5 **L/min) respirators and related controls better suited for prolonged wildland use (8**
6 **or more hours); and**
7

8 **RESOLVED, That our AMA advocate for the creation of surveillance and**
9 **longitudinal medical monitoring programs for wildland firefighters to support**
10 **registries and studies evaluating respiratory protection effectiveness, acute and**
11 **chronic health risks, and mitigation strategies.**
12

13
14 **RESOLVED, That our American Medical Association (AMA) advocate for the adoption of**
15 **evidence based respiratory protection standards for wildland firefighting, including triggers**
16 **based on PM_{2.5} or other exposure metrics, easy access to NFPA 1984-compliant,**
17 **NIOSH-approved Class 2 or Class 3 respirators, and protocols that balance respiratory**
18 **protection with heat and exertion demands; and**
19

20 **RESOLVED, That our AMA join the American College of Occupational and Environmental**
21 **Medicine (ACOEM) in advocating for relevant federal and state fire agencies, forestry**
22 **departments, and occupational safety organizations to research, develop, and field test**
23 **lightweight, low-breathing-resistance (≤ 80 mm H₂O at 150 L/min) respirators and related**
24 **controls better suited for prolonged wildland use (8 or more hours); and**
25

26 **RESOLVED, That our AMA advocate for the creation of surveillance and longitudinal**
27 **medical monitoring programs for wildland firefighters to support registries and studies**
28 **evaluating respiratory protection effectiveness, acute and chronic health risks, and**
29 **mitigation strategies.**
30

31 Your Reference Committee heard supportive testimony for this resolution from multiple
32 societies and individuals. Testimony reinforced the importance of needed personal
33 protection equipment for wildland firefighters who are routinely (and more frequently)
34 exposed to many hazardous pollutants when fighting wildfires, but respirators are difficult
35 to wear due to the physical exertion required for this occupation. During the in-person
36 hearing, a representative from CDC/NIOSH was supportive of the intent of the resolution
37 but offered an amendment noting that the resolution as written was not achievable based
38 on current respirator technology. Additionally, they noted that NIOSH does not use the
39 Class 2/3 system for respirators, making this resolution inaccurate. The authors of the
40 resolution were supportive of proffered amendment as long as the spirit of the original
41 resolution was maintained. It was also noted that increased surveillance and research on
42 this issue was an important need. Your Reference Committee believes the CDC proffered
43 amendment strengthens this resolution and therefore recommends Resolution 417 be
44 adopted as amended.

1 (33) RESOLUTION 418 - ENSURING ACCESS TO FULL HIV
2 POST-EXPOSURE PROPHYLAXIS (PEP) COURSES
3 FOR SURVIVORS OF SEXUAL ASSAULT
4

5 **RECOMMENDATION A:**
6

7 Your Reference Committee recommends that the
8 second Resolve clause of Resolution 418 be amended
9 by addition to read as follows:

10
11 **RESOLVED**, that our AMA amend H-20.900 “HIV, Sexual
12 Assault, and Violence” as follows:
13

14 Our AMA: (1) believes that HIV testing and Post-
15 Exposure Prophylaxis (PEP) should be offered to all
16 survivors of sexual assault, including minors, who
17 present within 72 hours of a substantial exposure risk,
18 that these survivors should be encouraged to be
19 retested ~~in six months~~ at least at recommended
20 intervals consistent with current clinical guidelines if
21 the initial test is negative or as appropriate per
22 individual, and that strict confidentiality of test results
23 be maintained; and

24 (2) supports: (a) education of physicians about the
25 effective use of HIV Post-Exposure Prophylaxis (PEP)
26 and the U.S. PEP Clinical Practice Guidelines, and (b)
27 increased access to, and coverage for, PEP for HIV, as
28 well as enhanced public education on its effective
29 use, and (c) encourages hospitals, health systems, and
30 affiliated payers to consider policies ensuring provision
31 of the full recommended course of HIV post-exposure
32 prophylaxis for survivors of sexual assault at no cost to
33 the survivor.
34

35 **RECOMMENDATION B:**
36

37 Your Reference Committee recommends that
38 Resolution 418 be adopted as amended.
39

40 **HOD ACTION:** Resolution 418 be adopted as amended.
41

42 **ADOPTED LANGUAGE:**

43 **RESOLVED**, that our American Medical Association encourages hospitals, health
44 systems, and affiliated payers to consider policies ensuring provision of the full
45 recommended course of HIV post-exposure prophylaxis for survivors of sexual
46 assault.
47

48 **H-20.900** “HIV, Sexual Assault, and Violence”

1 **Our AMA: (1) believes that HIV testing and Post-Exposure Prophylaxis (PEP) should**
2 **be offered to all survivors of sexual assault, including minors, who present within**
3 **72 hours of a substantial exposure risk, that these survivors should be encouraged**
4 **to be retested at least at recommended intervals consistent with current clinical**
5 **guidelines if the initial test is negative or as appropriate per individual, and that**
6 **strict confidentiality of test results be maintained; and**
7 **(2) supports: (a) education of physicians about the effective use of HIV Post-**
8 **Exposure Prophylaxis (PEP) and the U.S. PEP Clinical Practice Guidelines, (b)**
9 **increased access to, and coverage for, PEP for HIV, as well as enhanced public**
10 **education on its effective use, and (c) encourages hospitals, health systems, and**
11 **affiliated payers to consider policies ensuring provision of the full recommended**
12 **course of HIV post-exposure prophylaxis for survivors of sexual assault at no cost**
13 **to the survivor.**
14

15
16 RESOLVED, that our American Medical Association encourages hospitals, health
17 systems, and affiliated payers to consider policies ensuring provision of the full
18 recommended course of HIV post-exposure prophylaxis for survivors of sexual assault;
19 and be it further

20
21 RESOLVED, that our AMA amend H-20.900 “HIV, Sexual Assault, and Violence” as
22 follows:

23
24 Our AMA: (1) believes that HIV testing and Post-Exposure Prophylaxis (PEP) should be
25 offered to all survivors of sexual assault who present within 72 hours of a substantial
26 exposure risk, that these survivors should be encouraged to be retested ~~in six months~~ at
27 recommended intervals consistent with current clinical guidelines if the initial test is
28 negative, and that strict confidentiality of test results be maintained; and

29
30 (2) supports: (a) education of physicians about the effective use of HIV Post-Exposure
31 Prophylaxis (PEP) and the U.S. PEP Clinical Practice Guidelines, ~~and~~ (b) increased
32 access to, and coverage for, PEP for HIV, as well as enhanced public education on its
33 effective use, and (c) encourages hospitals, health systems, and affiliated payers to
34 consider policies ensuring provision of the full recommended course of HIV post-exposure
35 prophylaxis for survivors of sexual assault.
36

37 Your Reference Committee heard testimony that was mostly supportive of Resolution 418.
38 Multiple delegations, sections, and individuals emphasized the importance of ensuring
39 that survivors of sexual assault have timely and uninterrupted access to the full
40 recommended course of HIV post-exposure prophylaxis (PEP), noting that barriers such
41 as cost, access, and care fragmentation may prevent completion of therapy and place
42 survivors at increased risk. Amendments were proffered to explicitly include minors and
43 to address financial barriers by ensuring access to the full course of therapy without cost
44 to survivors. The authors were in support of these amendments. Therefore, your
45 Reference Committee recommends that Resolution 418 be adopted as amended.

1 (34) RESOLUTION 419 - EXAMINING THE IMPACT OF
2 CIRCADIAN DISRUPTION FROM SHIFT WORK DURING
3 PREGNANCY

4
5 **RECOMMENDATION A:**

6
7 Your Reference Committee recommends that the first
8 Resolve clause of Resolution 419 be amended by
9 addition and deletion to read as follows:

10
11 **RESOLVED**, that our American Medical Association
12 study and report back by A-27 on supports the study of
13 the impact of evidence-informed scheduling and
14 workplace accommodation principles to mitigate
15 circadian disruption from shift work for people trying to
16 conceive and pregnant people, including medical
17 trainees, when feasible and consistent with patient care
18 needs, applicable law, and local staffing realities,
19 during pregnancy, including implications for maternal
20 and fetal health; (Directive to take action) and be it
21 further

22
23 **RECOMMENDATION B:**

24
25 Your Reference Committee recommends that the
26 second Resolve clause of Resolution 419 be deleted:

27
28 ~~**RESOLVED**, that our AMA encourages dissemination of~~
29 ~~evidence-informed approaches to scheduling and~~
30 ~~workplace accommodations for pregnant individuals~~
31 ~~and people trying to conceive, including medical~~
32 ~~trainees, as appropriate based on the findings of the A-~~
33 ~~27 report a report on circadian disruption from shift~~
34 ~~work during pregnancy.~~ (New HOD Policy)

35
36 **RECOMMENDATION C:**

37
38 Your Reference Committee recommends that the third
39 Resolve clause of Resolution 419 be deleted:

40
41 ~~**RESOLVED**, that our AMA recognizes circadian~~
42 ~~disruption from night, rotating, and extended shift work~~
43 ~~as an occupational health issue that may negatively~~
44 ~~affect reproductive, maternal, and fetal health.~~

45
46 **RECOMMENDATION D:**

47 Your Reference Committee recommends that
48 Resolution 419 be adopted as amended.

1
2 **HOD ACTION: Resolution 419 be adopted as amended.**
3

4 **ADOPTED LANGUAGE:**

5 **RESOLVED, that our American Medical Association study and report back by A-27**
6 **on evidence-informed scheduling and workplace accommodation principles to**
7 **mitigate circadian disruption from shift work for people trying to conceive and**
8 **pregnant people, including medical trainees, when feasible and consistent with**
9 **patient care needs, applicable law, and local staffing realities (Directive to take**
10 **action).**
11

12
13 **RESOLVED, that our American Medical Association supports the study of the impact of**
14 **circadian disruption from shift work during pregnancy, including implications for maternal**
15 **and fetal health; and be it further**

16
17 **RESOLVED, that our AMA encourages dissemination of evidence-informed approaches**
18 **to scheduling and workplace accommodations for pregnant individuals as appropriate**
19 **based on the findings of a report on circadian disruption from shift work during pregnancy.**
20

21 Your Reference Committee heard mostly supportive testimony for this resolution. Both in-
22 person and online comments recognized that circadian disruption during pregnancy can
23 lead to poor outcomes among those who perform shift work, with particular concern for
24 medical specialties involving extended call or overnight duties. The preliminary report
25 included amendments broadening the resolution's scope to emphasize trainees and
26 people attempting to conceive. There was debate about whether current evidence clearly
27 links shift work to adverse maternal and fetal outcomes, or if more research is needed,
28 which was echoed in in-person testimony. An amendment was offered to request a study
29 by our AMA on evidence-informed scheduling and workplace accommodations to mitigate
30 the health impacts of circadian disruption, with a report back by Annual 2027. This
31 amendment received near-unanimous support, except from one section that expressed
32 concerns about the lack of high-quality data and the possibility of duplicating existing low-
33 quality studies. However, it was clarified that the requested study should focus on
34 disseminating evidence-based accommodations and scheduling, not conducting primary
35 scientific research. This amendment also included an additional resolve clause 3 which
36 directed our AMA to recognize circadian disruption as an occupational health issue. Given
37 the broad support for the amendments, your Reference Committee recommends that
38 Resolution 419 be adopted as amended.

1 (35) RESOLUTION 420 - EXPANDING SUPPORT FOR
2 WOMEN EXPERIENCING HOMELESSNESS
3

4 **RECOMMENDATION A:**
5

6 **Your Reference Committee recommends Resolution**
7 **420 be amended by addition to read as follows:**
8

9 **RESOLVED, that our American Medical Association**
10 **amend H-160.903 “Eradicating Homelessness” by**
11 **addition and deletion as follows:**
12

13 **1. Our American Medical Association supports**
14 **improving the health outcomes and decreasing the**
15 **health care costs of treating the**
16 **chronically homeless through clinically proven, high**
17 **quality, and cost-effective approaches which recognize**
18 **the positive impact of stable and affordable housing**
19 **coupled with social services.**
20

21 **2. Our AMA recognizes that stable, affordable housing**
22 **as a first priority, without mandated therapy or services**
23 **compliance, is effective in improving housing stability**
24 **and quality of life among individuals who are**
25 **chronically-homeless and recognizes that women**
26 **experiencing homelessness may face distinct health**
27 **and safety risks that warrant tailored approaches, in**
28 **addition to considerations such as having minors in**
29 **their care, and including women Veterans.**
30

31 **3. Our AMA recognizes adaptive strategies based on**
32 **regional variations, community characteristics and**
33 **state and local resources are necessary to address this**
34 **societal problem on a long-term basis.**
35

36 **4. Our AMA supports the use of physician-led, team-**
37 **based street medicine programs, which travel to**
38 **individuals who are unhoused or unsheltered and**
39 **provide healthcare and social services, as well as**
40 **funds, including Medicaid and other public insurance**
41 **reimbursement, for their maintenance, and encourages**
42 **attention to gender-specific health needs within such**
43 **programs when feasible, including trauma-informed**
44 **and military-informed approaches for women Veterans**
45 **who may have experienced military sexual trauma**
46 **(MST), post-traumatic stress disorder (PTSD), intimate**
47 **partner violence, or challenges associated with**
48 **transition from military to civilian life.**
49

1 **5. Our AMA recognizes the need for an effective,**
2 **evidence-based national plan to eradicate**
3 **homelessness.**

4
5 **6. Our AMA encourages the National Health Care for**
6 **the Homeless Council to study the funding,**
7 **implementation, and standardized evaluation of**
8 **Medical Respite Care for homeless persons.**

9
10 **7. Our AMA will partner with relevant stakeholders to**
11 **educate physicians about the unique healthcare and**
12 **social needs of homeless—patients individuals**
13 **experiencing homelessness, including gender-specific**
14 **health needs, the unique social determinants of health**
15 **impacting women Veterans, and the impact of domestic**
16 **and intimate partner violence on housing instability,**
17 **and the importance of holistic, cost-effective, evidence-**
18 **based discharge planning, and physicians’ role therein,**
19 **in addressing these needs.**

20
21 **8. Our AMA encourages the development of holistic,**
22 **cost-effective, evidence-based discharge plans**
23 **for homeless patients who present to the emergency**
24 **department but are not admitted to the hospital.**

25
26 **9. Our AMA encourages the collaborative efforts of**
27 **communities, physicians, hospitals, health systems,**
28 **insurers, social service organizations, government, and**
29 **other stakeholders to develop comprehensive**
30 **homelessness policies and plans that address the**
31 **healthcare and social needs of homeless patients,**
32 **including support for research to better understand**
33 **health needs, barriers to care, and effective**
34 **interventions among populations disproportionately**
35 **affected by housing instability, and women Veterans**
36 **and military-connected women.**

37
38 **10. Our AMA:**
39 **a. supports laws protecting the civil and human rights**
40 **of individuals experiencing homelessness, and**
41 **b. opposes laws and policies that criminalize**
42 **individuals experiencing homelessness for carrying out**
43 **life-sustaining activities conducted in public spaces**
44 **that would otherwise be considered non-criminal**
45 **activity (i.e., eating, sitting, or sleeping) when there is**
46 **no alternative private space available.**

47
48 **11. Our AMA recognizes that stable, affordable housing**
49 **is essential to the health of individuals, families, and**

1 communities, and supports policies that preserve and
2 expand affordable housing across all neighborhoods.

3
4 **12. Our AMA:**

5 a. supports training to understand the needs of
6 housing-insecure individuals for those who encounter
7 this vulnerable population through their professional
8 duties, including trauma-informed approaches and
9 awareness of domestic violence as a contributor to
10 housing instability;

11 b. supports the establishment of multidisciplinary
12 mobile homeless outreach teams trained in issues
13 specific to housing insecure individuals; and

14 c. will make available existing educational resources
15 from federal agencies and other stakeholders related to
16 the needs of housing-insecure individuals; and

17 d. encourages incorporation of military service history
18 and Veteran status screening into healthcare and
19 homelessness outreach settings in order to identify
20 women Veterans at risk for homelessness and connect
21 them with appropriate federal, state, local, and
22 community-based resources.

23
24 **13. Our AMA encourages medical schools to implement**
25 **physician-led, team-based Street Medicine programs**
26 **with student involvement, including educational**
27 **components addressing Veteran health, military**
28 **cultural competence, and the healthcare needs of**
29 **women Veterans experiencing housing instability or**
30 **homelessness.**

31
32 **RECOMMENDATION B:**

33
34 Your Reference Committee recommends that
35 Resolution 420 be adopted as amended.

36
37 **HOD ACTION: Resolution 420 be adopted as amended.**

38
39 **ADOPTED LANGUAGE:**

40 **Policy H-160.903 “Eradicating Homelessness”**

41
42 **1. Our American Medical Association supports improving the health outcomes**
43 **and decreasing the health care costs of treating the chronically homeless through**
44 **clinically proven, high quality, and cost-effective approaches which recognize the**
45 **positive impact of stable and affordable housing coupled with social services.**
46

1 **2. Our AMA recognizes that stable, affordable housing as a first priority, without**
2 **mandated therapy or services compliance, is effective in improving housing**
3 **stability and quality of life among individuals who are chronically-homeless and**
4 **recognizes that women experiencing homelessness may face distinct health and**
5 **safety risks that warrant tailored approaches, in addition to considerations such**
6 **as having minors in their care, and including women Veterans.**

7
8 **3. Our AMA recognizes adaptive strategies based on regional variations,**
9 **community characteristics and state and local resources are necessary to**
10 **address this societal problem on a long-term basis.**

11
12 **4. Our AMA supports the use of physician-led, team-based street medicine**
13 **programs, which travel to individuals who are unhoused or unsheltered and**
14 **provide healthcare and social services, as well as funds, including Medicaid and**
15 **other public insurance reimbursement, for their maintenance, and encourages**
16 **attention to gender-specific health needs within such programs when feasible,**
17 **including trauma-informed and military-informed approaches for women Veterans**
18 **who may have experienced military sexual trauma (MST), post-traumatic stress**
19 **disorder (PTSD), intimate partner violence, or challenges associated with**
20 **transition from military to civilian life.**

21
22 **5. Our AMA recognizes the need for an effective, evidence-based national plan to**
23 **eradicate homelessness.**

24
25 **6. Our AMA encourages the National Health Care for the Homeless Council to**
26 **study the funding, implementation, and standardized evaluation of Medical**
27 **Respite Care for homeless persons.**

28
29 **7. Our AMA will partner with relevant stakeholders to educate physicians about**
30 **the unique healthcare and social needs of individuals experiencing**
31 **homelessness, including gender-specific health needs, the unique social**
32 **determinants of health impacting women Veterans, and the impact of domestic**
33 **and intimate partner violence on housing instability, and the importance of**
34 **holistic, cost-effective, evidence-based discharge planning, and physicians' role**
35 **therein, in addressing these needs.**

36
37 **8. Our AMA encourages the development of holistic, cost-effective, evidence-**
38 **based discharge plans for homeless patients who present to the emergency**
39 **department but are not admitted to the hospital.**

40
41 **9. Our AMA encourages the collaborative efforts of communities, physicians,**
42 **hospitals, health systems, insurers, social service organizations, government, and**
43 **other stakeholders to develop comprehensive homelessness policies and plans**
44 **that address the healthcare and social needs of homeless patients, including**
45 **support for research to better understand health needs, barriers to care, and**
46 **effective interventions among populations disproportionately affected by housing**
47 **instability, and women Veterans and military-connected women.**

48
49 **10. Our AMA:**

- 1 **a. supports laws protecting the civil and human rights of individuals**
- 2 **experiencing homelessness, and**
- 3 **b. opposes laws and policies that criminalize individuals experiencing**
- 4 **homelessness for carrying out life-sustaining activities conducted in public**
- 5 **spaces that would otherwise be considered non-criminal activity (i.e.,**
- 6 **eating, sitting, or sleeping) when there is no alternative private space**
- 7 **available.**

8

9 **11. Our AMA recognizes that stable, affordable housing is essential to the health**

10 **of individuals, families, and communities, and supports policies that preserve and**

11 **expand affordable housing across all neighborhoods.**

12

13 **12. Our AMA:**

- 14 **a. supports training to understand the needs of housing-insecure**
- 15 **individuals for those who encounter this vulnerable population through**
- 16 **their professional duties, including trauma-informed approaches and**
- 17 **awareness of domestic violence as a contributor to housing instability;**
- 18 **b. supports the establishment of multidisciplinary mobile homeless**
- 19 **outreach teams trained in issues specific to housing insecure individuals;**
- 20 **and**
- 21 **c. will make available existing educational resources from federal agencies**
- 22 **and other stakeholders related to the needs of housing-insecure**
- 23 **individuals; and**
- 24 **d. encourages incorporation of military service history and Veteran status**
- 25 **screening into healthcare and homelessness outreach settings in order to**
- 26 **identify women Veterans at risk for homelessness and connect them with**
- 27 **appropriate federal, state, local, and community-based resources.**

28

29 **13. Our AMA encourages medical schools to implement physician-led, team-based**

30 **Street Medicine programs with student involvement, including educational**

31 **components addressing Veteran health, military cultural competence, and the**

32 **healthcare needs of women Veterans experiencing housing instability or**

33 **homelessness.**

34

35

36 **RESOLVED, that our American Medical Association amend H-160.903 “Eradicating**

37 **Homelessness” by addition and deletion as follows:**

- 38
- 39 **1. Our American Medical Association supports improving the health outcomes and**
 - 40 **decreasing the health care costs of treating the chronically homeless through**
 - 41 **clinically proven, high quality, and cost-effective approaches which recognize the positive**
 - 42 **impact of stable and affordable housing coupled with social services.**
 - 43 **2. Our AMA recognizes that stable, affordable housing as a first priority, without mandated**
 - 44 **therapy or services compliance, is effective in improving housing stability and quality of life**
 - 45 **among individuals who are chronically-homeless and recognizes that women**
 - 46 **experiencing homelessness may face distinct health and safety risks that warrant tailored**
 - 47 **approaches.**

- 1 3. Our AMA recognizes adaptive strategies based on regional variations, community
2 characteristics and state and local resources are necessary to address this societal
3 problem on a long-term basis.
- 4 4. Our AMA supports the use of physician-led, team-based street medicine programs,
5 which travel to individuals who are unhoused or unsheltered and provide healthcare and
6 social services, as well as funds, including Medicaid and other public insurance
7 reimbursement, for their maintenance, and encourages attention to gender-specific health
8 needs within such programs when feasible.
- 9 5. Our AMA recognizes the need for an effective, evidence-based national plan to
10 eradicate homelessness.
- 11 6. Our AMA encourages the National Health Care for the Homeless Council to study the
12 funding, implementation, and standardized evaluation of Medical Respite
13 Care for homeless persons.
- 14 7. Our AMA will partner with relevant stakeholders to educate physicians about the unique
15 healthcare and social needs of ~~homeless—patients~~ individuals experiencing
16 homelessness, including gender-specific health needs and the impact of domestic and
17 intimate partner violence on housing instability, and the importance of holistic, cost-
18 effective, evidence-based discharge planning, and physicians' role therein, in addressing
19 these needs.
- 20 8. Our AMA encourages the development of holistic, cost-effective, evidence-based
21 discharge plans for homeless patients who present to the emergency department but are
22 not admitted to the hospital.
- 23 9. Our AMA encourages the collaborative efforts of communities, physicians, hospitals,
24 health systems, insurers, social service organizations, government, and other
25 stakeholders to develop comprehensive homelessness policies and plans that address
26 the healthcare and social needs of homeless patients, including support for research to
27 better understand health needs, barriers to care, and effective interventions among
28 populations disproportionately affected by housing instability.
- 29 10. Our AMA:
 - 30 a. supports laws protecting the civil and human rights of individuals experiencing
31 homelessness, and
 - 32 b. opposes laws and policies that criminalize individuals experiencing homelessness for
33 carrying out life-sustaining activities conducted in public spaces that would
34 otherwise be considered non-criminal activity (i.e., eating, sitting, or sleeping)
35 when there is no alternative private space available.
- 36 11. Our AMA recognizes that stable, affordable housing is essential to the health of
37 individuals, families, and communities, and supports policies that preserve and expand
38 affordable housing across all neighborhoods.
- 39 12. Our AMA:
 - 40 a. supports training to understand the needs of housing-insecure individuals for those
41 who encounter this vulnerable population through their professional
42 duties, including trauma-informed approaches and awareness of domestic
43 violence as a contributor to housing instability;
 - 44 b. supports the establishment of multidisciplinary mobile homeless outreach teams trained
45 in issues specific to housing insecure individuals; and
 - 46 c. will make available existing educational resources from federal agencies and other
47 stakeholders related to the needs of housing-insecure individuals.
- 48 13. Our AMA encourages medical schools to implement physician-led, team-based Street
49 Medicine programs with student involvement.

1 Your Reference Committee heard supportive testimony for this resolution, which seeks to
2 strengthen existing AMA policy on homelessness and the gender-specific needs of
3 individuals experiencing homelessness. Testimony supported the amendments to existing
4 policy, and additional testimony requested further amendments to recognize the
5 importance of veteran health equity and risk of homelessness among female veterans. An
6 additional amendment was proffered to broaden the scope of individuals experiencing
7 homelessness to include children under the care of homeless mothers. The sponsoring
8 section testified in agreement with these amendments; therefore, your Reference
9 Committee recommends that Resolution 420 be adopted as amended.

10
11 (36) RESOLUTION 425 - PRIORITIZING, MEASURING, AND
12 PREVENTING WORKPLACE VIOLENCE IN HEALTH
13 CARE

14
15 **RECOMMENDATION A:**

16
17 **Your Reference Committee recommends that the sixth**
18 **Resolve clause of Resolution 425 be amended by**
19 **deletion to read as follows:**

20
21 **RESOLVED, that our AMA rescind existing policies H-**
22 **~~515.957 (Preventing Violent Acts Against Health Care~~**
23 **~~Providers), D-515.983 (Preventing Violent Acts Against~~**
24 **~~Health Care Providers), and H-515.966 (Violence and~~**
25 **~~Abuse Prevention in the Health Care Workplace).~~**
26 **(Rescind HOD Policy)**

27
28 **RECOMMENDATION B:**

29
30 **Your Reference Committee recommends that**
31 **Resolution 425 be amended by addition of a seventh**
32 **Resolve clause to read as follows:**

33
34 **RESOLVED, that our American Medical Association**
35 **seek legislation, and/or craft model state legislation,**
36 **calling for civil and/or criminal penalties to be**
37 **established for any healthcare institution or**
38 **administrator that tries to discourage, or in any way**
39 **disincentivize, the reporting of workplace violence**
40 **(New HOD Policy);**

41
42 **RECOMMENDATION C:**

43
44 **Your Reference Committee recommends that**
45 **Resolution 425 be adopted as amended.**

46
47 **HOD ACTION: Resolution 425 be adopted as amended.**

48
49 **ADOPTED LANGUAGE:**

1 **RESOLVED, that our American Medical Association recognize workplace violence**
2 **in health care as a national advocacy priority and expand existing AMA policy to**
3 **support standardized reporting and data-driven prevention strategies.**

4
5 **RESOLVED, that our AMA advocate for the development and implementation of**
6 **standardized, mandatory reporting mechanisms for workplace violence incidents**
7 **across all health care settings, with appropriate protections for patient and worker**
8 **privacy.**

9
10 **RESOLVED, that our AMA advocate for policies that remove barriers to reporting**
11 **workplace violence, including protections against retaliation, reduction of**
12 **disincentives related to institutional liability or reputational concerns, and the**
13 **establishment of a culture in which all acts of violence against health care**
14 **workers are recognized as unacceptable and reportable regardless of patient**
15 **condition.**

16
17 **RESOLVED, that our AMA support the aggregation and analysis of workplace**
18 **violence data to inform research, benchmarking, and the development of national**
19 **policies aimed at reducing violence in health care settings.**

20
21 **RESOLVED, that our AMA advocate for the development, funding, and**
22 **implementation of evidence-based, trauma-informed strategies to prevent**
23 **workplace violence and protect the health care workforce.**

24
25 **RESOLVED, that our AMA rescind existing policies D-515.983 (Preventing Violent**
26 **Acts Against Health Care Providers) and H-515.966 (Violence and Abuse**
27 **Prevention in the Health Care Workplace). (Rescind HOD Policy)**

28
29 **RESOLVED, that our American Medical Association seek legislation, and/or craft**
30 **model state legislation, calling for civil and/or criminal penalties to be established**
31 **for any healthcare institution or administrator that tries to discourage, or in any**
32 **way disincentivize, the reporting of workplace violence (New HOD Policy).**

33
34
35 **RESOLVED, that our American Medical Association recognize workplace violence in**
36 **health care as a national advocacy priority and expand existing AMA policy to support**
37 **standardized reporting and data-driven prevention strategies; and be it further**

38
39 **RESOLVED, that our AMA advocate for the development and implementation of**
40 **standardized, mandatory reporting mechanisms for workplace violence incidents across**
41 **all health care settings, with appropriate protections for patient and worker privacy; and**
42 **be it further**

43
44 **RESOLVED, that our AMA advocate for policies that remove barriers to reporting**
45 **workplace violence, including protections against retaliation, reduction of disincentives**
46 **related to institutional liability or reputational concerns, and the establishment of a culture**
47 **in which all acts of violence against health care workers are recognized as unacceptable**
48 **and reportable regardless of patient condition; and be it further**

49

1 RESOLVED, that our AMA support the aggregation and analysis of workplace violence
2 data to inform research, benchmarking, and the development of national policies aimed at
3 reducing violence in health care settings; and be it further

4
5 RESOLVED, that our AMA advocate for the development, funding, and implementation of
6 evidence-based, trauma-informed strategies to prevent workplace violence and protect
7 the health care workforce; and be it further

8
9 RESOLVED, that our AMA rescind existing policies H-515.957 (Preventing Violent Acts
10 Against Health Care Providers), D-515.983 (Preventing Violent Acts Against Health Care
11 Providers), and H-515.966 (Violence and Abuse Prevention in the Health Care
12 Workplace).

13
14 Your Reference Committee heard supportive testimony for the spirit of this resolution, and
15 there was unanimous agreement that workplace violence is an increasing risk to health
16 care workers and should be recognized as a national advocacy priority for AMA. Multiple
17 delegations, sections, and individuals shared personal stories about the growing threat of
18 violence towards health care workers and noted that concrete solutions have not
19 materialized to address the issue. The final resolve clause of the resolution recommended
20 rescinding existing AMA policies to streamline efforts to reduce workplace violence and
21 develop a coherent framework. However, your Council on Science and Public Health
22 testified to recommend that policy H-515.957 not be rescinded, as it contains important
23 components that are not captured in the new policy. This recommendation received
24 testimony in support. There was additional testimony from one individual that called for
25 further education of health care workers on the topic of workplace violence. Your
26 Reference Committee acknowledged this request but did not feel that education for health
27 care workers in regard to workplace violence is very effective and therefore this
28 amendment should not be included. Lastly, there was testimony that requested an
29 additional resolve clause to encourage civil and criminal penalties for institutions and
30 administrators that disincentivize or discourage the reporting of workplace violence. This
31 additional resolve also received supportive testimony. Your Reference Committee feels
32 that the proffered amendments appropriately address the concerns raised and therefore
33 recommends that Resolution 425 be adopted as amended.

1 (37) RESOLUTION 426 - INTEGRATING NUTRITION INTO
2 HEALTH CARE DELIVERY TO REDUCE
3 CARDIOVASCULAR RISK AND FOOD INSECURITY
4 (“FOOD IS MEDICINE”)
5

6 **RECOMMENDATION A:**

7
8 **Your Reference Committee recommends that the first**
9 **Resolve clause of Resolution 426 be amended by**
10 **addition and deletion to read as follows:**

11
12 **RESOLVED, that our American Medical Association**
13 **recognizes “fFood is Mmedicine” interventions—**
14 **including medically tailored meals, medically tailored**
15 **groceries, and produce prescription programs—as**
16 **promising evidence-based informed strategies to**
17 **improve health outcomes, reduce diet-related chronic**
18 **disease, and address food insecurity, while supporting**
19 **continued research and evaluation of these**
20 **interventions; and be it further**

21
22 **RECOMMENDATION B:**

23
24 **Your Reference Committee recommends that the**
25 **second Resolve clause of Resolution 426 be amended**
26 **by addition and deletion to read as follows:**

27
28 **RESOLVED, that our AMA supports federal efforts to**
29 **integrate nutrition services into health care delivery as**
30 **well as funding for “fFood is Mmedicine” initiatives**
31 **through the yearly Labor–HHS appropriations process;**
32 **and be it further**

33
34 **RECOMMENDATION C:**

35
36 **Your Reference Committee recommends that the third**
37 **Resolve clause of Resolution 426 be amended by**
38 **addition and deletion to read as follows:**

39
40 **RESOLVED, that our AMA encourages collaboration**
41 **with relevant specialty societies, including the**
42 **American College of Cardiology, and supports**
43 **research, education, and implementation efforts to**
44 **advance “fFood is Mmedicine” interventions in clinical**
45 **practice, with emphasis on improving cardiovascular**
46 **outcomes, reducing health disparities, and lowering**
47 **health care costs.**

1 **RECOMMENDATION D:**

2
3 **Your Reference Committee recommends that**
4 **Resolution 426 be adopted as amended.**
5

6 **HOD ACTION: Resolution 426 be adopted as amended.**

7
8 **ADOPTED LANGUAGE:**

9 **RESOLVED, that our American Medical Association recognizes “food is medicine”**
10 **interventions—including medically tailored meals, medically tailored groceries,**
11 **and produce prescription programs—as promising evidence-informed strategies**
12 **to improve health outcomes, reduce diet-related chronic disease, and address**
13 **food insecurity, while supporting continued research and evaluation of these**
14 **interventions.**

15
16 **RESOLVED, that our AMA supports federal efforts to integrate nutrition services**
17 **into health care delivery as well as funding for “food is medicine” initiatives**
18 **through the yearly Labor–HHS appropriations process.**

19
20 **RESOLVED, that our AMA encourages collaboration with relevant specialty**
21 **societies, including the American College of Cardiology, and supports research,**
22 **education, and implementation efforts to advance “food is medicine”**
23 **interventions in clinical practice, with emphasis on improving cardiovascular**
24 **outcomes, reducing health disparities, and lowering health care costs.**
25

26
27 RESOLVED, that our American Medical Association recognizes Food is Medicine
28 interventions—including medically tailored meals—as evidence-based strategies to
29 improve health outcomes, reduce diet-related chronic disease, and address food
30 insecurity; and be it further

31
32 RESOLVED, that our AMA supports federal efforts to integrate nutrition services into
33 health care delivery as well as funding for Food is Medicine initiatives through the yearly
34 Labor–HHS appropriations process; and be it further

35
36 RESOLVED, that our AMA encourages collaboration with relevant specialty societies,
37 including the American College of Cardiology, and supports research, education, and
38 implementation efforts to advance Food is Medicine interventions in clinical practice, with
39 emphasis on improving cardiovascular outcomes, reducing health disparities, and
40 lowering health care costs.

41
42 Your Reference Committee heard mostly supportive testimony from multiple sections and
43 individuals for this resolution. However, one individual proffered an amendment to the
44 resolution that would acknowledge that the evidence on food is medicine interventions is
45 evolving and further research is needed. The resolution authors appreciated the thoughtful
46 review of evidence and suggested an alternative amendment to the first resolve that both
47 acknowledges the current evidence that supports the food is medicine approach as well
48 as the need for further research and evaluation. Overall, the testimony noted the
49 importance of nutrition as a foundational pillar of lifestyle medicine and the importance of

1 nutrition in preventing and managing chronic disease. Your Reference Committee felt the
2 proffered amendment by the resolution authors appropriately incorporates the concerns
3 raised and that Food is Medicine should be put in quotes and not capitalized (i.e., “food is
4 medicine”) to be consistent with the resolution title and to avoid the impression that the
5 AMA is endorsing any trademarked program or organization. Therefore, your Reference
6 Committee recommends Resolution 426 be adopted as amended.

7
8 (38) RESOLUTION 427 - INFANT FEEDING OPTIONS FOR
9 HIV-SEROPOSITIVE INDIVIDUALS

10
11 **RECOMMENDATION A:**

12
13 **Your Reference Committee recommends that**
14 **Resolution 427 be amended by addition and deletion to**
15 **read as follows:**

16
17 **RESOLVED, that the American Medical Association**
18 **amend Policy H-20.916, “Breastfeeding and HIV**
19 **Seropositive People,” by addition and deletion as**
20 **follows:**

21
22 **Breastfeeding and HIV Seropositive People, H-20.916**
23 **Our American Medical Association believes that, where**
24 **safe and alternative nutrition is widely available, HIV**
25 **seropositive people should receive evidence-based,**
26 **patient-centered counseling to support shared**
27 **decision-making about infant feeding. Patients living**
28 **with HIV who are using antiretroviral therapy (ART) and**
29 **have a sustained undetectable viral load and who**
30 **choose to breastfeed should be supported in this**
31 **decision. ~~be counseled not to breastfeed and not to~~**
32 **donate breast milk. HIV testing of all human milk donors**
33 **should be mandatory, and milk from HIV-positive**
34 **donors, even if the viral load is suppressed, should not**
35 **be donated. ~~HIV-infected donors should not be used for~~**
36 **human consumption.**

37
38 **RECOMMENDATION B:**

39
40 **Your Reference Committee recommends that**
41 **Resolution 427 be adopted as amended.**

42
43 **HOD ACTION: Resolution 427 be adopted as amended.**

44
45 **ADOPTED LANGUAGE:**

46 **Policy H-20.916, “Breastfeeding and HIV Seropositive People”**
47 **Our American Medical Association believes that, where safe and alternative**
48 **nutrition is widely available, HIV seropositive people should receive evidence-**
49 **based, patient-centered counseling to support shared decision-making about**

1 **infant feeding. Patients living with HIV who are using antiretroviral therapy**
2 **(ART) and have a sustained undetectable viral load and who choose to breastfeed**
3 **should be supported in this decision. HIV testing of all human milk donors should**
4 **be mandatory, and milk from HIV-positive donors, even if the viral load is**
5 **suppressed, should not be donated.**
6

7
8 **RESOLVED**, that the American Medical Association amend Policy H-20.916,
9 "Breastfeeding and HIV Seropositive People," by addition and deletion as follows:

10
11 **Breastfeeding and HIV Seropositive People, H-20.916**
12 **Our American Medical Association believes that, where safe and alternative nutrition is**
13 **widely available, HIV seropositive people should receive evidence-based, patient-**
14 **centered counseling to support shared decision-making about infant feeding. Patients**
15 **living with HIV who are using antiretroviral therapy (ART) and have a sustained**
16 **undetectable viral load and who choose to breastfeed should be supported in this**
17 **decision. ~~be counseled not to breastfeed and not to donate breast milk.~~ HIV testing of all**
18 **human milk donors should be mandatory, and milk from HIV-infected donors should not**
19 **be used for human consumption.**
20

21 Your Reference Committee heard testimony that was strongly supportive of Resolution
22 427. Multiple delegations, sections, and individuals emphasized the importance of
23 updating existing AMA policy to reflect current evidence regarding breastfeeding among
24 people living with HIV, noting that transmission risk is very low in individuals with sustained
25 viral suppression on antiretroviral therapy. A delegation proffered an amendment to clarify
26 language regarding breast milk donation, specifically to maintain existing safety standards
27 prohibiting donation from individuals who are HIV positive, regardless of viral load. Given
28 that this amendment is consistent with the intent of the resolution, your Reference
29 Committee recommends that Resolution 427 be adopted as amended.
30

31 (39) **RESOLUTION 428 - PROTECTING ENVIRONMENTAL**
32 **HEALTH BEFORE, DURING, AND AFTER WAR**

33
34 **RECOMMENDATION A:**

35
36 **Your Reference Committee recommends that the first**
37 **Resolve clause of Resolution 428 be amended by**
38 **deletion to read as follows:**
39

40 **RESOLVED**, that our American Medical Association
41 **supports the inclusion of drinking water sources and**
42 **sanitation facilities, agricultural land, fisheries, and**
43 **nature reserves as protected zones during active**
44 **conflict, weapons production, and military activities**
45 **that the U.S. is involved in; and be it further**

1 **RECOMMENDATION B:**

2
3 Your Reference Committee recommends that the
4 second Resolve clause of Resolution 428 be amended
5 by deletion to read as follows:
6

7 **RESOLVED**, that our AMA supports clean-up and
8 restoration of, toxic exposures and environmental harm
9 related to ~~U.S. and U.S.-supported~~ military activities,
10 including armed conflict and weapons production, that
11 lead to adverse health outcomes; and be it further
12

13 **RECOMMENDATION C:**

14
15 Your Reference Committee recommends that
16 Resolution 428 be adopted as amended.
17

18 **HOD ACTION:** Resolution 428 be adopted as amended.
19

20 **ADOPTED LANGUAGE:**

21 **RESOLVED**, that our American Medical Association supports the inclusion of
22 drinking water sources and sanitation facilities, agricultural land, fisheries, and
23 nature reserves as protected zones during active conflict, weapons production,
24 and military activities.
25

26 **RESOLVED**, that our AMA supports clean-up and restoration of, toxic exposures
27 and environmental harm related to military activities, including armed conflict and
28 weapons production, that lead to adverse health outcomes.
29

30 **RESOLVED**, that our AMA supports the development, availability, and use of
31 continued medical education for clinicians to take exposure histories, counsel
32 patients, and report sentinel events in displaced and conflict-affected populations
33 impacted by environmental health harms.
34

35
36 RESOLVED, that our American Medical Association supports the inclusion of drinking
37 water sources and sanitation facilities, agricultural land, fisheries, and nature reserves as
38 protected zones during active conflict, weapons production, and military activities that the
39 U.S. is involved in; and be it further
40

41 RESOLVED, that our AMA supports clean-up and restoration of, toxic exposures and
42 environmental harm related to U.S. and U.S.-supported military activities, including armed
43 conflict and weapons production, that lead to adverse health outcomes; and be it further
44

45 RESOLVED, that our AMA supports the development, availability, and use of continued
46 medical education for clinicians to take exposure histories, counsel patients, and report
47 sentinel events in displaced and conflict-affected populations impacted by environmental
48 health harms.

1 Your Reference Committee heard limited but generally supportive testimony for this
2 resolution from multiple sections and one individual. One delegation was generally
3 supportive of the spirit of this resolution but requested the second resolve be referred as
4 they believed the economic and financial implications of cleaning up the environmental
5 impacts of military activities were too immense for inclusion in this resolution. Another
6 individual proffered a friendly amendment to remove the references to U.S. and U.S.
7 involved military activities to broaden the resolution's scope. The Resolution authors
8 responded by noting that they were open to the suggested friendly amendments as long
9 as the policy remained actionable and that the resolution as written does not prescribe a
10 funding mechanism, assign implementation responsibility, or mandate specific
11 remediation actions. Therefore, they were opposed to referral of the second resolve. Your
12 Reference Committee agrees with the resolution authors and recommends Resolution 428
13 be adopted as amended.

14
15 (40) RESOLUTION 431 - SUPPORTING TRANSPORTATION
16 INFRASTRUCTURE REFORM FOR PUBLIC HEALTH

17
18 **RECOMMENDATION A:**

19
20 **Your Reference Committee recommends the first**
21 **Resolve clause of Resolution 431 be amended by**
22 **addition and deletion to read as follows:**

23
24 **RESOLVED, that our American Medical Association**
25 **support street design strategies that 1.) facilitate the**
26 **construction of integrated, multimodal transportation**
27 **infrastructure that prioritizes the health, safety, and**
28 **accessibility of all road users using context-sensitive**
29 **designs; 2.) ~~ensure safe and accessible travel for~~**
30 **~~pedestrians, bicyclists, public transit users, and~~**
31 **~~motorists of all ages and abilities~~ prioritize developing**
32 **a transportation system with zero deaths and zero**
33 **serious injuries for all road users regardless of age or**
34 **ability; and 3.) ensure everyone has the right to access**
35 **roads that are designed with the safety of all users in**
36 **mind, ~~plac~~ a special emphasis on addressing**
37 **safety in underserved communities including but not**
38 **limited to rural areas, low-income neighborhoods, and**
39 **communities of color; and be it further**

40
41 **RECOMMENDATION B:**

42
43 **Your Reference Committee recommends that the**
44 **second Resolve clause of Resolution 431 be amended**
45 **by addition and deletion to read as follows:**

46
47 **RESOLVED, that our AMA support reform of federal**
48 **transportation non-motorized travel performance**
49 **monitoring and funding formulas, to explicitly prioritize**
50 **vulnerable road user~~pedestrian safety metrics, transit~~**

1 **accessibility to destinations and services such as**
2 **transit, jobs, and healthcare, and other health outcomes**
3 **alongside vehicle miles traveled and level-of-service**
4 **when calculating success of roads.**

5
6 **RECOMMENDATION C:**

7
8 **Your Reference Committee recommends that**
9 **Resolution 431 be adopted as amended.**

10
11 **HOD ACTION: Resolution 431 be adopted as amended.**

12
13 **ADOPTED LANGUAGE:**

14 **RESOLVED, that our American Medical Association support street design**
15 **strategies that 1.) facilitate the construction of integrated, multimodal**
16 **transportation infrastructure that prioritizes the health, safety, and accessibility of**
17 **all road users using context-sensitive designs; 2.) prioritize developing a**
18 **transportation system with zero deaths and zero serious injuries for all road users**
19 **regardless of age or ability; and 3.) ensure everyone has the right to access roads**
20 **that are designed with the safety of all users in mind, placing a special emphasis**
21 **on addressing safety in underserved communities including but not limited to**
22 **rural areas, low-income neighborhoods, and communities of color;**

23
24 **RESOLVED, that our AMA support reform of federal transportation non-motorized**
25 **travel performance monitoring and funding formulas, to explicitly prioritize**
26 **vulnerable road user metrics, accessibility to destinations and services such as**
27 **transit, jobs, and healthcare, and other health outcomes alongside vehicle miles**
28 **traveled and level-of-service when calculating success of roads.**

29
30
31 **RESOLVED, that our American Medical Association support street design strategies that**
32 **1.) facilitate the construction of integrated, multimodal transportation infrastructure; 2.)**
33 **ensure safe and accessible travel for pedestrians, bicyclists, public transit users, and**
34 **motorists of all ages and abilities; and 3.) place a special emphasis on addressing safety**
35 **in underserved communities including but not limited to rural areas, low-income**
36 **neighborhoods, and communities of color; and be it further**

37
38 **RESOLVED, that our AMA support reform of federal transportation funding formulas, to**
39 **explicitly prioritize pedestrian safety metrics, transit accessibility, and health outcomes**
40 **alongside vehicle miles traveled and level-of-service when calculating success of roads.**

41
42 Your Reference Committee heard mostly unanimously supportive testimony for this
43 resolution from multiple sections and delegations. The testimony highlighted the
44 importance of multimodal infrastructure to support accessibility and equity for all, and that
45 transportation infrastructure reform can help to reduce health disparities by improving
46 access to care and accessibility for individuals who face mobility impairments. Testimony
47 noted the timeliness of the resolution, as pedestrian fatalities have currently reached a 40-
48 year high. During the in-person hearing, a representative from the CDC testified in support
49 of the resolution with a proffered amendment. While there was no additional testimony in

1 support of this amendment, your Reference Committee generally felt that the proposed
2 amendments strengthened the resolution, making it more aspirational and inclusive of all
3 road users. The only component of the proposed amendment your Reference Committee
4 did not agree with was the deletion of language around undeserved communities and we
5 felt it was important to include that original language to address concerns around health
6 equity and disparities. Therefore, your Reference Committee recommends that Resolution
7 431 be adopted as amended.
8

9 (41) RESOLUTION 432 - ADDRESSING PUBLIC HEALTH
10 RISKS OF ONLINE SPORTS BETTING
11

12 **RECOMMENDATION A:**
13

14 **Your Reference Committee recommends that the first**
15 **Resolve clause of Resolution 432 be amended by**
16 **addition to read as follows:**
17

18 **RESOLVED, that our American Medical Association**
19 **supports efforts to establish federal and state consumer**
20 **protections for online gambling, including sports**
21 **betting, prediction markets, and daily fantasy sports, to**
22 **reduce harms associated with gambling disorder and**
23 **other related behaviors (New HOD Policy);**
24

25 **RECOMMENDATION B:**
26

27 **Your Reference Committee recommends that the second**
28 **Resolve clause of Resolution 432 be amended by**
29 **addition to read as follows:**
30

31 **RESOLVED, that our AMA support epidemiological**
32 **research to characterize the health impacts of online**
33 **gambling, including sports betting, prediction markets,**
34 **and daily fantasy sports, with particular attention to**
35 **adolescents, young adults, older adults, people with**
36 **cognitive impairment, and other vulnerable populations**
37 **(New HOD Policy).**

38 **RECOMMENDATION C:**
39

40 **Your Reference Committee recommends that**
41 **Resolution 432 be adopted as amended.**
42

43 **RECOMMENDATION D:**
44

45 **Your Reference Committee recommends that the title**
46 **of Resolution 432 be changed to read as follows:**
47

48 **ADDRESSING PUBLIC HEALTH RISKS OF ONLINE**
49 **GAMBLING**

1
2 **HOD ACTION: Resolution 432 be adopted as amended.**

3
4 **ADOPTED LANGUAGE:**
5 **Addressing Public Health Risks of Online Gambling**

6
7 **RESOLVED, that our American Medical Association supports efforts to establish**
8 **federal and state consumer protections for online gambling, including sports**
9 **betting, prediction markets, and daily fantasy sports, to reduce harms associated**
10 **with gambling disorder and other related behaviors (New HOD Policy);**

11
12 **RESOLVED, that our AMA support epidemiological research to characterize the**
13 **health impacts of online gambling, including sports betting, prediction markets, and**
14 **daily fantasy sports, with particular attention to adolescents, young adults, older**
15 **adults, people with cognitive impairment, and other vulnerable populations (New**
16 **HOD Policy).**

17
18
19 **RESOLVED, that our American Medical Association support efforts to establish federal**
20 **and state consumer protections for online gambling, including sports betting and daily**
21 **fantasy sports, to reduce harms associated with gambling disorder and other related**
22 **behaviors; and be it further**

23
24 **RESOLVED, that our AMA support epidemiological research to characterize the health**
25 **impacts of online gambling, including sports betting and daily fantasy sports, with**
26 **particular attention to adolescents, young adults, older adults, people with cognitive**
27 **impairment, and other vulnerable populations.**

28
29 Your Reference Committee heard supportive testimony for this resolution, with multiple
30 sections, delegations, and coalitions testifying that the highly addictive and fast-growing
31 area of online sports betting represents a significant public health concern. There was a
32 request to add an amendment to include the effects of gambling within the prediction
33 markets, which received supportive testimony in agreement. To address these concerns,
34 your Reference Committee suggested amendments to Resolves one and two to include
35 prediction markets in the request for further study and consumer protection advocacy
36 efforts. With the inclusion of prediction markets, your Reference Committee felt the title of
37 this resolution should also be broadened to encompass online gambling and betting more
38 generally. Therefore, your Reference Committee recommends that Resolution 432 be
39 adopted as amended and the title be changed.

1 (42) RESOLUTION 436 - PROTECTING CHILDREN FROM
2 POTENTIAL HARMS OF CAFFEINATED PRODUCTS
3

4 **RECOMMENDATION A:**
5

6 Your Reference Committee recommends that the first
7 Resolve clause of Resolution 436 be amended by
8 addition and deletion to read as follows:
9

10 **RESOLVED**, that our American Medical Association
11 amend existing policy H-150.988 by addition to read:
12

13 The AMA (1) supports a continued review of the safety
14 of dietary caffeine intake; (2) supports continued efforts
15 to disseminate information to the public and physicians
16 on the caffeine content of food and beverages; and (3)
17 will work with the FDA to ensure that, when caffeine is
18 added to a product, the label reflects this in prominent
19 letters and the amount of caffeine in the product be
20 written on the label; also, that children under the age of
21 12 years old should avoid caffeinated products entirely
22 and those ~~under between~~ the age of 12 and 18 should
23 limit intake to <100mg per day as supported by evidence-
24 based research and guidelines.
25

26 **RECOMMENDATION B:**
27

28 Your Reference Committee recommends that the second
29 Resolve clause of Resolution 436 be amended by
30 addition and deletion to read as follows:
31

32 **RESOLVED**, that our AMA amend existing policy D-
33 150.976 by addition to read:

- 34 1. Our American Medical Association will seek
35 necessary regulatory action through the US Food
36 and Drug Administration to regulate potentially
37 hazardous energy beverages (like Red Bull (TM),
38 Rockstar (TM), Monster (TM), Full Throttle (TM)), with
39 special attention to scientific evidence of harm to
40 children ~~below ages 12 and 18.~~ less than 12 years
41 old and adolescents between 12 and 18 years old.
42 2. Our AMA will seek federal regulation to implement
43 warning labels about the side effects of the contents
44 of energy drinks, particularly when combined with
45 alcohol with specific warning of harm to children
46 below the age of 18.
47 3. Our AMA supports a ban on the marketing of "high
48 stimulant/caffeine drinks" to children/adolescents
49 under the age of 18, including opposing commercial

1 advertising, sponsorships, and promotional
2 practices that target or appeal to children and
3 adolescents. (Amend HOD Policy)
4

5 **RECOMMENDATION C:**

6
7 Your Reference Committee recommends that
8 Resolution 436 be adopted as amended.

9
10 **RECOMMENDATION D:**

11
12 Your Reference Committee recommends that policy H-
13 150.988, Caffeine Labeling be reaffirmed.

14
15

HOD ACTION: Resolution 436 be adopted as amended.

16
17 **ADOPTED LANGUAGE:**

18 **H-150.988, "Caffeine Labeling"**

19 **The AMA (1) supports a continued review of the safety of dietary caffeine intake; (2)**
20 **supports continued efforts to disseminate information to the public and physicians**
21 **on the caffeine content of food and beverages; and (3) will work with the FDA to**
22 **ensure that, when caffeine is added to a product, the label reflects this in prominent**
23 **letters and the amount of caffeine in the product be written on the label; also, that**
24 **children under the age of 12 years old should avoid caffeinated products entirely**
25 **and those between the age of 12 and 18 should limit intake to <100mg per day as**
26 **supported by evidence-based research and guidelines.**

27
28 **D-150.976, "Hazards of Energy Beverages - Their Abuse and Regulation"**

29 **1)Our American Medical Association will seek necessary regulatory action through**
30 **the US Food and Drug Administration to regulate potentially hazardous energy**
31 **beverages (like Red Bull (TM), Rockstar (TM), Monster (TM), Full Throttle (TM)), with**
32 **special attention to scientific evidence of harm to children less than 12 years old**
33 **and adolescents between 12 and 18 years old.**

34 **2) Our AMA will seek federal regulation to implement warning labels about the side**
35 **effects of the contents of energy drinks, particularly when combined with alcohol**
36 **with specific warning of harm to children below the age of 18.**

37 **3) Our AMA supports a ban on the marketing of "high stimulant/caffeine drinks" to**
38 **children/adolescents under the age of 18, including opposing commercial**
39 **advertising, sponsorships, and promotional practices that target or appeal to**
40 **children and adolescents. (Amend HOD Policy)**

41
42
43

RESOLVED, that our American Medical Association amend existing policy H-150.988 by
44 **addition to read:**

45 **The AMA (1) supports a continued review of the safety of dietary caffeine intake; (2)**
46 **supports continued efforts to disseminate information to the public and physicians on the**
47 **caffeine content of food and beverages; and (3) will work with the FDA to ensure that,**
48 **when caffeine is added to a product, the label reflects this in prominent letters and the**
49 **amount of caffeine in the product be written on the label; also, that children under the age**

1 of 12 years old should avoid caffeinated products entirely and those under the age of 18
2 should limit intake to <100mg per day as supported by evidence-based research and
3 guidelines.

4
5 RESOLVED, that our AMA amend existing policy D-150.976 by addition to read:

6 1. Our American Medical Association will seek necessary regulatory action through the
7 US Food and Drug Administration to regulate potentially hazardous energy beverages
8 (like Red Bull (TM), Rockstar (TM), Monster (TM), Full Throttle (TM)) with special attention
9 to scientific evidence of harm to children below ages 12 and 18.

10
11 2. Our AMA will seek federal regulation to implement warning labels about the side effects
12 of the contents of energy drinks, particularly when combined with alcohol with specific
13 warning of harm to children below the age of 18.

14
15 3. Our AMA supports a ban on the marketing of "high stimulant/caffeine drinks" to
16 children/adolescents under the age of 18, including opposing commercial advertising,
17 sponsorships, and promotional practices that target or appeal to children and adolescents.
18 (Amend HOD Policy)

19
20 Your Reference Committee heard mostly supportive testimony on this resolution, which
21 highlighted the harms of highly caffeinated products on youths and adolescents.
22 Testimony noted that caffeinated products can lead to detrimental health problems in
23 young people and are increasingly accessible. An amendment was proffered to clarify
24 grammatical structure and to emphasize that the risk of caffeine is compounded in children
25 under the age of 12. This amendment received supportive testimony, and your Reference
26 Committee made amendments to have consistent language in the policy. Additionally,
27 your Reference Committee heard testimony on the importance of labelling caffeine content
28 in products and therefore felt it was also important to reaffirm existing AMA policy on this
29 issue. Therefore, your Reference Committee recommends that Resolution 436 be adopted
30 as amended.

31
32 (43) RESOLUTION 439 - AGE VERIFICATION AND ENDS
33 PRODUCTS

34
35 **RECOMMENDATION A:**

36
37 **Your Reference Committee recommends that the third**
38 **Resolve clause of Resolution 439 be amended by**
39 **addition and deletion to read as follows:**

40
41 **RESOLVED, that our AMA advocate to FDA and others,**
42 **that the sponsor of any electronic nicotine delivery**
43 **system (ENDS) product considered for FDA**
44 **authorization authorized product be required to share**
45 **the data used to prove the effectiveness and durability**
46 **of age-verification used; and be it further**

1 **RECOMMENDATION B:**

2
3 Your Reference Committee recommends that the fourth
4 Resolve clause of Resolution 439 be amended by
5 addition and deletion to read as follows:
6

7 **RESOLVED**, that our AMA advocate that the FDA
8 Committee on Tobacco Products CTP require and
9 implement effective post market surveillance data
10 collection to measure the effectiveness and durability
11 of any ENDS age-verification systems; and be it further
12

13 **RECOMMENDATION C:**

14
15 Your Reference Committee recommends that the sixth
16 Resolve clause of Resolution 439 be amended by
17 addition to read as follows:
18

19 **RESOLVED**, that our AMA advocate that the FDA
20 establish and maintain a high proof of effectiveness and
21 durability threshold for age-verification systems for
22 ENDS products that rely on age-verification systems to
23 prevent youth access initiation.
24

25 **RECOMMENDATION D:**

26
27 Your Reference Committee recommends that
28 Resolution 439 be adopted as amended.
29

30 **HOD ACTION:** Resolution 439 be adopted as amended.

31
32 **ADOPTED LANGUAGE:**

33 **RESOLVED**, that our American Medical Association opposes FDA's decision to
34 authorize ENDS products with fruit characterizing flavors.
35

36 **RESOLVED**, that our AMA continues to oppose the authorization of any ENDS
37 products with characterizing flavors, including but not limited to fruit, candy,
38 dessert, mint, and menthol flavors, that may enhance the appeal of such products
39 to youth.
40

41 **RESOLVED**, that our AMA advocate to FDA and others, that the sponsor of any
42 electronic nicotine delivery system (ENDS) product considered for FDA
43 authorization be required to share the data used to prove the effectiveness and
44 durability of age-verification used.
45

46 **RESOLVED**, that our AMA advocate that the FDA Committee on Tobacco Products
47 require and implement effective post market surveillance data collection to measure
48 the effectiveness and durability of any ENDS age-verification systems.

1 **RESOLVED, that our AMA urge FDA to take immediate action to remove authorized**
2 **ENDS products from the market should age-verification technology prove to be**
3 **insufficient to prevent youth initiation.**

4
5 **RESOLVED, that our AMA advocate that the FDA establish and maintain a high**
6 **proof of effectiveness and durability threshold for age-verification systems for**
7 **ENDS products to prevent youth access.**

9
10 RESOLVED, that our American Medical Association opposes FDA's decision to authorize
11 ENDS products with fruit characterizing flavors; and be it further

12
13 RESOLVED, that our AMA continues to oppose the authorization of any ENDS products
14 with characterizing flavors, including but not limited to fruit, candy, dessert, mint, and
15 menthol flavors, that may enhance the appeal of such products to youth; and be it further

16
17 RESOLVED, that our AMA advocate FDA and any future authorized product share the
18 data used to prove the effectiveness and durability of age-verification used; and be it
19 further

20
21 RESOLVED, that our AMA advocate FDA CTP require and implement effective post
22 market surveillance data collection to measure the effectiveness and durability of any
23 ENDS age-verification systems; and be it further

24
25 RESOLVED, that our AMA urge FDA to take immediate action to remove authorized
26 ENDS products from the market should age-verification technology prove to be insufficient
27 to prevent youth initiation; and be it further

28
29 RESOLVED, that our AMA advocate FDA establish and maintain a high proof of
30 effectiveness and durability threshold for ENDS products that rely on age-verification
31 systems to prevent youth initiation.

32
33 Your Reference Committee heard strong support for this resolution with acknowledgement
34 that it has long been a priority of the AMA to protect young people from nicotine addiction
35 and the resulting health risks. Disappointment was expressed regarding the FDA's recent
36 policy shift to authorize fruit-flavored ENDS products to be sold in the U.S. Amendments
37 were suggested to clarify the language and to spell out acronyms. Your Reference
38 Committee agrees with these amendments. In the last Resolve your Reference Committee
39 amended the language to make it clear that the proof of effectiveness and durability
40 threshold was for the age-verification systems and not the ENDS products themselves.
41 Therefore, your Reference Committee recommends that this resolution be adopted as
42 amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(44) RESOLUTION 438 - PRESERVING AND STRENGTHENING MATERNAL MORTALITY REVIEW COMMITTEES

RECOMMENDATION:

Your Reference Committee recommends Alternate Resolution 438 be adopted in lieu of Resolution 438.

PRESERVING AND STRENGTHENING MATERNAL MORTALITY REVIEW COMMITTEES (MMRCs)

RESOLVED, that our American Medical Association strongly opposes actions that undermine the independence, transparency, or scientific integrity of maternal mortality review and condemns undue interference with state MMRCs; and be it further

RESOLVED, that our AMA urge Congress to:

- a) Require that all states use centralized maternal child health surveillance and data systems, such as the Maternal Mortality Review Information Application, to ensure ability to aggregate US maternal data;
- b) Ensure timely public reporting of findings and recommendations while maintaining individual case confidentiality; and
- c) Create whistleblower protections for MMRC members who report undue influence or data suppression (Directive to Take Action); and be it further

RESOLVED, that our AMA calls upon state medical societies and physician advocates to:

- a) Monitor state MMRC activities for signs of interference or funding threats; and
- b) Support MMRC recommendations that lead to quality improvement, reduction in preventable deaths, and address non-medical drivers of health; and be it further

RESOLVED, that our AMA reaffirm H-60.909, State Maternal Mortality Review Committees.

HOD ACTION: Alternate Resolution 438 be adopted in lieu of Resolution 438.

ADOPTED LANGUAGE:

PRESERVING AND STRENGTHENING MATERNAL MORTALITY REVIEW COMMITTEES (MMRCs)

1 **RESOLVED, that our American Medical Association strongly opposes actions that**
2 **undermine the independence, transparency, or scientific integrity of maternal**
3 **mortality review and condemns undue interference with state MMRCs.**

4
5 **RESOLVED, that our AMA urge Congress to:**

6 a) **Require that all states use centralized maternal child health surveillance**
7 **and data systems, such as the Maternal Mortality Review Information**
8 **Application, to ensure ability to aggregate US maternal data;**

9 b) **Ensure timely public reporting of findings and recommendations while**
10 **maintaining individual case confidentiality; and**

11 c) **Create whistleblower protections for MMRC members who report undue**
12 **influence or data suppression (Directive to Take Action).**

13
14 **RESOLVED, that our AMA calls upon state medical societies and physician**
15 **advocates to:**

16 a) **Monitor state MMRC activities for signs of interference or funding threats;**
17 **and**

18 b) **Support MMRC recommendations that lead to quality improvement,**
19 **reduction in preventable deaths, and address non-medical drivers of health.**

20
21 **RESOLVED, that our AMA reaffirm H-60.909, State Maternal Mortality Review**
22 **Committees.**

23
24
25 **RESOLVED, that our AMA supports federal legislation establishing minimum standards**
26 **and protections for state MMRCs, including:**

27 a) **Mandatory comprehensive review of all pregnancy-associated deaths (during**
28 **pregnancy through one year postpartum) regardless of cause**

29 b) **Required access to all relevant medical records, death certificates, autopsy**
30 **reports, and related documentation**

31 c) **Confidentiality protections and immunity from liability for committee members and**
32 **information providers**

33 d) **Protection of committee deliberations and findings from discovery in civil or**
34 **criminal proceedings**

35 e) **Requirements for representative, multidisciplinary committee membership**
36 **including community representatives with personal experience**

37 f) **Prohibition on political interference in committee composition, case selection, or**
38 **recommendation development**

39 g) **Timely public reporting of aggregated findings and recommendations while**
40 **maintaining individual case confidentiality**

41 h) **Accountability mechanisms for states that fail to conduct comprehensive, timely**
42 **maternal death reviews; and be it further**

43
44 **RESOLVED, that our AMA urge Congress to:**

45 a) **Require all states use centralized maternal child health surveillance and data**
46 **systems, such as MMRIA, to ensure consolidated US maternal data**

47 b) **Require states to review all pregnancy-associated deaths without exception for**
48 **specific time periods or circumstances**

49 c) **Mandate public disclosure of committee membership composition**

1 d) Establish accountability for states that fail to implement MMRC recommendations
2 without documented justification

3 e) Create whistleblower protections for MMRC members who report undue influence
4 or data suppression (Directive to Take Action); and be it further

5
6 RESOLVED, that our AMA calls upon state medical societies and physician advocates to:

7 a) Monitor state MMRC activities for signs of interference or funding threats

8 b) Advocate for state legislation protecting MMRC independence and adequate
9 funding

10 c) Support MMRC recommendations that lead to quality improvement, reduction in
11 preventable deaths, and address non-medical drivers of health; and be it further

12
13 RESOLVED, that our AMA condemn undue interference with state MMRCs.

14
15 Your Reference Committee heard supportive testimony of this resolution noting the
16 importance of preserving the integrity and effectiveness of Maternal Mortality Review
17 Committees (MMRCs), which are critical to identifying preventable maternal deaths and
18 informing evidence-based interventions to improve outcomes. A delegation proffered
19 extensive amendments that maintained the core intent of protecting MMRC
20 independence, data integrity, and transparency, while avoiding overly prescriptive federal
21 mandates that may have unintended consequences. The author of this resolution, multiple
22 sections, and delegations were in support of these amendments. Therefore, your
23 Reference Committee recommends that Alternate Resolution 438 be adopted in lieu of
24 Resolution 438.

RECOMMENDED FOR REFERRAL

(45) RESOLUTION 406 - REDUCE ENVIRONMENTAL IMPACT
OF MEDICAL JOURNALS

RECOMMENDATION:

**Your Reference Committee recommends that
Resolution 406 be referred.**

HOD ACTION: Resolution 406 be referred.

RESOLVED, that our American Medical Association’s medical journals be provided via electronic-only means by default, and that physicians and other recipients be required to opt in to receive print versions; and be it further

RESOLVED, that our AMA encourage specialty societies to require physicians to opt in to receive print versions of journals, with the default option being to receive electronic-only versions.

Your Reference Committee heard mixed testimony for this resolution in both online and in-person hearings. While several delegations offered support of the resolution, the AMA Board of Trustees and a few other delegations either recommended it not be adopted or it be referred. Those that supported the resolution noted the environmental impacts of paper journals and that individuals could still choose to receive paper copies if they wanted; this resolution would simply make electronic distribution the default. On the other hand, it was noted that a number of JAMA network journals are already electronically distributed by default, that they have already reduced the number of print copy distribution by 67 percent in the past five years, and that a strategy is already underway to balance the tradeoffs of environmental impact, revenue, engagement, and journal impact. Another delegation that opposed this resolution as written felt it was overly prescriptive and that physicians continue to rely on print publications for multiple reasons. One section proffered an amendment that supported the electronic version as a default while recognizing that a one-size-fits-all approach for journals was not appropriate. This amendment would have added language that organizations should take into account the operational and financial needs of individual journals. The proposed amendment was supported by two other delegations, but the majority of those testifying during the in-person hearing supported referral. The resolution authors testified that they would be amenable to referral as well, but would like the plastic packaging used for paper journals to be considered as part of the forthcoming study. Due to the mixed testimony on this item, your Reference Committee recommends referral.

1 (46) RESOLUTION 412 - GUIDING PRINCIPLES OF
2 PANDEMIC PREVENTION, PREPAREDNESS AND
3 RESPONSE; SUPPORT FOR THE WORLD HEALTH
4 ORGANIZATION PANDEMIC AGREEMENT
5

6 **RECOMMENDATION:**

7
8 **Your Reference Committee recommends that**
9 **Resolution 412 be referred.**

11 **HOD ACTION: Resolution 412 be referred.**

14 RESOLVED, that our American Medical Association support and adopt the following
15 Articles of the World Health Organization Pandemic Agreement as our framework for
16 Pandemic Prevention, Preparedness and Response:

- 17
18 Article 4, Pandemic prevention and surveillance;
19 - Article 5, One Health approach for Pandemic Prevention, Preparedness and Response;
20 - Article 6, Preparedness, readiness and health system resilience;
21 - Article 7, Health and care workforce;
22 - Article 8, Regulatory systems strengthening;
23 - Article 9, Research and development;
24 - Article 10, Sustainable and geographically diversified local production;
25 - Article 11, Transfer of technology and cooperation on related know-how for the
26 production of - pandemic-related health products;
27 - Article 12, Pathogen Access and Benefit-Sharing Systems;
28 - Article 13, Supply chain and logistics;
29 - Article 14, Procurement and distribution;
30 - Article 15, Whole-of-government and whole-of-society approaches;
31 - Article 16, Communication and public awareness;
32 - Article 17, International cooperation and support for implementation;
33 - Article 18, Sustainable financing; and be it further.

34
35 Your Reference Committee heard mixed testimony for this resolution, with several
36 delegations offering support while the Council and Science and Public Health as well as
37 a few other delegations recommended it either not be adopted or be referred. Supportive
38 testimony highlighted the need for more international collaboration on pandemic
39 preparedness, particularly considering the COVID-19 pandemic and the recent Hantavirus
40 and Ebola outbreaks. Those testifying in favor of referral noted that the AMA was not
41 involved in the development of this agreement and raised concerns about the length and
42 complexity of the referenced articles, which would automatically become AMA policy. It
43 was also noted that the AMA was not involved in the development of this agreement and
44 if the language is changed in the future, AMA policy would automatically be updated with
45 no oversight by AMA's House of Delegates. The Council on Science and Public Health
46 supported not adopting the resolution, citing lack of clarity in its intent and concerns about
47 the exclusion of certain Articles. Given that the majority of the testimony supported referral
48 of this item, your Reference Committee recommends that Resolution 412 be referred.

1 (47) BOARD OF TRUSTEES 09 - AMERICAN MEDICAL
2 ASSOCIATION OPTIMAL HEALTH OUTCOMES ANNUAL
3 REPORT
4

5 **RECOMMENDATION:**
6

7 **Your Reference Committee recommends that Board of**
8 **Trustees 09 be referred with report back at I-26.**
9

10 **HOD ACTION: BOT Report 09 be referred with report back at I-26.**
11

12
13 This informational report outlines the activities conducted by our AMA during calendar
14 year 2025, divided into the four COHO pillars, demonstrating relevance, impact, and
15 thought leadership: (1) Community Health Impact, (2) Health Systems Engagement, (3)
16 Policy Development and (4) Data and Research.
17

18 Testimony noted that the House of Delegates overwhelmingly supported the creation of a
19 Center for Health Equity and the AMA has folded the Center into the Improving Health
20 Outcomes unit allowing the focus to be taken off of addressing health disparities. It was
21 requested that this informational report be referred and that the following questions
22 regarding the impacts of this decision be addressed in a report back to the House of
23 Delegates at I-26:
24

- 25 (1) What AMA strategic priority does combining CHE/IHO to become COHO
26 address?
27 (2) Was the CHE budget reduced with this COHO reduction?
28 (3) Was the 50% CHE staff reduction too severe to achieve our reducing health
29 disparities goals?
30 (4) What are the goals of COHO and now is AMA able to say what those goals are
31 and are we able to measure their level of achievement in the past year?
32 (5) Please let us know if we ultimately achieve the COHO stated goals by this
33 reorganization?
34

35 The Board of Trustees noted that health equity is strengthened when it is integrated into
36 all organizational work and the AMA's decision to merge the Center for Health Equity with
37 the Improving Health Outcomes unit creates greater alignment between identifying health
38 disparities and implementing solutions within communities and health systems. The AMA's
39 commitment to health equity remains reflected in AMA policy and its continued work in this
40 space. Although testimony was limited, everyone who testified besides the author
41 supported referral, and your Reference Committee agrees with this position.

RECOMMENDED FOR REFERRAL FOR DECISION

(48) RESOLUTION 410 - LIGHT POLLUTION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 410 be referred for decision.

HOD ACTION: Resolution 410 be referred for decision.

RESOLVED, that our American Medical Association update its outdoor lighting recommendations to be:

1. Most outdoor lighting including street lighting should be 2700K or lower
2. Exceptions for inner city high traffic regions could be made for 3000K when deemed necessary for public safety
3. For rural and residential areas, or locations with interest in environmentally friendly policy, strong considerations be given to use 2200K to 2400K outdoor lighting
4. AMA policy on shielding to prevent disability glare should remain unchanged and should have fully shielded light fixtures to limit emission to 10 degrees below the horizontal to limit glare
5. Consideration should be given for streetlight dimming technology on most streetlights for further energy savings at low traffic times and further glare reduction.

Your Reference Committee heard mixed testimony for this resolution, which recommends that AMA update its outdoor lighting recommendations to prevent excessive light pollution and safeguard environmental health. Several sections and delegations testified in support of the resolution, noting that light pollution can cause significant health harms and that current AMA policy should reflect current evidence. An amendment was proffered to recommend that inner city traffic regions be updated to “urban” regions to avoid potentially stigmatizing language, but this amendment received limited supportive testimony. However, your Council on Science and Public Health (CSAPH) testified to recommend that this resolution not be adopted during both the online and in-person hearings, noting that as written, this resolution does not actually amend existing policy and would inadvertently create policy that contradicts itself. The resolution author offered an amendment verbally that would amend existing AMA policy, but these amendments were not received electronically by your Reference Committee and therefore could not be considered. Another section testified that they supported adoption as amended by the resolution author and did not feel further study was necessary. Your Reference Committee agrees that further study on this topic is unnecessary but recognizes that parliamentary rules state that existing AMA policy cannot be amended if it was not included in the original resolution text. Therefore, your Reference Committee recommends that Resolution 410 be referred for decision to ensure a timely outcome on this topic.

1 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

2
3 (49) RESOLUTION 434 - VACCINATIONS IN PHYSICIAN
4 OFFICES

5
6 **RECOMMENDATION:**

7
8 **Your Reference Committee recommends that policy H-**
9 **440.860 be reaffirmed in lieu of Resolution 434.**

10
11 **HOD ACTION: Policy H-440.860 be reaffirmed in lieu of Resolution 434.**
12

13
14 **RESOLVED**, that our American Medical Association advocate for all Advisory Committee
15 on Immunization Practices (ACIP)-recommended vaccines to be covered by Medicare
16 Part B (Directive to Take Action).

17
18 Your Reference Committee heard mostly supportive testimony for the intent of this
19 resolution as it is widely recognized that coverage for recommended vaccines under
20 Medicare Part B would improve patient access to vaccines. However, several clarifying
21 amendments were proposed. There was also an ask to refer this resolution for study as
22 the fiscal implications could undermine efforts to fix budget neutrality and tie payments to
23 the Medicare Economic Index. Your Reference Committee recognizes that existing AMA
24 Policy H-440.860 already supports advocating for easing federally imposed immunization
25 burdens by “providing coverage for Medicare-eligible individuals for all vaccines, including
26 new vaccines, under Medicare Part B.” Where relevant, this existing AMA policy
27 references ACIP-recommended vaccines as of May 1st, 2025, and national medical
28 specialty society recommended vaccines, which was raised in testimony in regard to the
29 original resolution. As a result, we do not believe that amending this resolution or referring
30 it for study is necessary. Rather, your Reference Committee recommends that existing
31 policy be reaffirmed in lieu of Resolution 434.

- 1 This concludes the report of Reference Committee . I would like to thank Laurel Barr, MD,
- 2 Justin Hurie, MD, Janice Heaton-Sheufelt, MD, Karl Steinberg, MD, Chris Bush, MD, Ella
- 3 Wright, and all those who testified before the Committee, as well as our AMA staff Lindsey
- 4 Realmuto, Mary Soliman, Katlyn Dillane, and Andrea Garcia.

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