AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-26)

Final Report of Reference Committee D

Cheryl Hurd, MD, Chair

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1 Your Reference Committee recommends the following consent calendar for acceptance:
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3 **RECOMMENDED FOR ADOPTION**
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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
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40 **RECOMMENDED FOR ADOPTION AS AMENDED**
41
42 22. CSAPH 02 - Setting Standards for Forensic Toxicology Laboratories Used in
43 Litigation

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

RECOMMENDED FOR ADOPTION IN LIEU OF

44. Resolution 438 - Preserving and Strengthening Maternal Mortality Review Committees

RECOMMENDED FOR REFERRAL

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

RECOMMENDED FOR REFERRAL FOR DECISION

48. Resolution 410 - Light Pollution

1 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**
2
3 49. Resolution 434 - Vaccinations in Physician Offices

*Your Reference Committee recommendation has changed from the Preliminary Report

RECOMMENDED FOR ADOPTION

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

RECOMMENDATION:

Your Reference Committee recommends that the Recommendations in the Board of Trustees (BOT) Report 17 be adopted and the remainder of the report be filed.

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

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

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

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

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

RECOMMENDATION:

Your Reference Committee recommends that the Recommendations in BOT Report 29 be adopted and the remainder of the report be filed.

The Board of Trustees recommends:

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

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

1. Our AMA supports and promotes ~~public~~ awareness and education, among both the public and clinicians, about the differences between healthy~~ful~~ and unhealthy~~ful~~ ultraprocessed foods (UPF) and the benefits of minimally processed and unprocessed foods.
2. Our AMA supports the development of multi-lingual patient educational materials with regard to the health impact of UPFs and will help disseminate available materials through relevant AMA platforms.
~~2.~~ 3. Our AMA supports federal, state, and local policies that promote and incentivize the production and distribution of healthier, affordable, minimally-processed and unprocessed foods.
~~3.~~ 4. Our AMA encourages the integration of nutrition education into all levels of medical education to empower clinicians to best counsel patients efficiently and effectively on reducing unhealthful UPF consumption.
~~4.~~ 5. Our AMA supports increased funding ~~to the FDA~~ for research into the health impacts of ultraprocessed foods and strategies to mitigate their risks.

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

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

RECOMMENDATION:

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

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

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

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

RECOMMENDATION:

Your Reference Committee recommends that the Recommendation in CSAPH Report 03 be adopted and the remainder of the report be filed.

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

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

- Increased subsidies for the production of a diversity of health-promoting, whole foods, including fruits and vegetables;
- Reallocation of existing subsidies to improve equity for farmers that have been historically excluded from or underfunded by federal agricultural assistance programs;
- Increased funding for financial incentives, programs, and research initiatives to support sustainable agricultural practices, restorative agriculture, conservation efforts, and other projects that improve ecological diversity and resilience to climate change;
- Strengthen funding for U.S. Farm Bill initiatives which incorporate a ‘food is medicine’ approach and support interventions such as medically tailored meals, produce prescriptions, medically tailored groceries, nutrition counseling, and evidence-based education on preparation of healthy food; and

- the creation of a new advisory board to review and recommend US Farm Bill budget allocations to ensure any government subsidies are only used to help produce healthy food choices and sustainable foods, and that advisory committee members include physicians, public health officials and other public health stakeholders. (Modify Current HOD Policy)

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

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

RECOMMENDATION:

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

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

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

1. Our American Medical Association recommends that coverage of screening low-dose CT (LDCT) scans for patients at high risk for lung cancer by Medicare, Medicaid, and private insurance be a required covered benefit.
2. Our AMA will empower the American public with knowledge through an education campaign to raise awareness of lung cancer screening with low-dose CT scans in high-risk patients to improve screening rates and decrease the leading cause of cancer death in the United States.
3. Our AMA will work with interested national medical specialty societies and state medical associations to urge the Centers for Medicare & Medicaid Services and state Medicaid programs to increase access to low-dose CT screening for Medicaid patients at high risk for lung cancer by including it as a covered benefit, without cost-sharing or prior authorization requirements, and increasing funding for research and education to improve awareness and utilization of the screening among eligible enrollees.
4. Our AMA, in conjunction with other interested national specialty societies of expertise (e.g., ACP, AAFP, ACR), will create and share educational resources and training to help physicians efficiently discuss and document low-dose computed tomography (LDCT) lung cancer screening during shared decision-making visits for high-risk populations.
5. Our AMA will promote physician education and awareness regarding the value of low-dose CT in detecting lung cancer, and will encourage education, technological

innovation, and continued research around the detection of coronary artery calcification on low-dose CT performed as a part of a lung cancer screening program.
6. Our AMA will support efforts by key stakeholders in cardiology, pulmonology, oncology, and imaging specialties to research interventions to improve access to and utilization of lung cancer screening with low-dose CT scans in high-risk patients. (Modify Current HOD Policy)

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

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

RECOMMENDATION:

Your Reference Committee recommends that the Recommendations in CSAPH Report 05 be adopted and the remainder of the report be filed.

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

1. The American Medical Association (AMA) recommends well maintained, natural, drought-tolerant and hardiness zone appropriate turfgrass, with the use of integrated pest management to reduce potential chemical exposures, as the preferred choice on sports fields or lawns, in public and private schools and colleges, as well as in city parks.
2. Our AMA recommends municipalities conduct comprehensive risk-benefit analyses when deciding whether to replace natural turfgrass with artificial turf (or vice versa) to best meet the needs and concerns of their communities, including those with accessibility concerns.
3. The AMA encourages more research to address evidence gaps on the potential health risks of artificial turf fields. In particular, more research is needed on the release of chemicals from artificial turf, the level of exposure to turf users, and potential health impacts, as well as the differences in risk from heat-related illnesses and physical injuries on artificial turf versus natural turf. (New HOD Policy)

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

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

RECOMMENDATION:

Your Reference Committee recommends that that the Recommendations in CSAPH Report 10 be adopted and the remainder of the report be filed.

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

1. Our AMA acknowledges that transportation is a foundational component of health care access and supports policies that ensure vulnerable populations can obtain necessary medical care.
2. Our AMA supports efforts to promote greater consistency and coordination in the minimum safety standards that guide traditional nonemergency medical transportation across states and delivery models and encourages ongoing evaluation of these standards as transportation systems and patient needs evolve.
3. Our AMA acknowledges that rideshare based nonemergency medical transportation (RB-NEMT) is an expanding component of medical transportation and supports continued research to assess safety risks and establish evidence-based minimum safety requirements to help ensure RB-NEMT can be integrated safely and appropriately into patient care. (New HOD Policy)

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

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

RECOMMENDATION:

Your Reference Committee recommends that Resolution 404 be adopted.

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

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

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

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

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

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

RECOMMENDATION:

Your Reference Committee recommends that Resolution 411 be adopted.

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

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

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

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

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

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

RECOMMENDATION:

Your Reference Committee recommends that Resolution 413 be adopted.

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

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

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

1 (11) RESOLUTION 415 - ADVOCACY FOR RESTORATION OF
2 THE ENDANGERMENT FINDING REGARDING
3 GREENHOUSE GAS EMISSIONS
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5 **RECOMMENDATION:**
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7 **Your Reference Committee recommends that**
8 **Resolution 415 be <u>adopted</u>.**
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10 RESOLVED, That our AMA encourage the Litigation Center to monitor lawsuits against
11 the rescinding of the endangerment finding and to consider submitting amicus curiae
12 briefs in those with a likelihood of success on behalf of the HOD; and be it further
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14 RESOLVED, that our AMA advocate against the repeal of the endangerment finding and
15 support its restoration; and be it further
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17 RESOLVED, that our AMA publicly state that repeal of the endangerment finding is a
18 threat to public health and take appropriate action, to include collaboration with relevant
19 associations and stakeholders, to ensure that the public is adequately educated.
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21 Your Reference Committee heard unanimously supportive testimony from multiple
22 delegations and individuals for this resolution. Testimony reinforced the urgency of
23 regulation and action on reducing greenhouse gas emissions that are causing climate
24 change which has a myriad of adverse health impacts. Additionally, those testifying noted
25 that the restoration of the endangerment finding is a critical policy lever to reduce
26 greenhouse gas emissions and protect public health. Your Reference Committee
27 recommends adoption of Resolution 415.
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29 (12) RESOLUTION 416 - CLINICAL LABORATORY
30 WORKFORCE SHORTAGE AND SUSTAINABILITY
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32 **RECOMMENDATION:**
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34 **Your Reference Committee recommends that**
35 **Resolution 416 be <u>adopted</u>.**
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37 RESOLVED, that our American Medical Association recognize the unique and critical role
38 of medical laboratory professionals in patient care and public health and the urgent need
39 to address workforce shortages; and be it further
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41 RESOLVED, that our AMA support advocacy efforts to sustain and strengthen clinical
42 laboratory training and education programs, including assistance for faculty development
43 and infrastructure, to address capacity and recruitment needs; and be it further
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45 RESOLVED, that our AMA collaborate with relevant stakeholders, including accrediting
46 bodies, educational institutions, health care organizations, and professional societies, to
47 promote awareness of clinical laboratory careers, as members of the physician-led health
48 care team, among students and the public.

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

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

RECOMMENDATION:

Your Reference Committee recommends that Resolution 421 be adopted.

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

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

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

Your Reference Committee heard limited testimony that was unanimously supportive of this resolution. Multiple delegations and sections emphasized the importance of improving access to timely, coordinated diagnostic and specialty care for patients with inflammatory bowel disease, highlighting persistent barriers including delays in colonoscopy, fragmented care, and insurance-related challenges. Testimony also underscored the critical role of colonoscopy and longitudinal monitoring in preventing complications and

reducing disparities, as well as the value of collaborative approaches to improve care delivery. Therefore, your Reference Committee recommends that Resolution 421 be adopted.

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

RECOMMENDATION:

Your Reference Committee recommends that Resolution 422 be adopted.

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

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

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

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

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

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

RECOMMENDATION:

Your Reference Committee recommends that Resolution 423 be adopted.

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

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

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

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

RECOMMENDATION:

Your Reference Committee recommends that Resolution 424 be adopted.

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

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

Your Reference Committee heard testimony that was unanimously supportive of Resolution 424. Multiple delegations, sections, and individuals emphasized the effectiveness of doxycycline postexposure prophylaxis (DoxyPEP) as an emerging

strategy to prevent bacterial sexually transmitted infections and highlighted persistent gaps in awareness, access, and uptake. An amendment was proffered to add language specifying "for all ages" in the first Resolve clause. The authors noted that the existing language is intentionally broad and inclusive and that adding qualifiers may unnecessarily limit the flexibility of the policy. Your Reference Committee agrees and therefore recommends that Resolution 424 be adopted.

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

RECOMMENDATION:

Your Reference Committee recommends that Resolution 429 be adopted.

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

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

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

RECOMMENDATION:

Your Reference Committee recommends that Resolution 430 be adopted.

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

RESOLVED, that our AMA support federal and state efforts, in partnership with public health and environmental agencies, to ensure access to environmental monitoring, mobile health services, medical follow-up, and treatment for individuals exposed to toxic

substances during or after wildfire events, with particular attention to frontline, vulnerable and disproportionately impacted communities.

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

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

RECOMMENDATION:

Your Reference Committee recommends that Resolution 433 be adopted.

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

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

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

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

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

Your Reference Committee heard testimony that was largely supportive of Resolution 433. Multiple delegations and sections emphasized that osteoporosis and fragility fractures

remain underdiagnosed and undertreated, highlighting significant gaps in screening, treatment, and secondary fracture prevention despite the availability of effective interventions. A delegation proffered an amendment to strike the first Resolve clause, noting concern regarding the characterization of osteoporosis as a public health issue. An individual proffered an amendment to strike the third Resolve noting concern about the feasibility and implementation of coordinated fracture liaison services. Given that there was no testimony in support of these amendments and that the majority of the testimony was in support of this resolution including support for the content the proffered amendments sought to delete, your Reference Committee recommends that Resolution 433 be adopted.

(20) RESOLUTION 435 - SUPPORTING REGULATIONS FOR MORE STRINGENT SAFETY MEASURES FOR MICROMOBILITY

RECOMMENDATION:

Your Reference Committee recommends that Resolution 435 be adopted.

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

1. Helmets, certified by the US Consumer Safety Product Commission and rated for speed, should be worn for all and be mandatory for Class 3 e-bikes and all scooters;
2. Additional gear should include elbow pads, knee pads, wrist guards, closed-toe footwear and high-visibility or reflective gear for use at nighttime;
3. Headphones should be avoided during use;
4. E-scooters and Class 3 e-bikes should have a minimum age of 16 to operate;
5. Require education and training for Class 3 e-bikes;
6. Define where e-bikes can be ridden both on and off-road, including speed limits on shared paths and no operation allowed on sidewalks;
7. No distractions while operating;
8. No passengers while operating;
9. Regulate out-of-class products and anti-tampering;
10. Training required to operate devices, including smooth and consistent braking at high speeds and basic traffic rules; (Directive to Take Action); and be it further

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

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

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

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

RECOMMENDATION:

Your Reference Committee recommends that Resolution 437 be adopted.

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

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

Your Reference Committee heard brief but unanimously supportive testimony for this resolution, which highlighted the severe impact of homelessness on native Hawaiian populations. Testimony underscored the urgent nature of the resolution, with state budgets receiving drastic reductions and an increasing number of legal challenges to indigenous Hawaiian self-governance. Testimony also emphasized the gravity of homelessness in Hawaii, which currently has the highest rates of homelessness in the United States. Your 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 ~~forensic~~ toxicology 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 ~~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.

RECOMMENDATION D:

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

SETTING STANDARDS FOR CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)-EXEMPT TOXICOLOGY LABRATORIES USED IN LITIGATION

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

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 forensic toxicology practitioners to address the absence of mandatory accreditation and the current fragmentation of quality systems; and
2. Our American Medical Association encourages greater transparency in 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)

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

Our American Medical Association:

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

Your Reference Committee heard limited but overwhelmingly supportive testimony for this report and for its recommendations. Testimony highlighted that aviation pollution disproportionately impacts marginalized communities and the need for a more sustainable transportation system. One individual proffered a friendly amendment to provide more specific context for which populations are most vulnerable to aviation pollution, namely those who reside in neighborhoods near airports. There was no objection to this suggested amendment by the report’s authors, and your Reference Committee agrees this helps

clarify and strengthen the recommendations. Therefore, your Reference Committee recommends the adoption of CSAPH Report 06 recommendations as amended.

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

RECOMMENDATION A:

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

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

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

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 401 be adopted as amended.

RECOMMENDATION C:

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

PARTNERSHIP WITH THE ADMINISTRATION TO REDUCE HARMFUL CHEMICALS IN FOOD

RESOLVED, that our American Medical Association advocates for the establishment of a joint task force comprising AMA representatives, FDA officials, USDA personnel, and relevant administration appointees to:
1. Conduct a systematic review of food additives currently approved in the U.S. but banned or restricted in Europe
2. Evaluate the scientific evidence regarding health impacts of these substances

3. Develop a prioritized timeline for regulatory action on the most concerning additives
4. Create transition pathways for food manufacturers to adopt safer alternatives
(Directive to Take Action); and be it further

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

Your Reference Committee heard mostly supportive testimony from multiple groups for this resolution, citing the importance of reducing harmful chemical exposures in our food supply and advancing evidence-based policies that protect public health from these exposures. A friendly amendment was proffered to add 'independent academic scientists' to the groups that would be asked to engage in this joint task force, and this amendment was supported by the resolution authors. Additionally, one delegation expressed concern about the reference to Europe specifically within the first Resolve, noting that there may be other nations outside of Europe or other important public health bodies that have created guidance or regulations on food additives (e.g., the World Health Organization). Your Reference Committee felt this was an important point and amended the first bullet in the first Resolve to be broader in scope while maintaining the spirit of the resolution. Another concern was raised about the fiscal impact of monitoring regulations around food additives. As monitoring regulations and policies are within the normal scope of activities of AMA advocacy staff, we did not feel this point needed to be addressed through additional amendments to the resolution. During in-person testimony, an amendment was offered by FDA to delete the entire first Resolve clause noting that there are existing efforts underway within the FDA to address safety concerns over food additives. Your Reference Committee did not hear any additional testimony in opposition to its preliminary report recommendation. The resolution author was not supportive of FDA proffered amendments and CSAPH testified noting that they are working on a report on food additives for the Interim 2026 meeting and the issues brought up during testimony could be considered within that report. Therefore, your Reference Committee recommends Resolution 401 be adopted as amended and the title be changed to be aligned with the amended text.

(25) RESOLUTION 402 - STRENGTHENING PUBLIC HEALTH PROTECTIONS AGAINST RAW MILK–ASSOCIATED ILLNESS

RECOMMENDATION A:

Your Reference Committee recommends that <u>the first Resolve clause</u> of Resolution 402 be <u>amended by addition</u> to read as follows:

RESOLVED, that our American Medical Association oppose the consumption<u>, sale,</u> and distribution of raw unpasteurized milk and dairy products, for protection of everyone, including but not limited to those at risk for Listeria complications (New HOD Policy); and be it further

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 402 be adopted as amended.

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

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

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

RESOLVED, that our AMA support and advocate for, in jurisdictions where the sale or distribution of unpasteurized raw milk products cannot be prohibited, the implementation of labeling requirements that clearly warn consumers of the specific health risks

associated with consumption of raw milk products, for general public and for members of vulnerable populations; and be it further

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

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

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

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 403 be amended by addition and deletion to read as follows:

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

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 403 be adopted as amended.

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

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

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

RECOMMENDATION A:

Your Reference Committee recommends that the second Resolve clause of Resolution 405 be amended by addition and deletion to read as follows:

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

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 405 be adopted as amended.

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

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

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

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

Your Reference Committee heard mostly supportive testimony for this resolution with one delegation offering an amendment to the second Resolve clause to change voluntary reporting of emissions, water usage, and waste to mandatory. Since changing the word voluntary to mandatory did not make sense grammatically, your Reference Committee felt amending that Resolve with the word "require" instead of "mandatory" fulfilled the spirit of the requested amendment. Other testimony noted that while there are benefits of AI integration in health care, the rapid and large-scale development of AI data centers across the U.S has raised important environmental and public health concerns, including strain on electrical grids and water resources. It was noted that EPA has jurisdiction over this issue and should be noted but no amendment was submitted. Your Reference Committee recommends Resolution 405 be adopted as amended.

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RECOMMENDATION C:

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

COLORECTAL CANCER IN ALASKA NATIVE PATIENTS

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

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

Your Reference Committee heard mixed testimony regarding Resolution 407. Multiple delegations, sections, and individuals expressed strong support for addressing colorectal cancer disparities among Alaska Native populations, emphasizing the significantly elevated incidence rates, earlier onset of disease, and the importance of tailoring screening and preventive strategies based on population-specific epidemiologic risk. However, a delegation and an individual raised concerns regarding the focus on a single population and the absence of population-specific recommendations from the U.S. Preventive Services Task Force, and supported referral for further study to better assess evidence, cost-effectiveness, and broader applicability to other populations. A delegation proffered an amendment to ensure accurate mention of organizations to coordinate with. The authors were in support of this amendment. A section proffered an amendment to ensure inclusion of appropriate screening alternatives such as CT colonography. Multiple delegations, sections, and an individual opposed this amendment, noting that referencing specific modalities is unnecessary and that the existing language “and medically appropriate screening alternatives” already addresses the intent. Your Reference Committee agrees with these recommendations. In addition, your Reference Committee notes that the proper terminology is Alaska Native, not Alaskan Native, and further recommends a title change to address this concern and therefore, recommends that Resolution 407 be adopted as amended.

(29) RESOLUTION 408 - ADDRESSING RURAL MATERNAL MORBIDITY AND MORTALITY THROUGH COLLABORATION AND INTERSECTIONALITY

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 408 be adopted as amended.

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

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

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

Your Reference Committee heard mostly supportive testimony for this resolution with a few amendments proffered and one delegation requesting referral of the second resolve. Only one individual supported reaffirmation of existing AMA policy as proposed by AMA staff. Supportive testimony highlighted the importance of this resolution to address the growing maternal health crisis affecting rural communities and praised that it covered the postpartum period as a critical window for maternal health. Suggested amendments proposed adding Medicaid changes to the scope of the proposed study and academic medical institutions as one of the AMA collaborators. Your Reference Committee heard supportive testimony for at least one of these amendments and felt both were valuable additions. The delegation requesting referral of the second resolve noted that while they supported the development of evidence-based recommendations they felt this resolve text would benefit from more careful consideration. Since this resolution is already calling on the AMA to study this issue and referral of the second resolve would result in a study by our AMA, your Reference Committee did not feel that it was necessary to refer the second resolve as evidence-based recommendations will be produced through the resulting study. As such, your Reference Committee recommends the adoption of Resolution 408 as amended.

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

RECOMMENDATION A:

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

RESOLVED, that our American Medical Association promote a safe and healthy food supply and environment by advocating to the EPA, USDA, FDA, and other stakeholders for removal of PFAS and ~~G~~glyphosate chemicals from our food supply and environment, while preserving access to FDA-approved medically necessary drugs and devices, including metered-dose and propellent-driven inhalers, where clinically appropriate alternatives are not available.

RECOMMENDATION B:

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

Your Reference Committee recommends the fourth Resolve clause of Resolution 414 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA specifically notes the importance of representation from health economics experts, and from the medical specialty of Preventive

Medicine, in vaccine policy development as was recognized in the original charter, but was eliminated in the ~~most recent~~ April 2026 update of the charter.

RECOMMENDATION C:

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

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

RECOMMENDATION D:

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

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

RECOMMENDATION E:

Your Reference Committee recommends Resolution 414 be adopted as amended.

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

1. Our American Medical Association will continue~~initiate~~ sustained public advocacy in support of the ~~current~~previous Advisory Committee on Immunization Practices (ACIP) structure, including the liaison representative program, as outlined in ACIP's 2024 Charter and practiced until Spring 2025.
2. Our AMA ~~will immediately send a letter to the Secretary of Health and Human Services calling for an immediate reversal of the recent changes to the Advisory Committee on Immunization Practices~~ pursue all appropriate channels to reverse the 2025-2026 changes to ACIP's structure, membership, and operations.
3. Our AMA ~~will immediately send a letter to the Senate Committee on Health, Education, Labor, and Pensions (HELP) and~~ request an investigation into the actions of

the U.S. Secretary of Health and Human Services regarding his administration of the Centers for Disease Control and Prevention and Advisory Committee on Immunization Practices.
4. Our AMA will continue to identify and evaluate alternative evidence-based vaccine advisory structures and invest resources in such initiatives, as necessary; and be it further

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

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

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

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

(32) RESOLUTION 417 - RESPIRATORY PROTECTION FOR WILDLAND FIREFIGHTERS

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RESOLVED, That our American Medical Association (AMA) advocate for the adoption of evidence based respiratory protection standards for wildland firefighting, including triggers based on PM2.5 or other exposure metrics, easy access to NFPA 1984-compliant, NIOSH-approved Class 2 or Class 3 respirators, and protocols that balance respiratory protection with heat and exertion demands; and

RESOLVED, That our AMA join the American College of Occupational and Environmental Medicine (ACOEM) in advocating for relevant federal and state fire agencies, forestry departments, and occupational safety organizations to research, develop, and field test lightweight, low-breathing-resistance (<=80 mm H_2O at 150 L/min) respirators and related controls better suited for prolonged wildland use (8 or more hours); and

RESOLVED, That our AMA advocate for the creation of surveillance and longitudinal medical monitoring programs for wildland firefighters to support registries and studies

evaluating respiratory protection effectiveness, acute and chronic health risks, and mitigation strategies.

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

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

RECOMMENDATION A:

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

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

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

RECOMMENDATION B:

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

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

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

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

Your Reference Committee recommends that the second Resolve clause of Resolution 419 be amended by addition and deletion to read as follows:

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

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 419 be amended by addition of a third Resolve clause to read as follows:

RESOLVED, that our AMA recognizes circadian disruption from night, rotating, and extended shift work as an occupational health issue that may negatively affect reproductive, maternal, and fetal health.

RECOMMENDATION D:

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

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

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

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

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

RECOMMENDATION A:

Your Reference Committee recommends Resolution 420 be amended by addition to read as follows:

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

1. Our American Medical Association supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost-effective approaches which recognize

the positive impact of stable and affordable housing coupled with social services.

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

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

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

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

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

7. Our AMA will partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of ~~homeless patients~~ individuals experiencing homelessness, including gender-specific health needs, the unique social determinants of health impacting women Veterans, and the impact of domestic and intimate partner violence on housing instability, and the importance of holistic, cost-effective, evidence-

based discharge planning, and physicians' role therein, in addressing these needs.

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

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

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

11. Our AMA recognizes that stable, affordable housing is essential to the health of individuals, families, and communities, and supports policies that preserve and expand affordable housing across all neighborhoods.

12. Our AMA:
a. supports training to understand the needs of housing-insecure individuals for those who encounter this vulnerable population through their professional duties, including trauma-informed approaches and awareness of domestic violence as a contributor to housing instability;
b. supports the establishment of multidisciplinary mobile homeless outreach teams trained in issues specific to housing insecure individuals; ~~and~~

c. will make available existing educational resources from federal agencies and other stakeholders related to the needs of housing-insecure individuals; and
d. encourages incorporation of military service history and Veteran status screening into healthcare and homelessness outreach settings in order to identify women Veterans at risk for homelessness and connect them with appropriate federal, state, local, and community-based resources.

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

RECOMMENDATION B:

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

RESOLVED, that our American Medical Association amend H-160.903 "Eradicating Homelessness" by addition and deletion as follows:

1. Our American Medical Association supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost-effective approaches which recognize the positive impact of stable and affordable housing coupled with social services.
2. Our AMA recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless and recognizes that women experiencing homelessness may face distinct health and safety risks that warrant tailored approaches.
3. Our AMA recognizes adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address this societal problem on a long-term basis.
4. Our AMA supports the use of physician-led, team-based street medicine programs, which travel to individuals who are unhoused or unsheltered and provide healthcare and social services, as well as funds, including Medicaid and other public insurance reimbursement, for their maintenance, and encourages attention to gender-specific health needs within such programs when feasible.
5. Our AMA recognizes the need for an effective, evidence-based national plan to eradicate homelessness.
6. Our AMA encourages the National Health Care for the Homeless Council to study the funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons.

7. Our AMA will partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of ~~homeless patients~~ individuals experiencing homelessness, including gender-specific health needs and the impact of domestic and intimate partner violence on housing instability, and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians' role therein, in addressing these needs.
8. Our AMA encourages the development of holistic, cost-effective, evidence-based discharge plans for homeless patients who present to the emergency department but are not admitted to the hospital.
9. Our AMA encourages the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social service organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of homeless patients, including support for research to better understand health needs, barriers to care, and effective interventions among populations disproportionately affected by housing instability.
10. Our AMA:
a. supports laws protecting the civil and human rights of individuals experiencing homelessness, and
b. opposes laws and policies that criminalize individuals experiencing homelessness for carrying out life-sustaining activities conducted in public spaces that would otherwise be considered non-criminal activity (i.e., eating, sitting, or sleeping) when there is no alternative private space available.
11. Our AMA recognizes that stable, affordable housing is essential to the health of individuals, families, and communities, and supports policies that preserve and expand affordable housing across all neighborhoods.
12. Our AMA:
a. supports training to understand the needs of housing-insecure individuals for those who encounter this vulnerable population through their professional duties, including trauma-informed approaches and awareness of domestic violence as a contributor to housing instability;
b. supports the establishment of multidisciplinary mobile homeless outreach teams trained in issues specific to housing insecure individuals; and
c. will make available existing educational resources from federal agencies and other stakeholders related to the needs of housing-insecure individuals.
13. Our AMA encourages medical schools to implement physician-led, team-based Street Medicine programs with student involvement.

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 425 be adopted as amended.

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

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

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

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

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

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

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

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

RECOMMENDATION A:

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

RESOLVED, that our American Medical Association recognizes “f~~F~~ood is ~~M~~medicine” interventions—including medically tailored meals, medically tailored groceries, and produce prescription programs—as promising evidence-~~based~~informed strategies to improve health outcomes, reduce diet-related chronic disease, and address food insecurity, while supporting continued research and evaluation of these interventions; and be it further

RECOMMENDATION B:

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

RESOLVED, that our AMA supports federal efforts to integrate nutrition services into health care delivery as well as funding for “f~~F~~ood is ~~M~~medicine” initiatives through the yearly Labor–HHS appropriations process; and be it further

RECOMMENDATION C:

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

RESOLVED, that our AMA encourages collaboration with relevant specialty societies, including the American College of Cardiology, and supports research, education, and implementation efforts to advance “f~~F~~ood is ~~M~~medicine” interventions in clinical practice, with emphasis on improving cardiovascular outcomes, reducing health disparities, and lowering health care costs.

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 426 be adopted as amended.

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

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

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

Your Reference Committee heard mostly supportive testimony from multiple sections and individuals for this resolution. However, one individual proffered an amendment to the resolution that would acknowledge that the evidence on food is medicine interventions is evolving and further research is needed. The resolution authors appreciated the thoughtful review of evidence and suggested an alternative amendment to the first resolve that both acknowledges the current evidence that supports the food is medicine approach as well as the need for further research and evaluation. Overall, the testimony noted the importance of nutrition as a foundational pillar of lifestyle medicine and the importance of nutrition in preventing and managing chronic disease. Your Reference Committee felt the proffered amendment by the resolution authors appropriately incorporates the concerns raised and that Food is Medicine should be put in quotes and not capitalized (i.e., “food is medicine”) to be consistent with the resolution title and to avoid the impression that the AMA is endorsing any trademarked program or organization. Therefore, your Reference Committee recommends Resolution 426 be adopted as amended.

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

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 427 be amended by addition and deletion to read as follows:

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

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

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 427 be adopted as amended.

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

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

Your Reference Committee heard testimony that was strongly supportive of Resolution 427. Multiple delegations, sections, and individuals emphasized the importance of

updating existing AMA policy to reflect current evidence regarding breastfeeding among people living with HIV, noting that transmission risk is very low in individuals with sustained viral suppression on antiretroviral therapy. A delegation proffered an amendment to clarify language regarding breast milk donation, specifically to maintain existing safety standards prohibiting donation from individuals who are HIV positive, regardless of viral load. Given that this amendment is consistent with the intent of the resolution, your Reference Committee recommends that Resolution 427 be adopted as amended.

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

RECOMMENDATION A:

Your Reference Committee recommends that <u>the first Resolve clause</u> of Resolution 428 be <u>amended by deletion</u> to read as follows:

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

RECOMMENDATION B:

Your Reference Committee recommends that <u>the second Resolve clause</u> of Resolution 428 be <u>amended by deletion</u> to read as follows:

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

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 428 be <u>adopted as amended</u>.

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

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 431 be adopted as amended.

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

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

Your Reference Committee heard mostly unanimously supportive testimony for this resolution from multiple sections and delegations. The testimony highlighted the importance of multimodal infrastructure to support accessibility and equity for all, and that transportation infrastructure reform can help to reduce health disparities by improving access to care and accessibility for individuals who face mobility impairments. Testimony noted the timeliness of the resolution, as pedestrian fatalities have currently reached a 40-year high. During the in-person hearing, a representative from the CDC testified in support of the resolution with a proffered amendment. While there was no additional testimony in support of this amendment, your Reference Committee generally felt that the proposed amendments strengthened the resolution, making it more aspirational and inclusive of all road users. The only component of the proposed amendment your Reference Committee did not agree with was the deletion of language around undeserved communities and we felt it was important to include that original language to address concerns around health equity and disparities. Therefore, your Reference Committee recommends that Resolution 431 be adopted as amended.

1 (41) RESOLUTION 432 - ADDRESSING PUBLIC HEALTH
2 RISKS OF ONLINE SPORTS BETTING
3
4 **RECOMMENDATION A:**
5
6 **Your Reference Committee recommends that <u>the first</u>**
7 **<u>Resolve clause</u> of Resolution 432 be <u>amended by</u>**
8 **<u>addition</u> to read as follows:**
9
10 **RESOLVED, that our American Medical Association**
11 **supports efforts to establish federal and state consumer**
12 **protections for online gambling, including sports**
13 **betting<u>, prediction markets,</u> and daily fantasy sports, to**
14 **reduce harms associated with gambling disorder and**
15 **other related behaviors (New HOD Policy);**
16
17 **RECOMMENDATION B:**
18
19 **Your Reference Committee recommends that t<u>he second</u>**
20 **<u>Resolve clause</u> of Resolution 432 be <u>amended by</u>**
21 **<u>addition</u> to read as follows:**
22
23 **RESOLVED, that our AMA support epidemiological**
24 **research to characterize the health impacts of online**
25 **gambling, including sports betting<u>, prediction markets,</u>**
26 **and daily fantasy sports, with particular attention to**
27 **adolescents, young adults, older adults, people with**
28 **cognitive impairment, and other vulnerable populations**
29 **(New HOD Policy).**

30 **RECOMMENDATION C:**
31
32 **Your Reference Committee recommends that**
33 **Resolution 432 be <u>adopted as amended</u>.**
34
35 **RECOMMENDATION D:**
36
37 **Your Reference Committee recommends that the <u>title</u>**
38 **of Resolution 432 <u>be changed</u> to read as follows:**
39
40 **ADDRESSING PUBLIC HEALTH RISKS OF ONLINE**
41 **GAMBLING**
42
43 RESOLVED, that our American Medical Association support efforts to establish federal
44 and state consumer protections for online gambling, including sports betting and daily
45 fantasy sports, to reduce harms associated with gambling disorder and other related
46 behaviors; and be it further
47
48 RESOLVED, that our AMA support epidemiological research to characterize the health
49 impacts of online gambling, including sports betting and daily fantasy sports, with

particular attention to adolescents, young adults, older adults, people with cognitive impairment, and other vulnerable populations.

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

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

RECOMMENDATION A:

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

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

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

RECOMMENDATION B:

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

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

1. **Our American Medical Association will seek necessary regulatory action through the US Food and Drug Administration to regulate potentially hazardous energy beverages (like Red Bull (TM), Rockstar (TM), Monster (TM), Full Throttle (TM)), with special attention to scientific evidence of harm to children ~~below ages 12 and 18.~~ less than 12 years old and adolescents between 12 and 18 years old.**
2. **Our AMA will seek federal regulation to implement warning labels about the side effects of the contents of energy drinks, particularly when combined with alcohol with specific warning of harm to children below the age of 18.**
3. **Our AMA supports a ban on the marketing of "high stimulant/caffeine drinks" to children/adolescents under the age of 18, including opposing commercial advertising, sponsorships, and promotional practices that target or appeal to children and adolescents. (Amend HOD Policy)**

RECOMMENDATION C:

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

RECOMMENDATION D:

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

RESOLVED, that our American Medical Association amend existing policy H-150.988 by addition to read:
The AMA (1) supports a continued review of the safety of dietary caffeine intake; (2) supports continued efforts to disseminate information to the public and physicians on the caffeine content of food and beverages; and (3) will work with the FDA to ensure that, when caffeine is added to a product, the label reflects this in prominent letters and the amount of caffeine in the product be written on the label; also, that children under the age of 12 years old should avoid caffeinated products entirely and those under the age of 18 should limit intake to <100mg per day as supported by evidence-based research and guidelines.

RESOLVED, that our AMA amend existing policy D-150.976 by addition to read:
1. Our American Medical Association will seek necessary regulatory action through the US Food and Drug Administration to regulate potentially hazardous energy beverages (like Red Bull (TM), Rockstar (TM), Monster (TM), Full Throttle (TM)) with special attention to scientific evidence of harm to children below ages 12 and 18.

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

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

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

(43) RESOLUTION 439 - AGE VERIFICATION AND ENDS PRODUCTS

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 439 be adopted as amended.

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

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

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

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

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

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

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

RESOLVED, that our AMA supports federal legislation establishing minimum standards and protections for state MMRCs, including:
a) Mandatory comprehensive review of all pregnancy-associated deaths (during pregnancy through one year postpartum) regardless of cause
b) Required access to all relevant medical records, death certificates, autopsy reports, and related documentation

c) Confidentiality protections and immunity from liability for committee members and information providers
d) Protection of committee deliberations and findings from discovery in civil or criminal proceedings
e) Requirements for representative, multidisciplinary committee membership including community representatives with personal experience
f) Prohibition on political interference in committee composition, case selection, or recommendation development
g) Timely public reporting of aggregated findings and recommendations while maintaining individual case confidentiality
h) Accountability mechanisms for states that fail to conduct comprehensive, timely maternal death reviews; and be it further

RESOLVED, that our AMA urge Congress to:
a) Require all states use centralized maternal child health surveillance and data systems, such as MMRIA, to ensure consolidated US maternal data
b) Require states to review all pregnancy-associated deaths without exception for specific time periods or circumstances
c) Mandate public disclosure of committee membership composition
d) Establish accountability for states that fail to implement MMRC recommendations without documented justification
e) 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
b) Advocate for state legislation protecting MMRC independence and adequate funding
c) 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 condemn undue interference with state MMRCs.

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

RECOMMENDED FOR REFERRAL

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

RECOMMENDATION:

Your Reference Committee recommends that 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 <u>referred</u>.**
10
11 RESOLVED, that our American Medical Association support and adopt the following
12 Articles of the World Health Organization Pandemic Agreement as our framework for
13 Pandemic Prevention, Preparedness and Response:
14
15 Article 4, Pandemic prevention and surveillance;
16 - Article 5, One Health approach for Pandemic Prevention, Preparedness and Response;
17 - Article 6, Preparedness, readiness and health system resilience;
18 - Article 7, Health and care workforce;
19 - Article 8, Regulatory systems strengthening;
20 - Article 9, Research and development;
21 - Article 10, Sustainable and geographically diversified local production;
22 - Article 11, Transfer of technology and cooperation on related know-how for the
23 production of - pandemic-related health products;
24 - Article 12, Pathogen Access and Benefit-Sharing Systems;
25 - Article 13, Supply chain and logistics;
26 - Article 14, Procurement and distribution;
27 - Article 15, Whole-of-government and whole-of-society approaches;
28 - Article 16, Communication and public awareness;
29 - Article 17, International cooperation and support for implementation;
30 - Article 18, Sustainable financing; and be it further.
31
32 Your Reference Committee heard mixed testimony for this resolution, with several
33 delegations offering support while the Council and Science and Public Health as well as
34 a few other delegations recommended it either not be adopted or be referred. Supportive
35 testimony highlighted the need for more international collaboration on pandemic
36 preparedness, particularly considering the COVID-19 pandemic and the recent Hantavirus
37 and Ebola outbreaks. Those testifying in favor of referral noted that the AMA was not
38 involved in the development of this agreement and raised concerns about the length and
39 complexity of the referenced articles, which would automatically become AMA policy. It
40 was also noted that the AMA was not involved in the development of this agreement and
41 if the language is changed in the future, AMA policy would automatically be updated with
42 no oversight by AMA’s House of Delegates. The Council on Science and Public Health
43 supported not adopting the resolution, citing lack of clarity in its intent and concerns about
44 the exclusion of certain Articles. Given that the majority of the testimony supported referral
45 of this item, your Reference Committee recommends that Resolution 412 be referred.

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

RECOMMENDATION:

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

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

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

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

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

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:**
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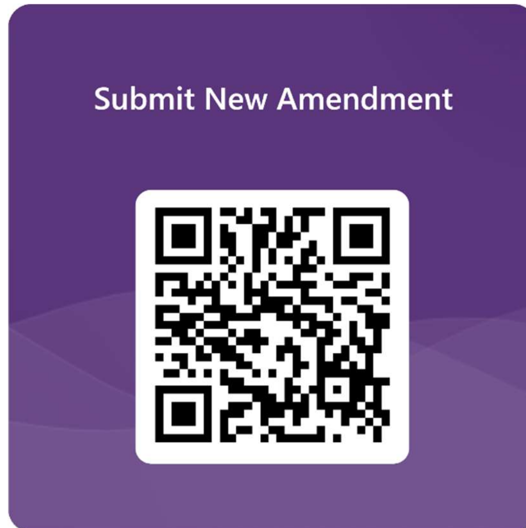
8 **Your Reference Committee recommends that policy H-**
9 **440.860 be reaffirmed in lieu of Resolution 434.**
10
11 RESOLVED, that our American Medical Association advocate for all Advisory Committee
12 on Immunization Practices (ACIP)-recommended vaccines to be covered by Medicare
13 Part B (Directive to Take Action).
14
15 Your Reference Committee heard mostly supportive testimony for the intent of this
16 resolution as it is widely recognized that coverage for recommended vaccines under
17 Medicare Part B would improve patient access to vaccines. However, several clarifying
18 amendments were proposed. There was also an ask to refer this resolution for study as
19 the fiscal implications could undermine efforts to fix budget neutrality and tie payments to
20 the Medicare Economic Index. Your Reference Committee recognizes that existing AMA
21 Policy H-440.860 already supports advocating for easing federally imposed immunization
22 burdens by "providing coverage for Medicare-eligible individuals for all vaccines, including
23 new vaccines, under Medicare Part B." Where relevant, this existing AMA policy
24 references ACIP-recommended vaccines as of May 1st, 2025, and national medical
25 specialty society recommended vaccines, which was raised in testimony in regard to the
26 original resolution. As a result, we do not believe that amending this resolution or referring
27 it for study is necessary. Rather, your Reference Committee recommends that existing
28 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.

______________________ Laurel Barr, MD Ohio	______________________ Karl Steinberg, MD, Post-Acute & Long-Term Care Medical Association
______________________ Justin Hurie, MD North Carolina	______________________ Chris Bush, MD (Alternate) Michigan
______________________ Janice Heaton-Sheufelt, MD American Academy of Family Physicians	______________________ Ella Wright Regional Medical Student
	______________________ Cheryl Hurd, MD American Psychiatric Association Chair

AMENDMENTS

If you wish to propose an amendment to an item of business, scan the QR code below:



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