

DISCLAIMER

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

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-26)

Final Report of Reference Committee E

Raymond Lorenzoni, MD, Chair

1 **RECOMMENDED FOR ADOPTION**

- 2
- 3 1. CSAPH 08 - Increased Transparency Among Psychotropic Drug Administration
- 4 in Prisons
- 5 2. CSAPH 09 - In Support of a National Drug Checking Registry
- 6

7 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 8
- 9 3. CSAPH 07 - Framework to Convey Evidence-Based Medicine in AI Tools Used
- 10 in Clinical Decision Making
- 11 4. Resolution 501 - Preregistration in Medical Research
- 12 5. Resolution 502 - Support for Rapid Methadone Inpatient Stabilization and
- 13 Linkage to Care
- 14 6. Resolution 505 - Avoiding Misuse of Artificial Intelligence (AI) in Clinical Practice
- 15 7. Resolution 507 - Pairing Behavioral and Lifestyle Medicine Principles and
- 16 Practice with Glucagon-like Peptide-1 (GLP-1) Receptor Agonists and Other Anti-
- 17 obesity Medications
- 18 8. Resolution 512 - Medical Cannabis Use in Older Adults
- 19 9. Resolution 513 - Access, Affordability, and Safety of GLP-1 Receptor Agonists
- 20 10. Resolution 515 - Transparency in AI-Driven Adverse Determinations & Clinical
- 21 Logic Disclosure
- 22 11. Resolution 516 - FDA Regulation of Unapproved Synthetic Peptides
- 23

24 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 25
- 26 12. Resolution 506 - Access To Gender Affirming Healthcare Including Clinical Trials
- 27 and Resolution 509 - Preserving Gender-Affirming Surgical Care Access
- 28 13. Resolution 511 - Preserving Specialty Access to Anti-Cancer Agents
- 29 14. Resolution 514 - Education, Screening, and Effective Treatment for Obstructive
- 30 Sleep Apnea During Pregnancy
- 31

32 **RECOMMENDED FOR REFERRAL**

- 33
- 34 15. Resolution 508 - Aligning Consistency and Credibility Of Direct-To-Consumer
- 35 Gut Microbiome Testing Services
- 36 16. Resolution 510 - Exosome and Peptide Use in Healthcare

1 **RECOMMENDATION FOR REAFFIRMATION IN LIEU OF**

2

3 17. Resolution 503 - Expansion of Psychedelic Assisted Therapy (PAT)

4 18. Resolution 504 - Strengthening U.S. Rubber Glove Production and Purchase

5 While Reducing Foreign Forced-Labor Dependence

1 **RECOMMENDED FOR ADOPTION**

- 2
3 (1) CSAPH 08 - INCREASED TRANSPARENCY AMONG
4 PSYCHOTROPIC DRUG ADMINISTRATION IN PRISONS

5
6 **RECOMMENDATION:**

7
8 **Your Reference Committee recommends that the**
9 **Recommendations in the Council on Science and**
10 **Public Health Report 8 be adopted and the remainder of**
11 **the report be filed.**

12
13 **HOD ACTION: CSAPH Report 08 adopted and remainder of Report filed.**

14
15
16 The Council on Science and Public Health recommends that the following be adopted,
17 and the remainder of the report be filed:

18
19 1) That policy D-430.990, "Increased Transparency Among Psychotropic Drug
20 Administration," be amended by addition and deletion to read as follows:

21 A. Our AMA will study issues surrounding the use of psychotropic medications in the
22 carceral system, including inconsistencies in dosage, frequency, duration, allowed
23 formularies, side effects, and oversight by a psychiatrist or another physician with
24 expertise in mental illness.

25
26 Our AMA supports increased transparency from jails and prisons surrounding mental
27 health care, including utilization protocols pertaining to the administration of psychotropic
28 medications, and corresponding patient outcomes, potential harms, and system
29 challenges, including components such as dosage, frequency, duration, allowed
30 formularies, management of side effects, and requirements for oversight by a psychiatrist
31 or another physician with expertise in mental illness.

32
33 B. Our AMA acknowledges the importance of continuity of care for mental health
34 disorders in carceral settings and encourages incorporation of programs and procedures
35 to promote evidence-based continuity of care, including bridge programs, medication
36 verification protocols, access to qualified physicians, and post-release linkage to
37 community clinics for continued care. (Modify Current HOD Policy)

38
39 2) That our AMA reaffirm the following HOD policies:

40 H-130.932, "Pharmacological Intervention for Agitated Individuals in the Out-of-Hospital
41 Setting;" H-430.997, "Standards of Care for Inmates of Correctional Facilities;" H-430.986,
42 "Health Care While Incarcerated;" D-430.997, "Support for Health Care Services to
43 Incarcerated Persons;" and H-110.958, "Minimum Requirements for Medication
44 Formularies." (Reaffirm HOD Policy)

45
46 Your Reference Committee heard supportive testimony for this report. Comments noted
47 that the report touched on ensuring patient safety, preserving patient autonomy, continuity
48 of care, and improving transparency and accountability within correctional health systems.

1 Therefore, Your Reference Committee recommends that the recommendations in Council
2 on Science and Public Health Report 8 be adopted.

3
4 (2) CSAPH 09 - IN SUPPORT OF A NATIONAL DRUG
5 CHECKING REGISTRY

6
7 **RECOMMENDATION:**

8
9 **Your Reference Committee recommends that the**
10 **Recommendations in the Council on Science and**
11 **Public Health Report 9 be adopted and the remainder of**
12 **the report be filed.**

13
14 **HOD ACTION: CSAPH Report 09 adopted and remainder of Report filed.**

15
16
17 The Council on Science and Public Health recommends that the following be adopted,
18 and the remainder of the report be filed:

- 19
20 1. That our AMA: (1) supports drug checking that provides real-world insight into the
21 rapidly shifting drug supply, which helps reduce harm among people who use drugs, better
22 inform clinicians, and enhance public health surveillance efforts; (2) advocates for
23 funding and legal authorization to support drug checking services at the local, county,
24 state, and national level; and (3) will continue to monitor ongoing drug checking efforts.
25 (New HOD Policy)
- 26
27 2. That our AMA reaffirm the following HOD policies: H-95.900, "Supporting Harm
28 Reduction,"; H-95.901, "Drug Policy Reform," and D-95.987, "Prevention of Drug-Related
29 Overdose," (Reaffirm HOD Policy)

30
31 Your Reference Committee heard supportive testimony on this report. Testimony noted
32 that the report recommendations are aligned to many delegation and section priorities and
33 provide physicians with insight into how and what substances are being consumed for
34 improving patient counseling and care. Therefore, Your Reference Committee
35 recommends that the recommendations in Council on Science and Public Health Report
36 9 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(3) CSAPH 07 - FRAMEWORK TO CONVEY EVIDENCE-BASED MEDICINE IN AI TOOLS USED IN CLINICAL DECISION MAKING

RECOMMENDATION A:

Your Reference Committee recommends that the first Recommendation in the Council on Science and Public Health Report 7 be amended by addition and deletion to read as follows:

1. a. Recognize and promote the importance of transparency and explainability of so physicians have sufficient information to make sound clinical decisions when using AI tools used in clinical decision support tools, which depending on the tool, may include information such as to ensure the quality of medical evidence and the grading of medical evidence including the data sources. are clearly conveyed to physicians so clinical recommendations and outputs can be accurately verified and validated as tools to assist physicians in making clinical decisions.

RECOMMENDATION B:

Your Reference Committee recommends that the Recommendations in CSAPH 7 be adopted as amended and the remainder of the report be filed.

HOD ACTION: CSAPH Report 07 adopted as amended and remainder of Report filed.

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

1. That our AMA will:

a. Recognize and promote the importance of transparency and explainability so physicians have sufficient information to make sound clinical decisions when using AI clinical decision support tools, which depending on the tool, may include information such as the grading of medical evidence including the data sources.

b. Collaborate with medical specialty societies, relevant key parties, regulators, and AI developers to establish standards and develop a framework for evidence attribution, evaluation, and validation in AI clinical decision support systems.

1 **c. Encourage medical education key parties to incorporate training on the**
2 **utility, limitations and interpretation of evidence-based medicine practices when**
3 **using AI tools in clinical decision- making.**

4
5 **d. Monitor best practices and policies of AI transparency and evidence-based**
6 **recommendations to improve the quality and reliability of patient care.**

7
8 **2. Policy D-480.951, “Framework to Convey Evidence-Based Medicine in AI Tools**
9 **Used in Clinical Decision Making,” be rescinded as having been accomplished by**
10 **this report.**

11
12
13 The Council on Science and Public Health recommends that the following be adopted,
14 and the remainder of the report be filed:

15 1. That our AMA will:

16
17
18 a. Recognize and promote the importance of transparency and explainability of AI tools
19 used in clinical decision support to ensure the quality of medical evidence and the grading
20 of medical evidence including the sources are clearly conveyed to physicians so clinical
21 recommendations and outputs can be accurately verified and validated as tools to assist
22 physicians in making clinical decisions.

23
24 b. Collaborate with medical specialty societies, relevant key parties, regulators, and AI
25 developers to establish standards and develop a framework for evidence
26 attribution, evaluation, and validation in AI clinical decision support systems.

27
28 c. Encourage medical education key parties to incorporate training on the
29 utility, limitations and interpretation of evidence-based medicine practices when using AI
30 tools in clinical decision- making.

31 2
32 d. Monitor best practices and policies of AI transparency and evidence-based
33 recommendations to improve the quality and reliability of patient care. (Directive to Take
34 Action)

35
36 2. Policy D-480.951, “Framework to Convey Evidence-Based Medicine in AI Tools Used
37 in Clinical Decision Making,” be rescinded as having been accomplished by this report.
38 (Rescind AMA Policy)

39
40 Your Reference Committee heard testimony in strong support of the report and
41 recommendations from multiple sections and delegations. There was concern regarding
42 explainability and its actual function or capability for AI tools, particularly noting that
43 explainability is not always feasible. An amendment was proffered to broaden components
44 of the first recommendation to denote that the physician is the ultimate arbiter of the clinical
45 decision and not the AI tool. Report authors highlighted the work of the AMA on
46 explainability and transparency in AI and its importance as physicians continually strive to
47 implement evidence-based medicine into their clinical decision-making. Given the strong
48 support for the recommendations and collaborative amendment, your Reference
49 Committee recommends the recommendations in Council on Science and Public Health
50 Report 7 be adopted as amended.

1 (4) RESOLUTION 501 - PREREGISTRATION IN MEDICAL
2 RESEARCH

3
4 **RECOMMENDATION A:**

5
6 Your Reference Committee recommends that
7 Resolution 501 be amended by addition and deletion to
8 read as follows:

9
10 Our AMA will:

11
12 (1) take every appropriate opportunity during the
13 health system reform debate and implementation
14 stages to educate the public, the Administration, and
15 Congress about the importance of support for science
16 and biomedical research and about the potential
17 problems if these areas are not given sufficient
18 consideration in health system reform;

19
20 (2) take steps to become the coordinating point for
21 efforts, both within and outside of the Federation, to
22 promote, enhance, and defend biomedical science;

23
24 (3) continue and expand its efforts to advocate for the
25 primacy of science and biomedical research as the
26 basis of quality medical care by working with and
27 influencing both the private sector and the federal
28 government, including the legislative, executive, and
29 judicial branches;

30
31 (4) take necessary steps to monitor the scientific
32 enterprise, establish programs and policies
33 as appropriate, and initiate advocacy efforts as
34 needed;

35
36 (5) consider and take the necessary steps
37 to anticipate and establish guidelines
38 to assist physicians and others in responding to the
39 ethical issues emerging from the scientific
40 revolution;

41
42 (6) increase its educational efforts to the public and to
43 the profession to explain how science is critical to the
44 future of the profession and to the future development
45 of high quality medical care; and

46
47 ~~(7) support preregistration in order to mitigate~~
48 ~~publication bias and improve the reproducibility of~~
49 ~~biomedical research.~~

1 (7) recognize the importance of preregistration as a
2 cornerstone of in advancing rigorous and reproducible
3 biomedical research; and

4
5 (8) collaborate with relevant stakeholders to advocate
6 for the integration of preregistration into medical
7 research protocols, emphasizing its use for clinical
8 trials, observational studies, and other research
9 contexts;

10
11 (9) collaborate with relevant stakeholders to support
12 efforts to provide training and resources for medical
13 researchers to implement preregistration effectively,
14 including access to standardized registries and
15 education on preregistration practice; and

16
17 (10) collaborate with relevant stakeholders in the
18 medical and scientific community to promote policies
19 and incentives that align preregistration with the goals
20 of career advancement, funding acquisition, and
21 publication, fostering a culture of transparency and
22 accountability in medical research.

23
24 (8) study the use of preregistration in medical
25 research, including standardized registries, education
26 on preregistration practice, and alignment with
27 transparency and accountability.

28
29 **RECOMMENDATION B:**

30
31 Your Reference Committee recommends that
32 Resolution 501 be adopted as amended.

33
34 **HOD ACTION:** Resolution 501 be adopted as amended.

35
36 **ADOPTED LANGUAGE:** RESOLVED, that our American Medical Association
37 amend policy H-460.941 by addition and deletion to read as follows:

38
39 **Our AMA will:**

40
41 (1) take every appropriate opportunity during the health system reform debate and
42 implementation stages to educate the public, the Administration, and Congress
43 about the importance of support for science and biomedical research and about
44 the potential problems if these areas are not given sufficient consideration in
45 health system reform;

46
47 (2) take steps to become the coordinating point for efforts, both within and
48 outside of the Federation, to promote, enhance, and defend biomedical science;

1 (3) continue and expand its efforts to advocate for the primacy of science and
2 biomedical research as the basis of quality medical care by working with and
3 influencing both the private sector and the federal government, including the
4 legislative, executive, and judicial branches;

5
6 (4) take necessary steps to monitor the scientific enterprise, establish programs
7 and policies as appropriate, and initiate advocacy efforts as needed;

8
9 (5) consider and take the necessary steps to anticipate and establish guidelines to
10 assist physicians and others in responding to the ethical issues emerging from
11 the scientific revolution;

12
13 (6) increase its educational efforts to the public and to the profession to explain
14 how science is critical to the future of the profession and to the future
15 development of high quality medical care;

16
17 (7) recognize the importance of preregistration in advancing rigorous and
18 reproducible biomedical research; and

19
20 (8) study the use of preregistration in medical research, including standardized
21 registries, education on preregistration practice, and alignment with transparency
22 and accountability.

23
24
25 RESOLVED, that our American Medical Association amend policy H-460.941 by addition
26 and deletion to read as follows:

27
28 Our AMA will:

29
30 (1) take every appropriate opportunity during the health system reform debate and
31 implementation stages to educate the public, the Administration, and Congress about the
32 importance of support for science and biomedical research and about the potential
33 problems if these areas are not given sufficient consideration in health system reform;

34
35 (2) take steps to become the coordinating point for efforts, both within and outside of the
36 Federation, to promote, enhance, and defend biomedical science;

37
38 (3) continue and expand its efforts to advocate for the primacy of science and biomedical
39 research as the basis of quality medical care by working with and influencing both the
40 private sector and the federal government, including the legislative, executive, and judicial
41 branches;

42
43 (4) take necessary steps to monitor the scientific enterprise, establish programs and
44 policies as appropriate, and initiate advocacy efforts as needed;

45
46 (5) consider and take the necessary steps to anticipate and establish guidelines to assist
47 physicians and others in responding to the ethical issues emerging from the scientific
48 revolution;

1 (6) increase its educational efforts to the public and to the profession to explain how
2 science is critical to the future of the profession and to the future development of high
3 quality medical care; and

4
5 ~~(7) support preregistration in order to mitigate publication bias and improve the~~
6 ~~reproducibility of biomedical research.~~

7
8 (7) recognize the importance of preregistration as a cornerstone of rigorous and
9 reproducible biomedical research;

10
11 (8) collaborate with relevant stakeholders to advocate for the integration of preregistration
12 into medical research protocols, emphasizing its use for clinical trials, observational
13 studies, and other research contexts;

14
15 (9) collaborate with relevant stakeholders to support efforts to provide training and
16 resources for medical researchers to implement preregistration effectively, including
17 access to standardized registries and education on preregistration practice; and

18
19 (10) collaborate with relevant stakeholders in the medical and scientific community to
20 promote policies and incentives that align preregistration with the goals of career
21 advancement, funding acquisition, and publication, fostering a culture of transparency and
22 accountability in medical research.

23
24 Your Reference Committee heard testimony that was supportive of this resolution in
25 addressing the public and scientific community's call for transparency in clinical research.
26 However, concern was expressed that registries may limit the ability to conduct research
27 that is not pre-registered. There were also calls for reconsideration of the resolution's
28 language, including the term "pre-registration," and a call for referral for study. Given this
29 testimony, the amendments propose a study on the use of pre-registration in clinical
30 research, including topics contained in the original resolution language. The study would
31 also provide an opportunity to define pre-registration. As such, your Reference Committee
32 recommends that Resolution 501 be adopted as amended.

33
34 (5) RESOLUTION 502 - SUPPORT FOR RAPID
35 METHADONE INPATIENT STABILIZATION AND
36 LINKAGE TO CARE

37
38 **RECOMMENDATION A:**

39
40 **Your Reference Committee recommends Resolution**
41 **502 be amended by addition and deletion to read as**
42 **follows:**

43
44 **RESOLVED, that our American Medical Association**
45 **will ~~endorse and~~ advocate for removal of barriers to**
46 **the implementation of a rapid methadone inpatient**
47 **stabilization pathway for the development and**
48 **implementation of pregnancy-specific treatment**
49 **pathways treatment of Opioid Use Disorder in**

1 **pregnant for pregnant patients with Opioid Use**
2 **Disorder, including:**
3

- 4 a. **Encouraging treatment tailored for pregnancy**
5 **and the individual patient (i.e. choice of**
6 **medication, dosage, and frequency of dosing)**
7 **informed by clinical evaluation, history,**
8 **available resources, and patient and physician**
9 **preference;**
10 b. **Advocating for medication take home**
11 **flexibilities for pregnant patients;**
12 c. **Ensuring that institutions have care pathways**
13 **in place to dispense adequate medication for 72**
14 **hours to allow time to link to ongoing**
15 **treatment;**
16 d. **Encouraging the development of hospital-based**
17 **medication initiation protocols that allow for**
18 **faster dose titrations due to medical**
19 **monitoring;**
20 e. **Advocating for coverage for tailored treatment**
21 **of opioid use disorder in pregnant patients; and**
22 f. **Ensuring linkage to prenatal care as well as**
23 **addiction treatment (level of care based upon**
24 **patient need) prior to discharge. with higher-**
25 **than-traditional doses given twice daily, and**
26 **linkage to care at time of discharge along with**
27 **dispensing an appropriate amount of naloxone**
28 **and methadone.**
29

30 **RECOMMENDATION B:**

31
32 Your Reference Committee recommends that
33 Resolution 502 be **adopted as amended.**
34

35 **RECOMMENDATION C:**

36
37 Your Reference Committee recommends that the **title**
38 **of Resolution 502 be changed** to read as follows:
39

40 **SUPPORT FOR RAPID INPATIENT STABILIZATION**
41 **AND LINKAGE TO CARE FOR PREGNANT PATIENTS**
42 **WITH OPIOID USE DISORDER**
43

44 **HOD ACTION: Resolution 502 adopted as amended.**
45

46 **ADOPTED LANGUAGE: SUPPORT FOR RAPID INPATIENT STABILIZATION AND**
47 **LINKAGE TO CARE FOR PREGNANT PATIENTS WITH OPIOID USE DISORDER**

1 **RESOLVED, that our American Medical Association will advocate for removal of**
2 **barriers to the development and implementation of pregnancy-specific treatment**
3 **pathways for pregnant patients with Opioid Use Disorder, including:**

- 4
- 5 a. Encouraging treatment tailored for pregnancy and the individual patient (i.e.
 - 6 choice of medication, dosage, and frequency of dosing) informed by clinical
 - 7 evaluation, history, available resources, and patient and physician
 - 8 preference;
 - 9 b. Advocating for medication take home flexibilities for pregnant patients;
 - 10 c. Ensuring that institutions have care pathways in place to dispense adequate
 - 11 medication for 72 hours to allow time to link to ongoing treatment;
 - 12 d. Encouraging the development of hospital-based medication initiation
 - 13 protocols that allow for faster dose titrations due to medical monitoring;
 - 14 e. Advocating for coverage for tailored treatment of opioid use disorder in
 - 15 pregnant patients; and
 - 16 f. Ensuring linkage to prenatal care as well as addiction treatment (level of care
 - 17 based upon patient need) prior to discharge.
-

18
19
20 **RESOLVED, that our American Medical Association will endorse and advocate for**
21 **implementation of a rapid methadone inpatient stabilization pathway for treatment of**
22 **Opioid Use Disorder in pregnant patients, with higher-than-traditional doses given twice**
23 **daily, and linkage to care at time of discharge along with dispensing an appropriate**
24 **amount of naloxone and methadone. (Directive to Take Action)**

25
26 Your Reference Committee heard supportive testimony for this resolution. Two sections
27 proffered amendments to ensure that all pregnant patients, not just patients being treated
28 with methadone, are included. Additionally, treatment should not rely on one pathway, but
29 multiple pathways. Therefore, Your Reference Committee recommends that Resolution
30 502 be amended by addition and deletion.

31
32 (6) **RESOLUTION 505 - AVOIDING MISUSE OF ARTIFICIAL**
33 **INTELLIGENCE (AI) IN CLINICAL PRACTICE**

34
35 **RECOMMENDATION A:**

36
37 **Your Reference Committee recommends the second**
38 **Resolve in Resolution 505 be deleted.**

39
40 ~~**RESOLVED, that any physician or healthcare**~~
41 ~~**professional, who chooses to use Artificial Intelligence**~~
42 ~~**(AI) in the creation of the medical record, understands**~~
43 ~~**that the accuracy of that record is completely the**~~
44 ~~**responsibility of that author.**~~

45
46 **RECOMMENDATION B:**

47
48 **RESOLVED, that Policy H-480.931 and Policy H-480.940**
49 **be reaffirmed.**

RECOMMENDATION C:
Your Reference Committee recommends that
Resolution 505 be adopted as amended.

HOD ACTION: Resolution 505 adopted as amended.

ADOPTED LANGUAGE: RESOLVED, that prior to the use of Artificial Intelligence (AI) in the medical record, training in the use of AI is highly recommended and to include the benefits of AI, as well as the potential harms that could exist in an AI generated document; and be it further

RESOLVED, that Policy H-480.931 and Policy H-480.940 be reaffirmed.

RESOLVED, that prior to the use of Artificial Intelligence (AI) in the medical record, training in the use of AI is highly recommended and to include the benefits of AI, as well as the potential harms that could exist in an AI generated document (New HOD Policy); and be it further

RESOLVED, that any physician or healthcare professional, who chooses to use Artificial Intelligence (AI) in the creation of the medical record, understands that the accuracy of that record is completely the responsibility of that author. (New HOD Policy)

Your Reference Committee heard general support for the first resolved clause and mixed testimony over the second resolved. While there was some support for the second resolved, there were concerns over codifying sole-physician accountability for the accuracy of AI-generated content. Testimony also points out existing AMA policy on this topic as well as ongoing work by CSAPH. There were several recommendations to reaffirm existing policy in lieu of adopting the second resolved. Therefore, your Reference Committee recommends that Resolution 505 be adopted as amended.

(7) RESOLUTION 507 - PAIRING BEHAVIORAL AND LIFESTYLE MEDICINE PRINCIPLES AND PRACTICE WITH GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONISTS AND OTHER ANTI-OBESITY MEDICATIONS

RECOMMENDATION A:

Your Reference Committee recommends that the third Resolve of Resolution 507 be amended by addition to read as follows:

RESOLVED, that our AMA advocate for coverage, reimbursement, and sustainable payment models that support the delivery of clinician-led, therapeutic, and structured lifestyle intervention programs as a component of glucagon-like peptide-1 receptor agonist and other anti-obesity medication therapy, particularly

1 for underserved, rural, and historically marginalized
2 populations, to mitigate disparities in access and
3 outcomes, provided that coverage of these medications
4 shall not be conditioned upon participation in such
5 lifestyle intervention programs.
6

7 **RECOMMENDATION B:**

8
9 Your Reference Committee recommends that
10 Resolution 507 be adopted as amended.
11

12 **HOD ACTION: Resolution 507 adopted as amended.**

13
14 **ADOPTED LANGUAGE: RESOLVED, that our American Medical**
15 **Association support, publicize, and advocate for the concomitant use of**
16 **evidence-based, structured lifestyle and behavioral intervention programs,**
17 **delivered with ongoing clinician and care-team support, in conjunction with the**
18 **prescribed use of glucagon-like peptide-1 receptor agonists for obesity and other**
19 **related, preventable disease states and illnesses; and be it further**
20

21 **RESOLVED, that our AMA recognize and address potential health disparities**
22 **associated with recommendations for structured lifestyle intervention programs**
23 **accompanying glucagon-like peptide-1 receptor agonist's therapy, and advocate**
24 **for equitable access to evidence-based, clinician-supported lifestyle interventions**
25 **across diverse care settings, including community-based, digital, hybrid, and**
26 **safety-net models of care; and be it further**
27

28 **RESOLVED, that our AMA advocate for coverage, reimbursement, and sustainable**
29 **payment models that support the delivery of clinician-led, therapeutic, and**
30 **structured lifestyle intervention programs as a component of glucagon-like**
31 **peptide-1 receptor agonist and other anti-obesity medication therapy, particularly**
32 **for underserved, rural, and historically marginalized populations, to mitigate**
33 **disparities in access and outcomes, provided that coverage of these medications**
34 **shall not be conditioned upon participation in such lifestyle intervention**
35 **programs.**
36

37
38 **RESOLVED, that our American Medical Association support, publicize, and advocate for**
39 **the concomitant use of evidence-based, structured lifestyle and behavioral intervention**
40 **programs, delivered with ongoing clinician and care-team support, in conjunction with the**
41 **prescribed use of glucagon-like peptide-1 receptor agonists for obesity and other related,**
42 **preventable disease states and illnesses (Directive to Take Action); and be it further**
43

44 **RESOLVED, that our AMA recognize and address potential health disparities associated**
45 **with recommendations for structured lifestyle intervention programs accompanying**
46 **glucagon-like peptide-1 receptor agonist's therapy, and advocate for equitable access to**
47 **evidence-based, clinician-supported lifestyle interventions across diverse care settings,**
48 **including community-based, digital, hybrid, and safety-net models of care (Directive to**
49 **Take Action); and be it further**

1 RESOLVED, that our AMA advocate for coverage, reimbursement, and sustainable
2 payment models that support the delivery of clinician-led, therapeutic, and structured
3 lifestyle intervention programs as a component of glucagon-like peptide-1 receptor
4 agonist's therapy, particularly for underserved, rural, and historically marginalized
5 populations, to mitigate disparities in access and outcomes. (Directive to Take Action)
6

7 Your Reference Committee heard testimony strongly supporting a comprehensive,
8 evidence-based approach to obesity care that combines anti-obesity medications with
9 structured lifestyle and behavioral interventions. Speakers consistently emphasized that
10 medications are most effective as an adjunct to nutrition, physical activity, and other health
11 behaviors. There was broad agreement on the need for clinician-supported programs to
12 improve long-term success, alongside concern that inconsistent access to both
13 medications and lifestyle services may worsen disparities, particularly for underserved
14 populations. An amendment was proffered to underscore the importance of equitable
15 coverage and payment models, while cautioning that policies should not unintentionally
16 restrict access to medications by requiring participation in lifestyle programs. Your
17 Reference Committee added other anti-obesity medications to ensure relevancy of this
18 growing medication category. Therefore, your Reference Committee recommends that
19 Resolution 507 be adopted as amended.
20

21 (8) RESOLUTION 512 - MEDICAL CANNABIS USE IN
22 OLDER ADULTS
23

24 **RECOMMENDATION A:**

25
26 **Your Reference Committee recommends that the first**
27 **Resolve of Resolution 512 be amended by deletion to**
28 **read as follows:**
29

30 **RESOLVED, that our American Medical Association**
31 **support the development and publication of**
32 **educational resources on ~~medical~~ cannabis directed**
33 **towards clinicians, including a virtual educational**
34 **presentation that reviews the known effects of medical**
35 **cannabis in older adults that highlights both its**
36 **potential benefits and risks; and be it further**
37

38 **RECOMMENDATION B:**

39
40 **Your Reference Committee recommends that the title**
41 **of Resolution 512 be changed to read as follows:**
42

43 **CANNABIS USE IN OLDER ADULTS**
44

45 **RECOMMENDATION C:**

46
47 **Your Reference Committee recommends that**
48 **Resolution 512 be adopted as amended.**

1 **HOD ACTION: Resolution 512 adopted as amended.**

2
3 **ADOPTED LANGUAGE: CANNABIS USE IN OLDER ADULTS**

4
5 **RESOLVED, that our American Medical Association support the development and**
6 **publication of educational resources on cannabis directed towards clinicians,**
7 **including a virtual educational presentation that reviews the known effects of**
8 **medical cannabis in older adults that highlights both its potential benefits and risks;**
9 **and be it further**

10
11 **RESOLVED, that our AMA encourage expanded research into the therapeutic uses**
12 **of cannabis in older adults—such as for managing agitation in individuals with**
13 **cognitive impairment—as well as its possible adverse effects.**

14
15
16 **RESOLVED, that our American Medical Association support the development and**
17 **publication of educational resources on medical cannabis directed towards clinicians,**
18 **including a virtual educational presentation that reviews the known effects of medical**
19 **cannabis in older adults that highlights both its potential benefits and risks (Directive**
20 **to Take Action); and be it further**

21 **RESOLVED, that our AMA encourage expanded research into the therapeutic uses of**
22 **cannabis in older adults—such as for managing agitation in individuals with cognitive**
23 **impairment—as well as its possible adverse effects. (New HOD Policy)**

24
25 Your Reference Committee heard testimony from one section and many individuals that
26 education and information would be helpful for their practice and to advise patients. Edits
27 to the original resolution were made to ensure all cannabis, not just cannabis for medical
28 use is considered. Original Resolved 2 has been retained unchanged. Therefore, Your
29 Reference Committee recommends that Resolution 512 be adopted as amended.

30
31 (9) **RESOLUTION 513 - ACCESS, AFFORDABILITY, AND**
32 **SAFETY OF GLP-1 RECEPTOR AGONISTS**

33
34 **RECOMMENDATION A:**

35
36 **Your Reference Committee recommends that the**
37 **second Resolve of Resolution 513 be deleted.**

38
39 **RECOMMENDATION B:**

40
41 **Your Reference Committee recommends that the fourth**
42 **Resolve of Resolution 513 be amended by addition**
43 **to read as follows:**

44
45 **RESOLVED, that our AMA encourage the use of GLP-1**
46 **receptor agonists in accordance with evidence based**
47 **clinical indications and risk-benefit analysis, within**

1 comprehensive care plans that include behavioral and
2 lifestyle interventions.

3
4 **RECOMMENDATION C:**

5
6 Your Reference Committee recommends that
7 Resolution 513 be amended by addition of a new
8 resolve clause as follows:

9
10 RESOLVED that physicians and other prescribers of
11 anti-obesity medications including GLP-1 receptor
12 agonists evaluate individuals for body image concerns,
13 weight history, history of prior and current eating
14 disorders and prior or current treatment for eating
15 disorders before prescribing such medications.

16
17 **RECOMMENDATION D:**

18
19 Your Reference Committee recommends that
20 Resolution 513 be adopted as amended.

21
22

HOD ACTION: Resolution 513 adopted as amended.

23
24 **ADOPTED LANGUAGE: RESOLVED, that our American Medical Association**
25 **advocate for legislation and/or regulation so that public and private health**
26 **insurers provide GLP-1 receptor agonists for the treatment of type 2 diabetes and**
27 **obesity at affordable formulary pricing, thereby reducing out-of-pocket costs for**
28 **patients; and be it further**

29
30 **RESOLVED, that our AMA advocate for pricing transparency and cost-**
31 **containment strategies among manufacturers, payers, and policymakers to**
32 **improve affordability and access to evidence-based obesity and diabetes**
33 **treatments; and be it further**

34
35 **RESOLVED, that our AMA encourage the use of GLP-1 receptor agonists in**
36 **accordance with evidence based clinical indications and risk-benefit analysis,**
37 **within comprehensive care plans that include behavioral and lifestyle**
38 **interventions.**

39
40 **RESOLVED, that physicians and other prescribers of anti-obesity medications**
41 **including GLP-1 receptor agonists evaluate individuals for body image concerns,**
42 **weight history, history of prior and current eating disorders and prior or current**
43 **treatment for eating disorders before prescribing such medications.**

44
45
46

RESOLVED, that our American Medical Association advocate for legislation and/or
47 **regulation so that public and private health insurers provide GLP-1 receptor agonists for**
48 **the treatment of type 2 diabetes and obesity at affordable formulary pricing, thereby**
49 **reducing out-of-pocket costs for patients (Directive to Take Action); and be it further**

1 RESOLVED, that our AMA support regulatory oversight and quality-assurance standards
2 for compounding of GLP-1 receptor agonists to promote patient safety while maintaining
3 access for those who cannot otherwise afford FDA-approved medications (New HOD
4 Policy); and be it further

5
6 RESOLVED, that our AMA advocate for pricing transparency and cost-containment
7 strategies among manufacturers, payers, and policymakers to improve affordability and
8 access to evidence-based obesity and diabetes treatments (Directive to Take Action); and
9 be it further

10
11 RESOLVED, that our AMA encourage the use of GLP-1 receptor agonists in accordance
12 with evidence based clinical indications, within comprehensive care plans that include
13 behavioral and lifestyle interventions. (New HOD Policy)

14
15 Your Reference Committee heard testimony on Resolution 513 that reflected broad, multi-
16 specialty support for advancing policies to improve access, affordability, and safety of
17 GLP-1 receptor agonists, while emphasizing the importance of evidence-based use within
18 comprehensive care. Stakeholders consistently underscored the need to balance patient
19 access with appropriate safeguards, particularly given concerns about cost barriers,
20 inequities in coverage, and safety considerations associated with compounded
21 formulations. During deliberations, amendments were considered and accepted, with
22 clear support coalescing around the amendment incorporating “risk-benefit analysis” into
23 the resolution language to strengthen clinical decision-making and patient
24 counseling. One Council and a delegation advocated for the deletion of the second
25 resolve, noting concerns around nefarious compounding practices outside of FDA
26 approved regulations, which places patient safety at significant risk. Multiple amendments
27 were proffered related to body image and eating disorder risks with GLP-1 use. Your
28 Reference Committee further refined the language to highlight the importance of this
29 consideration without being overly prescriptive. By using ‘evaluate’ to ensure continued
30 individualized practice, clinician awareness and appropriate assessment without imposing
31 rigid requirements that could limit access. Additionally, an amendment was proposed to
32 add anti-obesity medications to ensure relevancy of this growing medication category and
33 number of indications for use beyond obesity. Your Reference Committee recommends
34 Resolution 513 be adopted as amended.

35
36 (10) RESOLUTION 515 - TRANSPARENCY IN AI-DRIVEN
37 ADVERSE DETERMINATIONS & CLINICAL LOGIC
38 DISCLOSURE

39
40 **RECOMMENDATION A:**

41
42 **Your Reference Committee recommends that the first**
43 **Resolve of Resolution 515 be amended by addition to**
44 **read as follows:**

45
46 **RESOLVED, that our American Medical Association**
47 **(AMA) advocate for federal and state regulations and**
48 **legislation requiring health plans and third-party payers**
49 **to provide physicians and the insured patient with the**
50 **specific clinical logic, evidence-based sources, and**

1 version history of any augmented intelligence (AI) or
2 algorithmic tools used in the issuance of an adverse
3 determination; and be it further
4

5 **RECOMMENDATION B:**

6
7 Your Reference Committee recommends the second
8 Resolve of Resolution 515 be amended by addition and
9 deletion to read as follows:

10
11 **RESOLVED**, that our AMA advocate that any AI-driven
12 or algorithmic tool used for clinical review must be
13 transparently audited, with re-audits triggered by
14 material changes to the AI model, its training data, or
15 applicable clinical guidelines, and with periodic
16 comprehensive audits at minimum annually regardless
17 of such changes, to ensure it reflects the most recent
18 current peer-reviewed evidence-based clinical
19 guidelines and recognized standards of care.
20

21 **RECOMMENDATION C:**

22
23 Your Reference Committee recommends that
24 Resolution 515 be adopted as amended.
25

26 **HOD ACTION: Resolution 515 adopted as amended.**

27
28 **ADOPTED LANGUAGE: RESOLVED**, that our American Medical Association
29 advocate for federal and state regulations and legislation requiring health plans
30 and third-party payers to provide physicians and the insured patient with the
31 specific clinical logic, evidence-based sources, and version history of any
32 augmented intelligence (AI) or algorithmic tools used in the issuance of an
33 adverse determination; and be it further
34

35 **RESOLVED**, that our AMA advocate that any AI-driven or algorithmic tool used for
36 clinical review must be transparently audited with re-audits triggered by material
37 changes to the AI model, its training data, or applicable clinical guidelines, and
38 with periodic comprehensive audits at minimum annually regardless of such
39 changes, to ensure it reflects current evidence-based clinical guidelines and
40 recognized standards of care.
41

42
43 **RESOLVED**, that our American Medical Association advocate for federal and state
44 regulations and legislation requiring health plans and third-party payers to provide
45 physicians with the specific clinical logic, evidence-based sources, and version history of
46 any augmented intelligence (AI) or algorithmic tools used in the issuance of an adverse
47 determination (Directive to Take Action); and be it further

1 RESOLVED, that our AMA advocate that any AI-driven or algorithmic tool used for clinical
2 review must be transparently audited to ensure it reflects the most recent peer-reviewed
3 clinical guidelines and recognized standards of care. (Directive to Take Action)
4

5 Your Reference Committee heard supportive testimony on this resolution along with
6 suggested amendments to both resolves. The amendment proffered for the first resolve
7 added the insured patient as a party that must be provided with information on AI tools
8 used in the issuance of an adverse determination. The amendment proffered for the
9 second resolve defined audit frequency and received testimony in support. Therefore, your
10 Reference Committee recommends that Resolution 515 be adopted as amended.

11
12 (11) RESOLUTION 516 – FDA REGULATION OF
13 UNAPPROVED SYNTHETIC PEPTIDES
14

15 **RECOMMENDATION A:**

16
17 **Your Reference Committee recommends that first**
18 **Resolve of Resolution 516 be amended by addition and**
19 **deletion to read as follows:**

20
21 **RESOLVED, that our American Medical Association**
22 **(AMA) ~~supports appropriate FDA oversight of synthetic~~**
23 **~~peptides,~~ recommending that unapproved synthetic**
24 **peptide products undergo FDA regulatory review, third-**
25 **party testing, and demonstration of safety and efficacy**
26 **through well-conducted clinical trials before marketing**
27 **or clinical use; and be it further**
28

29 **RECOMMENDATION B:**

30
31 **Your Reference Committee recommends that second**
32 **Resolve of Resolution 516 be referred.**
33

34 **RECOMMENDATION C:**

35
36 **Your Reference Committee recommends that**
37 **Resolution 516 be adopted as amended.**
38

39 **HOD ACTION: Resolution 516 be adopted as amended.**

40
41 **ADOPTED LANGUAGE: RESOLVED, that our American Medical Association (AMA),**
42 **recommends that unapproved synthetic peptide products undergo FDA regulatory**
43 **review, third-party testing, and demonstration of safety and efficacy through well-**
44 **conducted clinical trials before marketing or clinical use; and be it further**
45

46
47 **RESOLVED, that our American Medical Association (AMA) supports appropriate**
48 **FDA oversight of synthetic peptides, recommending that unapproved synthetic peptide**
49 **products undergo regulatory review, third-party testing, and demonstration of safety and**

1 efficacy through well-conducted clinical trials before marketing or clinical use; and be it
2 further

3
4 RESOLVED, that our AMA submit comments to the Food and Drug Administration (FDA)
5 regarding the July 2026 Pharmacy Compounding Advisory Committee review of
6 synthetic peptide products, advocating for evidence-based regulatory oversight, third-
7 party testing, and demonstration of safety and efficacy prior to marketing, compounding,
8 or clinical use.

9
10 Your Reference Committee heard mixed in-person testimony on this resolution. One
11 delegation and one individual testified in support that this area is moving quickly and
12 stating that unregulated peptides expose patients to safety risks due to variable sourcing
13 and standards, as well as a lack of safeguards. There was also testimony requesting
14 referral for decision due to urgency of the resolution given the upcoming July 2026 FDA
15 Pharmacy Compounding Committee meeting. However, even Referral for Decision would
16 not allow for an official Board review and decision prior to submission of official comments
17 by the July 9, 2026 deadline. Another delegation called for Referral for Study, noting that
18 more study is also needed to better understand these products before an official comment.
19 Therefore, the Reference Committee recommends that Resolution 516 be referred.

RECOMMENDED FOR ADOPTION IN LIEU OF

- 1
2
3 (12) RESOLUTION 506 - ACCESS TO GENDER AFFIRMING
4 HEALTHCARE INCLUDING CLINICAL TRIALS
5 RESOLUTION 509 - PRESERVING GENDER-
6 AFFIRMING SURGICAL CARE ACCESS
7

8 **RECOMMENDATION A:**
9

10 Your Reference Committee recommends that Alternate
11 Resolution 509 be adopted in lieu of Resolutions 506
12 and 509.
13

14 **GENDER AFFIRMING HEALTHCARE AND RESEARCH**
15

16 **RESOLVED**, that our American Medical Association
17 affirms that gender affirming healthcare (GAHC)
18 includes social, medical and surgical GAHC with a
19 shared decision-making process involving the
20 physician, patient and legal guardians, when
21 applicable; and be it further
22

23 **RESOLVED**, that our AMA advocate and support new
24 and restored funding, as well as opportunities for GAHC
25 research across modalities and age ranges, ensuring
26 that such research and guideline development
27 meaningfully involve clinicians who provide this care,
28 researchers who study affected populations, and
29 members of the impacted communities to strengthen
30 the evidence base and uphold scientific integrity; and
31 be it further
32

33 **RESOLVED**, that our AMA collaborate with relevant
34 specialty societies and multidisciplinary experts to
35 support education and promote educational resources
36 for physicians and trainees on evidence-based, patient-
37 centered, shared decision-making GAHC.
38

39 **HOD ACTION:** Alternate Resolution 509 be adopted in lieu of Resolutions 506 and
40 509.
41

42 **ADOPTED LANGUAGE: GENDER AFFIRMING HEALTHCARE AND RESEARCH**
43

44 **RESOLVED**, that our American Medical Association affirms that gender affirming
45 healthcare (GAHC) includes social, medical and surgical GAHC with a shared
46 decision-making process involving the physician, patient and legal guardians,
47 when applicable; and be it further

1 **RESOLVED, that our AMA advocate and support new and restored funding, as**
2 **well as opportunities for GAHC research across modalities and age ranges,**
3 **ensuring that such research and guideline development meaningfully involve**
4 **clinicians who provide this care, researchers who study affected populations, and**
5 **members of the impacted communities to strengthen the evidence base and**
6 **uphold scientific integrity; and be it further**

7
8 **RESOLVED, that our AMA collaborate with relevant specialty societies and**
9 **multidisciplinary experts to support education and promote educational resources**
10 **for physicians and trainees on evidence-based, patient-centered, shared decision-**
11 **making GAHC.**

12
13
14 **RESOLUTION 506 - ACCESS TO GENDER AFFIRMING HEALTHCARE INCLUDING**
15 **CLINICAL TRIALS**

16
17 **RESOLVED, that our American Medical Association affirms that Gender affirming**
18 **healthcare (GAHC) includes social, medical and surgical GAHC with a shared decision-**
19 **making process involving the physician, patient and legal guardians (New HOD Policy);**
20 **and be it further**

21
22 **RESOLVED, that our AMA calls for continued research including clinical trials regarding**
23 **the evidence of the effectiveness of puberty blockers (GnRH analogs) on transgender and**
24 **non-binary youth (New HOD Policy); and be it further**

25 **RESOLVED, that our AMA calls for the restoration of previously allocated federal, state**
26 **and institutional funding for pediatric gender clinics, puberty blocker research protocols,**
27 **and supportive mental health services. (New HOD Policy)**

28
29 **RESOLUTION 509 - PRESERVING GENDER-AFFIRMING SURGICAL CARE ACCESS**

30
31 **RESOLVED, that our American Medical Association reaffirm and recognize that decisions**
32 **regarding gender-affirming surgical care rest with physicians, patients, and families, and**
33 **support evidence-based, patient-centered, shared decision-making for such care (New**
34 **HOD Policy); and be it further**

35
36 **RESOLVED, that our AMA advocate and support funding and opportunities for gender-**
37 **affirming care research across modalities and age ranges, ensuring that such research**
38 **and guideline development meaningfully involve clinicians who provide this care,**
39 **researchers who study affected populations, and members of the impacted communities**
40 **to strengthen the evidence base and uphold scientific integrity (Directive to Take Action);**
41 **and be it further**

42
43 **RESOLVED, that our AMA collaborate with relevant specialty societies and**
44 **multidisciplinary experts to support education and promote educational resources for**
45 **physicians and trainees on evidence-based, patient-centered, shared decision-making**
46 **gender-affirming surgical and medical care. (Directive to Take Action)**

47
48 **Your Reference Committee heard online testimony on gender-affirming care across**
49 **Resolutions 506 and 509 reflecting a deeply engaged medical community balancing**
50 **patient access, clinical evidence, and ethical responsibility. Across specialties and**

1 delegations, a central theme emerged that gender-affirming care is understood as a
2 multidisciplinary, patient-centered process that may include social, medical, and, in some
3 cases, surgical interventions, with decisions grounded in shared decision-making among
4 patients, families, and physicians. Supporters consistently emphasize that access to this
5 care is both medically necessary and ethically grounded, particularly for a vulnerable
6 population facing significant health disparities. They argue that restricting access, whether
7 through loss of funding, legislative action, or structural barriers, has tangible harms,
8 including worsened mental health outcomes, delayed care, and increased inequities. A
9 strong call for continued research unites nearly all testimony, though motivations differ.
10 Supporters advocate for expanded funding, clinical trials, and longitudinal studies to
11 strengthen the scientific foundation of care and ensure decisions remain evidence-based
12 and patient-centered, stressing gaps in evidence should prompt further study and not
13 justify restricting treatment. At the same time, opposing voices raise concerns about the
14 current strength and consistency of the evidence, particularly for pediatric populations.
15 They highlight uncertainties about long-term outcomes, potential harms, and ethical
16 challenges in obtaining informed consent for irreversible interventions in minors. Some
17 cite emerging international policy shifts and systematic reviews as reasons for caution and
18 for prioritizing more rigorous, ethically designed research before expanding access.
19 Despite differing views, there is broad agreement on the need for rigorous, ethical
20 research and individualized clinical care. The Reference Committee ultimately reflected
21 these themes in an alternate resolution emphasizing evolving evidence, the importance of
22 continued research, and ongoing collaboration across specialties.

23
24 During the in-person meeting, we continued to hear deeply engaged testimony on
25 Alternate Resolution 509. Testimony on Alternate Resolution 509 overwhelmingly
26 supported the Preliminary Report language, noting the appropriate emphasis on the
27 sanctity of the patient-physician relationship in decision-making of all aspects of gender-
28 affirming care. Further, testimony appreciated that this alternate resolution did not dictate
29 an age related to gender-affirming care, but instead simply focused on preserving access
30 to care. In dissenting testimony, one delegation noted the limited amount of evidence and
31 the potential for harm, considering this may be an area that our AMA does not dictate care.
32 However, multiple delegations countered that limited evidence is not the same as no
33 evidence and that clinical studies in this field typically include very few patients and the
34 current alternate resolution allows physicians to maintain decisions related to care
35 between the physician and the patient. One amendment was proffered regarding not only
36 supporting funding, but also restoring funding, with a focus on pediatric gender-affirming
37 care and mental health services. Your Reference Committee noted that restoring funding
38 would be a prudent addition to the resolution, but that specification of ages and types of
39 care are already included in the language without being prescriptive. Therefore, your
40 Reference Committee recommends Alternate Resolution 509 be adopted in lieu of
41 Resolution 506 and Resolution 509.

1 (13) RESOLUTION 511 - PRESERVING SPECIALTY ACCESS
2 TO ANTI-CANCER AGENTS
3

4 **RECOMMENDATION:**
5

6 Your Reference Committee recommends that Alternate
7 Resolution 511 be adopted in lieu of Resolution 511.
8

9 **PRESERVING SPECIALTY ACCESS TO ANTI-CANCER
10 MEDICATIONS**
11

12 **RESOLVED**, that our AMA support multidisciplinary,
13 evidence-based cancer care models and oppose single-
14 specialty restrictions on physician prescribing and/or
15 administering anti-cancer medications when their use
16 falls within the physician's education, training and
17 clinical practice and institutional safety and
18 infrastructure standards are met; and be it further
19

20 **RESOLVED**, that our AMA support appropriate,
21 targeted policies and protocols related to the safe
22 transportation, administration, and proper disposal of
23 anti-cancer medications; and be it further
24

25 **RESOLVED**, that our AMA advocate against policies
26 that restrict physician use of anti-cancer medications
27 based solely on specialty designation rather than
28 clinical competency, training, and patient need.
29

30 **HOD ACTION:** Alternate Resolution 511 be adopted in lieu of Resolution 511.
31

32 **ADOPTED LANGUAGE: PRESERVING SPECIALTY ACCESS TO ANTI-CANCER
33 MEDICATIONS**
34

35 **RESOLVED**, that our AMA support multidisciplinary, evidence-based cancer care
36 models and oppose single-specialty restrictions on physician prescribing and/or
37 administering anti-cancer medications when their use falls within the physician's
38 education, training and clinical practice and institutional safety and infrastructure
39 standards are met; and be it further
40

41 **RESOLVED**, that our AMA support appropriate, targeted policies and protocols
42 related to the safe transportation, administration, and proper disposal of anti-
43 cancer medications; and be it further
44

45 **RESOLVED**, that our AMA advocate against policies that restrict physician use of
46 anti-cancer medications based solely on specialty designation rather than clinical
47 competency, training, and patient need
48

1 RESOLVED, that our American Medical Association support multidisciplinary, evidence-
2 based cancer care models and oppose categorical specialty-based restrictions on
3 physician prescribing and/or administering anti-cancer agents when the physician is
4 appropriately trained in their use and institutional safety standards are met (New HOD
5 Policy); and be it further

6
7 RESOLVED, that our AMA support appropriate, targeted policies and protocols related to
8 the safe transportation, administration, and proper disposal of chemotherapeutic and other
9 anti-cancer agents (New HOD Policy); and be it further

10
11 RESOLVED, that our AMA advocate against policies that restrict physician use of anti-
12 cancer agents based solely on specialty designation rather than clinical competency,
13 training, and patient need. (Directive to Take Action)

14
15 Your Reference Committee heard mixed testimony on this resolution. There was both
16 support for the appropriate utilization of anti-cancer medications by physicians other than
17 oncology specialists, as well as concern for appropriate training and potential scope creep.
18 Further, an amendment for adjusted language related to agents versus medications was
19 noted. Authors proffered an additional amendment to the first resolve in response to
20 concerns voiced in the testimony. Therefore, your Reference Committee recommended
21 adopting Alternative Resolution 511 in lieu of Resolution 511.

22
23 (14) RESOLUTION 514 - EDUCATION, SCREENING, AND
24 EFFECTIVE TREATMENT FOR OBSTRUCTIVE SLEEP
25 APNEA DURING PREGNANCY

26
27 **RECOMMENDATION:**

28
29 **Your Reference Committee recommends that Alternate**
30 **Resolution 514 be adopted in lieu of Resolution 514.**

31
32 **OBSTRUCTIVE SLEEP APNEA DURING PREGNANCY**

33
34 **RESOLVED, that our AMA recognizes the potential**
35 **negative outcomes of obstructive sleep apnea in**
36 **pregnancy and supports education and training of**
37 **physicians to engage patients about the potential**
38 **impacts; and be it further**

39
40 **RESOLVED, that our AMA encourage continued**
41 **research on the impact of obstructive sleep apnea on**
42 **pregnancy and adverse pregnancy outcomes; and be it**
43 **further**

44
45 **RESOLVED, that our AMA support insurance coverage**
46 **and physician payment for screening and treatment of**
47 **obstructive sleep apnea in pregnancy.**

1 **HOD ACTION: Alternate Resolution 514 be adopted in lieu of Resolution 514.**

2
3 **ADOPTED LANGUAGE: OBSTRUCTIVE SLEEP APNEA DURING PREGNANCY**

4
5 **RESOLVED, that our AMA recognizes the potential negative outcomes of**
6 **obstructive sleep apnea in pregnancy and supports education and training of**
7 **physicians to engage patients about the potential impacts; and be it further**

8
9 **RESOLVED, that our AMA encourage continued research on the impact of**
10 **obstructive sleep apnea on pregnancy and adverse pregnancy outcomes; and be**
11 **it further**

12
13 **RESOLVED, that our AMA support insurance coverage and physician payment for**
14 **screening and treatment of obstructive sleep apnea in pregnancy.**

15
16
17 **RESOLVED, that our American Medical Association adopt policy to screening and**
18 **educating about obstructive sleep apnea:**

19
20 That AMA supports obstructive sleep apnea screening to reduce negative outcomes

21
22 That AMA supports physician payment for obstructive sleep apnea screening and
23 treatment.

24
25 That AMA advocates for more research on obstructive sleep apnea in pregnancy.

26
27 That AMA supports education about obstructive sleep apnea in pregnancy.
28 (New HOD Policy); and be it further

29
30 **RESOLVED, that our AMA advocate for federal legislation aligning with this policy.**
31 **Routine screening, early diagnosis, and effective treatment of obstructive sleep apnea are**
32 **recommended in pregnant women, particularly during mid and late pregnancy. (Directive**
33 **to Take Action)**

34
35 Your Reference Committee heard supportive testimony on the basis of this resolution.
36 However, there were multiple distinct amendments offered. The first amendment,
37 proposed substitution of three resolves to emphasize the importance of research,
38 education, and insurance coverage of obstructive sleep apnea in pregnant individuals.
39 This was supported by one delegation. Two other amendments advocated for removing
40 “routine screening” and “particularly during mid and late pregnancy.” from the second
41 resolve due to challenges to the current landscape and risks of waiting for screening.
42 Neither of these amendments garnered support. Given the strong support for the
43 sentiment, coupled with existing AMA policy that addresses education, screening, and
44 treatment of obstructive sleep apnea in the general population, your Reference
45 Committee recommends adopting Alternate Resolution 514 in lieu of Resolution 514.

RECOMMENDED FOR REFERRAL

(15) RESOLUTION 508 - ALIGNING CONSISTENCY AND
CREDIBILITY OF DIRECT-TO-CONSUMER GUT
MICROBIOME TESTING SERVICES

RECOMMENDATION:

**Your Reference Committee recommends that
Resolution 508 be referred.**

HOD ACTION: Resolution 508 be referred.

RESOLVED, that our American Medical Association develop policy that specifically addresses concerns about the design, use and oversight of commercial gut microbiome testing methods with regards to quality, reliability and reproducibility of results and assessments provided to lay consumers, upon which such consumers prognosticate informed decisions regarding their health status and subsequent health care (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for review and graded recommendation by the United States Preventive Services Task Force on the use of Direct-to-Consumer Gut Microbiome Testing Services with regard to quality, reliability, reproducibility and validity (Directive to Take Action); and be it further

RESOLVED, that our AMA work with the Consumer Protection Agency to establish transparent safe guards and evidence-based, scientific oversight of Direct-to-Consumer Gut Microbiome Testing Services for lay and professional clinical use. (Directive to Take Action)

Your Reference Committee heard strong support from multiple sections and delegations for the basis of the resolution on the need for oversight of gut microbiome testing. Notably, testimony suggested referral for study noting the need for continued evaluation of the emerging evidence about microbiome testing in the context of patient care, the need for more guidance for physicians on how to discuss the limitations of direct-to-consumer microbiome testing with patients; and also noting that the regulatory bodies for these tests is unclear and potentially nonexistent and misrepresented in the current resolution. Resolution authors agreed with this need for further investigation. Therefore, your Reference Committee recommends Resolution 508 be referred.

1 (16) RESOLUTION 510 - EXOSOME AND PEPTIDE USE IN
2 HEALTHCARE

3
4 **RECOMMENDATION:**

5
6 **Your Reference Committee recommends that**
7 **Resolution 510 be referred.**

8
9 **HOD ACTION: Resolution 510 be referred.**

10
11
12 RESOLVED, that our AMA take the lead in advising Congress, the FDA and our
13 regulatory agencies in:
14 1) Categorizing Exosomes and Peptides by their longevity, wound healing and
15 regenerative potentials.
16
17 2) Encouraging the manufacture and processing of Exosomes and Peptides in the United
18 States.
19
20 3) Work with the FDA to properly reclassify Exosomes and Peptides to allow Physicians
21 to order and dispense Exosomes and Peptides properly sourced from FDA-approved
22 pharmacies to patients to treat appropriate patient medical concerns including wound
23 healing, improved health and longevity.
24
25 4) Work to advise Congress to propose an amendment to the NDAA for FY2027 that
26 addresses appropriate use of Exosomes and Peptides within the Armed Services and VA
27 system to improve Soldier and Veteran Healthcare, especially in acute and chronic wound
28 healing.
29
30 5) Encourage additional trials and testing of Exosome and Peptide use protocols to firmly
31 establish their efficacy as necessary.
32
33 6) Refer this issue to the AMA Council on Science and Public Health for study and report
34 back at Interim 2026 due to the urgency of passing an amendment to the NDAA for
35 FY2027.

36
37 Your Reference Committee primarily heard mixed testimony on this resolution. Online
38 testimony emphasized that peptides and exosomes are broad classes of biological
39 products that are characterized by a lack of research and inconsistent terminology,
40 opposing this resolution's broad characterization. Online testimony also included several
41 calls for referral to better understand this emerging group of agents. Therefore, the
42 Reference Committee recommends that Resolution 510 be referred.

1 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

- 2
3 (17) RESOLUTION 503 - EXPANSION OF PSYCHEDELIC
4 ASSISTED THERAPY (PAT)

5
6 **RECOMMENDATION:**

7
8 **Your Reference Committee recommends that Policy H-**
9 **120.917 and Policy H-100.943 be reaffirmed in lieu of**
10 **Resolution 503.**

11
12
13 **HOD ACTION: Your Reference Committee recommends that Policy H-120.917 and**
14 **Policy H-100.943 be reaffirmed in lieu of Resolution 503.**

15
16
17 **RESOLVED**, that our American Medical Association reaffirm policies H-120.917 and H-
18 100.943. (Reaffirm HOD Policy)

19
20 Your Reference Committee heard limited testimony for this resolution. Resolution authors
21 recommend policies be reaffirmed. Therefore, your Reference Committee recommends
22 that existing policies H-120.917 and H-100.943 be reaffirmed in lieu of Resolution 503.

- 23
24 (18) RESOLUTION 504 - STRENGTHENING U.S. RUBBER
25 GLOVE PRODUCTION AND PURCHASE WHILE
26 REDUCING FOREIGN FORCED-LABOR DEPENDENCE

27
28 **RECOMMENDATION:**

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30 **Your Reference Committee recommends that Policy H-**
31 **440.847 and Policy H-100.956 be reaffirmed in lieu of**
32 **Resolution 504.**

33
34 **HOD ACTION: Your Reference Committee recommends that Policy H-440.847 and**
35 **Policy H-100.956 be reaffirmed in lieu of Resolution 504.**

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37
38 **RESOLVED**, that our American Medical Association advocate with the appropriate
39 Federal agencies to prioritize production and procurement of domestically manufactured
40 rubber gloves and their component materials consistent with the Buy American Act
41 (Directive to Take Action); and be it further

42
43 **RESOLVED**, that our AMA encourage health care systems, physicians and other health
44 care professionals, and affiliated entities to source rubber gloves from U.S. manufacturers
45 whenever feasible, with preference for products whose raw materials originate within the
46 domestic supply chain (New HOD Policy); and be it further

47

1 RESOLVED, that our AMA promote rigorous supply chain transparency by urging federal
2 regulators and relevant authorities to strengthen import enforcement, enhance due-
3 diligence requirements, and conduct independent audits to ensure that imported rubber
4 gloves meet appropriate ethical labor standards. (Directive to Take Action)

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6 Your reference committee heard testimony in opposition to Resolution 504 as written.
7 Testimony emphasized the importance of ethical labor practices and supply chain
8 transparency. However, it was noted that this resolution may reduce access to high-quality
9 medical products and reduce supply chain flexibility. It was pointed out there is not
10 significant domestic production of raw rubber material. Further, it was noted our AMA has
11 significant drug shortages and supply chain policy from the annual CSAPH report.
12 Therefore, your Reference Committee recommends that these policies be reaffirmed in
13 lieu of Resolution 504.

- 1 This concludes the report of Reference Committee E. I would like to thank Kevin
- 2 Bernstein, MD, Thomas Peters, MD, Maria Phillis, MD, Sharmini Rasakulasuriar, MD,
- 3 Natalia Solenkova, MD, Joel Dumonsau, and all those who testified before the Committee,
- 4 as well as our AMA staff Jane Sachs, Jennie Jarrett, Julia Mouat, and Nikki Carter.

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