AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-26)

Final Report of Reference Committee E

Raymond Lorenzoni, MD, Chair

RECOMMENDED FOR ADOPTION

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

RECOMMENDED FOR ADOPTION AS AMENDED

3. CSAPH 07 - Framework to Convey Evidence-Based Medicine in AI Tools Used in Clinical Decision Making
4. Resolution 501 - Preregistration in Medical Research
5. Resolution 502 - Support for Rapid Methadone Inpatient Stabilization and Linkage to Care
6. Resolution 505 - Avoiding Misuse of Artificial Intelligence (AI) in Clinical Practice
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
8. Resolution 512 - Medical Cannabis Use in Older Adults
9. *Resolution 513 - Access, Affordability, and Safety of GLP-1 Receptor Agonists
10. Resolution 515 - Transparency in AI-Driven Adverse Determinations & Clinical Logic Disclosure

RECOMMENDED FOR ADOPTION IN LIEU OF

11. *Resolution 506 - Access To Gender Affirming Healthcare Including Clinical Trials and Resolution 509 - Preserving Gender-Affirming Surgical Care Access
12. Resolution 511 - Preserving Specialty Access to Anti-Cancer Agents
13. Resolution 514 - Education, Screening, and Effective Treatment for Obstructive Sleep Apnea During Pregnancy

RECOMMENDED FOR REFERRAL

14. Resolution 508 - Aligning Consistency and Credibility Of Direct-To-Consumer Gut Microbiome Testing Services
15. Resolution 510 - Exosome and Peptide Use in Healthcare
16. *Resolution 516 - FDA Regulation of Unapproved Synthetic Peptides

RECOMMENDATION FOR REAFFIRMATION IN LIEU OF

17. Resolution 503 - Expansion of Psychedelic Assisted Therapy (PAT)
18. Resolution 504 - Strengthening U.S. Rubber Glove Production and Purchase While Reducing Foreign Forced-Labor Dependence

**Denotes recommendation has changed from the Preliminary Report (in deposition and/or amended language).*

RECOMMENDED FOR ADOPTION

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

RECOMMENDATION:

Your Reference Committee recommends that the Recommendations in the Council on Science and Public Health Report 8 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) That policy D-430.990, "Increased Transparency Among Psychotropic Drug Administration," be amended by addition and deletion to read as follows:
A. Our AMA will study issues surrounding the use of psychotropic medications in the carceral system, including inconsistencies in dosage, frequency, duration, allowed formularies, side effects, and oversight by a psychiatrist or another physician with expertise in mental illness.

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

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

2) That our AMA reaffirm the following HOD policies:
H-130.932, "Pharmacological Intervention for Agitated Individuals in the Out-of-Hospital Setting;" H-430.997, "Standards of Care for Inmates of Correctional Facilities;" H-430.986, "Health Care While Incarcerated;" D-430.997, "Support for Health Care Services to Incarcerated Persons;" and H-110.958, "Minimum Requirements for Medication Formularies." (Reaffirm HOD Policy)

Your Reference Committee heard supportive testimony for this report. Comments noted that the report touched on ensuring patient safety, preserving patient autonomy, continuity of care, and improving transparency and accountability within correctional health systems. Therefore, Your Reference Committee recommends that the recommendations in Council on Science and Public Health Report 8 be adopted.

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

RECOMMENDATION:

Your Reference Committee recommends that the Recommendations in the Council on Science and Public Health Report 9 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. That our AMA: (1) supports drug checking that provides real-world insight into the rapidly shifting drug supply, which helps reduce harm among people who use drugs, better inform clinicians, and enhance public health surveillance efforts; (2) advocates for funding and legal authorization to support drug checking services at the local, county, state, and national level; and (3) will continue to monitor ongoing drug checking efforts. (New HOD Policy)

2. That our AMA reaffirm the following HOD policies: H-95.900, "Supporting Harm Reduction,"; H-95.901, "Drug Policy Reform," and D-95.987, "Prevention of Drug-Related Overdose," (Reaffirm HOD Policy)

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

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 of AI tools used in clinical decision support to ensure the quality of medical evidence and the grading of medical evidence including the 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.

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.

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

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

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

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

(4) RESOLUTION 501 - PREREGISTRATION IN MEDICAL RESEARCH

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 501 be <u>amended by addition and deletion</u> to read as follows:

Our AMA will:

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

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

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

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

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

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

~~**(7) support preregistration in order to mitigate publication bias and improve the reproducibility of biomedical research.**~~
(7) recognize the importance of preregistration ~~as a cornerstone of~~ in advancing rigorous and reproducible biomedical research~~.~~;and

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

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

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

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

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 501 be <u>adopted as amended</u>.

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

Our AMA will:

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

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

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

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

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

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

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

<u>(7) recognize the importance of preregistration as a cornerstone of rigorous and reproducible biomedical research:</u>

<u>(8) collaborate with relevant stakeholders to advocate for the integration of preregistration into medical research protocols, emphasizing its use for clinical trials, observational studies, and other research contexts;</u>

<u>(9) collaborate with relevant stakeholders to support efforts to provide training and resources for medical researchers to implement preregistration effectively, including access to standardized registries and education on preregistration practice; and</u>

<u>(10) collaborate with relevant stakeholders in the medical and scientific community to promote policies and incentives that align preregistration with the goals of career</u>

advancement, funding acquisition, and publication, fostering a culture of transparency and accountability in medical research.

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

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

RECOMMENDATION A:

Your Reference Committee recommends Resolution 502 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association will ~~endorse and~~ advocate for removal of barriers to ~~the implementation of a rapid methadone inpatient stabilization pathway for~~ the development and implementation of pregnancy-specific treatment pathways ~~treatment of Opioid Use Disorder in pregnant~~ for pregnant patients with Opioid Use Disorder, including:

- **a. Encouraging treatment tailored for pregnancy and the individual patient (i.e. choice of medication, dosage, and frequency of dosing) informed by clinical evaluation, history, available resources, and patient and physician preference;**
- **b. Advocating for medication take home flexibilities for pregnant patients;**
- **c. Ensuring that institutions have care pathways in place to dispense adequate medication for 72 hours to allow time to link to ongoing treatment;**
- **d. Encouraging the development of hospital-based medication initiation protocols that allow for faster dose titrations due to medical monitoring;**
- **e. Advocating for coverage for tailored treatment of opioid use disorder in pregnant patients; and**

f. Ensuring linkage to prenatal care as well as addiction treatment (level of care based upon patient need) prior to discharge. ~~with higher-than-traditional doses given twice daily, and linkage to care at time of discharge along with dispensing an appropriate amount of naloxone and methadone.~~

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 502 be adopted as amended.

RECOMMENDATION C:

Your Reference Committee recommends that the title of Resolution 502 be changed to read as follows:

SUPPORT FOR RAPID INPATIENT STABILIZATION AND LINKAGE TO CARE FOR PREGNANT PATIENTS WITH OPIOID USE DISORDER

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

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

(6) RESOLUTION 505 - AVOIDING MISUSE OF ARTIFICIAL INTELLIGENCE (AI) IN CLINICAL PRACTICE

RECOMMENDATION A:

Your Reference Committee recommends the second Resolve in Resolution 505 be deleted.

~~**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.**~~

RECOMMENDATION B:

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

RECOMMENDATION C:

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

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

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 507 be adopted as amended.

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

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

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's therapy, particularly for underserved, rural, and historically marginalized populations, to mitigate disparities in access and outcomes. (Directive to Take Action)

Your Reference Committee heard testimony strongly supporting a comprehensive, evidence-based approach to obesity care that combines anti-obesity medications with structured lifestyle and behavioral interventions. Speakers consistently emphasized that

medications are most effective as an adjunct to nutrition, physical activity, and other health behaviors. There was broad agreement on the need for clinician-supported programs to improve long-term success, alongside concern that inconsistent access to both medications and lifestyle services may worsen disparities, particularly for underserved populations. An amendment was proffered to underscore the importance of equitable coverage and payment models, while cautioning that policies should not unintentionally restrict access to medications by requiring participation in lifestyle programs. Your Reference Committee added other anti-obesity medications to ensure relevancy of this growing medication category. Therefore, your Reference Committee recommends that Resolution 507 be adopted as amended.

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

RECOMMENDATION A:

Your Reference Committee recommends that the <u>first Resolve</u> of Resolution 512 be <u>amended by deletion</u> to read as follows:

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

RECOMMENDATION B:

Your Reference Committee recommends that the <u>title</u> of Resolution 512 <u>be changed</u> to read as follows:

CANNABIS USE IN OLDER ADULTS

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 512 be <u>adopted as amended</u>.

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

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

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

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

RECOMMENDATION A:

Your Reference Committee recommends that the second Resolve of Resolution 513 be deleted.

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

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

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

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

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 515 be adopted as amended.

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

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

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

RECOMMENDED FOR ADOPTION IN LIEU OF

(11) RESOLUTION 506 - ACCESS TO GENDER AFFIRMING HEALTHCARE INCLUDING CLINICAL TRIALS
RESOLUTION 509 - PRESERVING GENDER-AFFIRMING SURGICAL CARE ACCESS

RECOMMENDATION A:

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

GENDER AFFIRMING HEALTHCARE AND RESEARCH

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

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

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

RESOLUTION 506 - ACCESS TO GENDER AFFIRMING HEALTHCARE INCLUDING CLINICAL TRIALS

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

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

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

RESOLUTION 509 - PRESERVING GENDER-AFFIRMING SURGICAL CARE ACCESS

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

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

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

Your Reference Committee heard online testimony on gender-affirming care across Resolutions 506 and 509 reflecting a deeply engaged medical community balancing patient access, clinical evidence, and ethical responsibility. Across specialties and delegations, a central theme emerged that gender-affirming care is understood as a multidisciplinary, patient-centered process that may include social, medical, and, in some cases, surgical interventions, with decisions grounded in shared decision-making among patients, families, and physicians. Supporters consistently emphasize that access to this care is both medically necessary and ethically grounded, particularly for a vulnerable population facing significant health disparities. They argue that restricting access, whether through loss of funding, legislative action, or structural barriers, has tangible harms, including worsened mental health outcomes, delayed care, and increased inequities. A strong call for continued research unites nearly all testimony, though motivations differ. Supporters advocate for expanded funding, clinical trials, and longitudinal studies to strengthen the scientific foundation of care and ensure decisions remain evidence-based and patient-centered, stressing gaps in evidence should prompt further study and not justify restricting treatment. At the same time, opposing voices raise concerns about the current strength and consistency of the evidence, particularly for pediatric populations. They highlight uncertainties about long-term outcomes, potential harms, and ethical challenges in obtaining informed consent for irreversible interventions in minors. Some cite emerging international policy shifts and systematic reviews as reasons for caution and for prioritizing more rigorous, ethically designed research before expanding access. Despite differing views, there is broad agreement on the need for rigorous, ethical research and individualized clinical care. The Reference Committee ultimately reflected these themes in an alternate resolution emphasizing evolving evidence, the importance of continued research, and ongoing collaboration across specialties.

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

(12) RESOLUTION 511 - PRESERVING SPECIALTY ACCESS TO ANTI-CANCER AGENTS

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 511 be <u>adopted in lieu</u> of Resolution 511.

PRESERVING SPECIALTY ACCESS TO ANTI-CANCER MEDICATIONS

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

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

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

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

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

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

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

(13) RESOLUTION 514 - EDUCATION, SCREENING, AND EFFECTIVE TREATMENT FOR OBSTRUCTIVE SLEEP APNEA DURING PREGNANCY

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 514 be <u>adopted in lieu</u> of Resolution 514.

OBSTRUCTIVE SLEEP APNEA DURING PREGNANCY

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

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

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

RESOLVED, that our American Medical Association adopt policy to screening and educating about obstructive sleep apnea:

That AMA supports obstructive sleep apnea screening to reduce negative outcomes

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

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

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

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

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

RECOMMENDED FOR REFERRAL

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

RECOMMENDATION:

Your Reference Committee recommends that 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.

(15) RESOLUTION 510 - EXOSOME AND PEPTIDE USE IN HEALTHCARE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 510 be referred.

RESOLVED, that our AMA take the lead in advising Congress, the FDA and our regulatory agencies in:
1) Categorizing Exosomes and Peptides by their longevity, wound healing and regenerative potentials.

2) Encouraging the manufacture and processing of Exosomes and Peptides in the United States.

3) Work with the FDA to properly reclassify Exosomes and Peptides to allow Physicians to order and dispense Exosomes and Peptides properly sourced from FDA-approved pharmacies to patients to treat appropriate patient medical concerns including wound healing, improved health and longevity.

4) Work to advise Congress to propose an amendment to the NDAA for FY2027 that addresses appropriate use of Exosomes and Peptides within the Armed Services and VA system to improve Soldier and Veteran Healthcare, especially in acute and chronic wound healing.

5) Encourage additional trials and testing of Exosome and Peptide use protocols to firmly establish their efficacy as necessary.

6) Refer this issue to the AMA Council on Science and Public Health for study and report back at Interim 2026 due to the urgency of passing an amendment to the NDAA for FY2027.

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

(16) RESOLUTION 516 – FDA REGULATION OF UNAPPROVED SYNTHETIC PEPTIDES

RECOMMENDATION:

Your Reference Committee recommends that Resolution 516 be referred.

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

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

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

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

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

RECOMMENDATION:

Your Reference Committee recommends that Policy H-120.917 and Policy H-100.943 be reaffirmed in lieu of Resolution 503.

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

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

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

RECOMMENDATION:

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

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

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

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

Your reference committee heard testimony in opposition to Resolution 504 as written. Testimony emphasized the importance of ethical labor practices and supply chain transparency. However, it was noted that this resolution may reduce access to high-quality medical products and reduce supply chain flexibility. It was pointed out there is not significant domestic production of raw rubber material. Further, it was noted our AMA has significant drug shortages and supply chain policy from the annual CSAPH report.

Therefore, your Reference Committee recommends that these policies be reaffirmed in lieu of Resolution 504.

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

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Amendments

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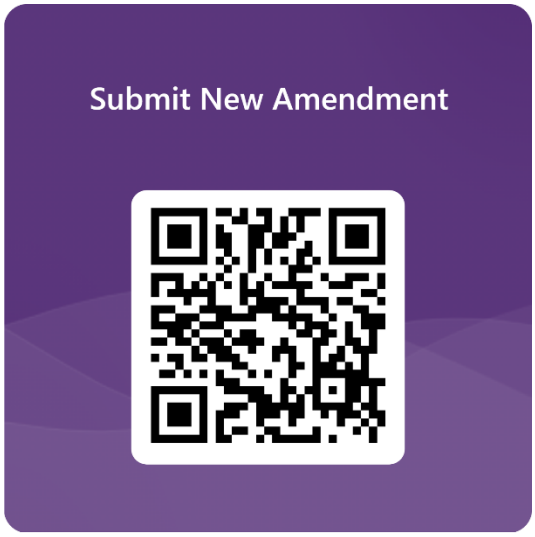

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