

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 F

Robert A. Gilchick, MD, MPH, Chair

1 **RECOMMENDED FOR ADOPTION**

- 2
- 3 1. Board of Trustees Report 4 - AMA 2027 Dues
- 4 2. Board of Trustees Report 34 - Discontinuation of AMA Citation for Distinguished
- 5 Service
- 6 3. Board of Trustees Report 38 - Project IMG Observer Status in the House of
- 7 Delegates
- 8 4. Report of the House of Delegates Committee on the Compensation of the
- 9 Officers
- 10 5. Resolution 607 - Shortening the AMA House of Delegates Endorsement Process
- 11 and Timeline
- 12 6. Resolution 619 - Opposing Federal Immigration Operations at AMA Events and
- 13 Harm to Lawful Non-Target Individuals
- 14 7. Resolution 620 - Survey of Medical Staffs
- 15

16 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 17
- 18 8. Resolution 602 - Protection of Healthcare and Humanitarian Aid Personnel in
- 19 Conflict Zones
- 20 9. Resolution 603 - Establish AMA Policy and Project to Compile and Distribute
- 21 JAMA Patient Pages to Enhance Public Medical Literacy
- 22 10. Resolution 610 - Plant-Based Diets at AMA Meetings
- 23 11. Resolution 612 - Increasing Expert Guidance in AMA Statements
- 24 12. Resolution 615 - Condemnation of Attacks on Healthcare Workers and Facilities
- 25 in Gaza
- 26

27 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 28
- 29 13. Resolution 601 - Board Chair Term Limits
- 30 Resolution 609 - American Medical Association Board Chair Term Limits
- 31 14. Resolution 608 - Reinstitution of AMA Guides Editorial Panel

1 **RECOMMENDED FOR REFERRAL**

- 2
3 15. Resolution 604 - Annual Scorecard to Evaluate the AMA's Impact
4 16. Resolution 605 - Review of Past Resolutions
5 17. Resolution 611 - Publicizing, Supporting, and Promoting (Appropriate) AMA
6 Member Physicians and Physician Spouses as Candidates for Local and State
7 Offices
8 18. Resolution 613 - Preserving Institutional Equity and Inclusivity Efforts
9 19. Resolution 616 - Humanitarian and Medical Aid Support to Palestine

10
11 **RECOMMENDED FOR REFERRAL FOR DECISION**

- 12
13 20. Resolution 618 - Ending AMA Investment in Weapons Manufacturers
14

15 **RECOMMENDED FOR NOT ADOPTION**

- 16
17 21. Resolution 606 - Further Enabling AMA BOT Expediency for Actions, Advocacy,
18 and Responses During Urgent Situations
19 22. Resolution 614 - Inclusive Policy Language for Older Adults
20 23. Resolution 617 - Reevaluation of AMA Policy Regarding Support for Specific
21 National Medical Associations in the World Medical Association
22

23 **RECOMMENDED FOR FILING**

- 24
25 24. Board of Trustees Report 1 - Annual Report
26 25. Council on Long Range Planning and Development Report 01 – Update on
27 CLRPD Evaluation of the Structure of the House of Delegates

RECOMMENDED FOR ADOPTION

1 (1) BOARD OF TRUSTEES REPORT 4 - AMA 2027 DUES

2
3 RECOMMENDATION:

4
5 Your Reference Committee recommends that the
6 Recommendation in Board of Trustees Report 4 be adopted
7 and the remainder of the Report be filed.

9
10 **HOD ACTION:**

11 **Board of Trustees Report 4 adopted and remainder of report filed.**

12
13
14 The Board of Trustees recommends no change to the dues levels for 2027, that the
15 following be adopted and that the remainder of this report be filed:

16		
17	Regular Members	\$420
18	Physicians in Their Fourth Year of Practice	\$315
19	Physicians in Their Third year of Practice	\$210
20	Physicians in Their Second Year of Practice	\$105
21	Physicians in Their First Year of Practice	\$60
22	Physicians in Military Service	\$280
23	Semi-Retired Physicians	\$210
24	Fully Retired Physicians	\$84
25	Physicians in Residency/Fellow Training	\$45
26	Medical Students	\$20

27
28 (Directive to Take Action)

29
30 Testimony in response to Board of Trustees Report 4 was strongly supportive of
31 maintaining the current AMA dues structure for 2027.

32
33 Your Reference Committee recommends that Board of Trustees Report 4 be adopted.

1 (2) BOARD OF TRUSTEES REPORT 34 -
2 DISCONTINUATION OF AMA CITATION FOR
3 DISTINGUISHED SERVICE

4
5 RECOMMENDATION:

6
7 Your Reference Committee recommends that the
8 Recommendation in Board of Trustees Report 34 be
9 adopted and the remainder of the Report be filed.

11 **HOD ACTION:**

12 **Board of Trustees Report 34 adopted and remainder of report filed.**

15
16 The Board of Trustees recommends that the following be adopted and the remainder of
17 the report filed.

18
19 That the AMA Bylaws be amended to eliminate reference to the Citation for
20 Distinguished Service.

21
22 (Modify Bylaws)

23 Testimony in response to Board of Trustees Report 34 was limited, yet supportive of the
24 recommendation to eliminate the reference to the Citation for Distinguished Service.

25
26 Your Reference Committee recommends Board of Trustees Report 34 be adopted.

27
28
29 (3) BOARD OF TRUSTEES REPORT 38 - PROJECT IMG
30 OBSERVER STATUS IN THE HOUSE OF DELEGATES

31
32 RECOMMENDATION:

33
34 Your Reference Committee recommends that the
35 Recommendation in Board of Trustees Report 38 be
36 adopted and the remainder of the Report be filed.

38 **HOD ACTION:**

39 **Board of Trustees Report 38 adopted and remainder of report filed.**

42
43 The Board of Trustees recommends that Project IMG be admitted as an Official Observer
44 in the House of Delegates, and the remainder of this report be filed.

45
46 Testimony in response to Board of Trustees Report 38 was limited but supportive.
47 Therefore, your Reference Committee recommends adoption.

1 (4) REPORT OF THE HOUSE OF DELEGATES COMMITTEE
2 ON THE COMPENSATION OF THE OFFICERS
3

4 RECOMMENDATION:
5

6 Your Reference Committee recommends that the
7 Recommendations in the Report of the House of Delegates
8 Committee on the Compensation of the Officers be adopted
9 and the remainder of the Report be filed.

11 **HOD ACTION:**

12 **Report of the House of Delegates Committee on the Compensation of the Officers**
13 **adopted and remainder of report filed.**
14
15

16 The Committee on Compensation of the Officers recommends the following changes to
17 Officer compensation be adopted effective July 1, 2026, and the remainder of this report
18 be filed:
19

- 20
- 21 1. That the maximum annual secretarial reimbursement for the Speaker and Vice
22 Speaker is increased from \$2,500 to \$5,000 to reflect the increasing secretarial needs
23 of these positions.
24
- 25 2. That the maximum annual secretarial reimbursement for non-leadership Officers is
26 increased from \$1,125 to \$1,200 to reflect a modest cost-of-living adjustment.
27
- 28 3. That the travel upgrade allowance for the Presidents (President, Immediate Past
29 President and President Elect) is increased from \$5,000 to \$6,000.
30
- 31 4. That the Board Chair is moved to the same travel upgrade allowance as Presidents.
32
- 33 5. That the travel upgrade allowance for all other Officers is increased from \$2,500 to
34 \$3,000.
35
- 36 6. That the definition of the Secretarial Expenses be revised as follows:

37 The AMA will provide a stipend of \$15,000 to provide secretarial support at a
38 designated location, other than the AMA, for the President during the Presidential year.
39 Secretarial expenses are paid for the President-Elect, Chair, Chair-Elect, ~~and~~
40 Immediate Past President, Speaker and Vice Speaker to a maximum of \$5,000 per
41 officer. If the officer holds office for only one-half of the calendar year (January-June
42 or June-December), expense reimbursement will be a maximum of \$2,500 per officer.
43 Secretarial expenses incurred by other officers in connection with their official duties
44 are paid up to ~~\$1,125~~ \$1,200 per year per general officer.

1 7. That the definition of Transportation be revised as follows:
2

3 Air: AMA policy on reimbursement for domestic air travel for members of the Board is
4 that the AMA will reimburse for coach fare only. The Presidents (President, Immediate
5 Past President and President Elect) and Chair will each have access to an individual
6 ~~\$5,000~~ \$6,000 term allowance (July 1 to June 30) and all other Officers will each have
7 access to ~~\$2,500~~ an individual \$3,000 term allowance (July 1 to June 30) to use for
8 upgrades as each deems appropriate, typically when traveling on an airline with non-
9 preferred status. The unused portion of the allowance is not subject to carry forward
10 or use by any other Officer and remains the property of the AMA.

11
12 In rare instances it is recognized that short notice assignments may require up to first
13 class travel because of the lack of availability of coach seating, and this will be
14 authorized, when necessary, by the Board Chair, prior to travel. Business Class airfare
15 is authorized for foreign travel on AMA business. (Also see Rule IV—Invitations, B-
16 Foreign, for policy on foreign travel).

17
18 8. That the remainder of the report be filed.
19

20 Testimony in response to the Report of the House of Delegates Committee on the
21 Compensation of the Officers supported the recommended increases to secretarial
22 reimbursements and travel upgrade allowances, as well as revisions to the definitions of
23 secretarial expenses and transportation to better reflect current needs and cost-of-living
24 adjustments. The recommendations were seen as reasonable updates to ensure
25 appropriate support and recognition for AMA Officers considering evolving responsibilities
26 and financial circumstances.

27
28 Your Reference Committee recommends that the Report of the House of Delegates
29 Committee on the Compensation of the Officers be adopted.
30

31
32 (5) RESOLUTION 607 - SHORTENING THE AMA HOUSE
33 OF DELEGATES ENDORSEMENT PROCESS AND
34 TIMELINE

35
36 RECOMMENDATION:

37
38 Your Reference Committee recommends that Resolution
39 607 be adopted.
40

41
42 **HOD ACTION:**
43 **Resolution 607 adopted.**
44

45
46 **RESOLVED**, that our American Medical Association amend Policy G-610.090, "AMA
47 Election Rules and Guiding Principles," by addition and deletion, effective immediate to
48 the 2028 election endorsement cycle, to read as follows:

1 G-610.090 AMA Election Rules and Guiding Principles

2
3 XI. Endorsements

- 4
5 1. Our American Medical Association requires all groups that endorse candidates turn in
6 information about their endorsement process, the deadline, and a staff contact for
7 applications in a timely and streamlined manner, no later than 30 days prior to the start
8 of the Interim Meeting preceding the Annual Meeting at which the election is to take
9 place.
10 2. Our AMA will then post this information on the election website in a timely manner,
11 with the information being easily digestible and accessible.
12
13 3. Our AMA will not allow any group that fails to provide this information in a timely
14 manner to offer an endorsement during that election cycle.
15
16 4. Our AMA will create a specific period (similar to virtual elections) during which
17 endorsements may be sought, with the endorsement window opening at the
18 commencement of the Interim Meeting immediately preceding the Annual Meeting at
19 which the election is to take place.
20

21 In response to Resolution 607, testimony referencing the work of the Election Task Force
22 indicated that closing the endorsement window before the Annual Meeting candidate
23 announcement deadline helps prevent election rule violations and limits campaigning
24 during meetings, allowing more time for policy discussions. The Task Force determined
25 that interviews, rather than endorsements, are most important to voters, advocating for
26 the separation of endorsements from the interview process to promote fairness.
27

28 Testimony was supportive of the resolution and indicated that a shortened timeline would
29 enhance the current process for candidate endorsements and minimize the potential for
30 changes in plans for candidates or endorsing groups. Consequently, your Reference
31 Committee recommends adopting Resolution 607.
32

33
34 (6) RESOLUTION 619 – OPPOSING FEDERAL
35 IMMIGRATION OPERATIONS AT AMA EVENTS AND
36 HARM TO LAWFUL NON-TARGET INDIVIDUALS

37
38 RECOMMENDATION A:

39
40 Your Reference Committee recommends that the first
41 Resolve clause in Resolution 619 be adopted.
42

43 RECOMMENDATION B:

44
45 Your Reference Committee recommends that the second
46 Resolve clause in Resolution 619 be referred for a report
47 back at I-26.

1 RECOMMENDATION C:
2

3 Your Reference Committee recommends that the third
4 Resolve clause in Resolution 619 be referred for a report
5 back at I-26.
6

7
8 **HOD ACTION:**

9 **Resolution 619 adopted as amended.**

10
11 **RESOLVED, that our American Medical Association**
12 **opposes federal immigration operations without a**
13 **judicial warrant at AMA events; and be it further**

14
15 **RESOLVED, that our AMA supports federal, state, and**
16 **institutional policies that prevent immigration**
17 **enforcement actions from interfering with the ability of**
18 **physicians, trainees, and other health care**
19 **professionals to attend conferences, complete training,**
20 **or provide patient care, except where required by a valid**
21 **judicial order; and be it further**

22
23 **RESOLVED, that our AMA supports the use of visible**
24 **identification by federal immigration enforcement**
25 **personnel at physician conferences, in medical training**
26 **sites, or in patient care settings.**
27

28
29 **RESOLVED, that our American Medical Association opposes federal immigration**
30 **operations without a judicial warrant at AMA events; and be it further**

31
32 **RESOLVED, that our AMA supports federal, state, and institutional policies that prevent**
33 **immigration enforcement actions from interfering with the ability of physicians, trainees,**
34 **and other health care professionals to attend conferences, complete training, or provide**
35 **patient care, except where required by a valid judicial order; and be it further**

36
37 **RESOLVED, that our AMA supports the use of visible identification by federal immigration**
38 **enforcement personnel as a measure to uphold ethical standards, public trust,**
39 **transparency, and accountability in cases where their actions may result in health-related**
40 **harms.**

41
42 Mixed testimony supported the intent of the resolution to protect physicians and patients.
43 It was noted that AMA policy centers on protections for patients without addressing similar
44 safeguards for physicians and trainees. Although concern was expressed over potential
45 unintended consequences of the first Resolve, your Reference Committee believes that
46 extending protections related to immigration enforcement for physicians and trainees,
47 specifically AMA event attendees, is essential.

1 Additional testimony expressed that the third Resolve may not be suitable for
2 implementation by the AMA. Your Reference Committee concurs and believes the second
3 Resolve may also present similar concerns related to the broad scope of travel and wide
4 breath of events referenced.

5
6 Your Reference Committee proposes adoption of the first Resolve and referral of the
7 second and third Resolves to allow for further study with a report back at the 2026 Interim
8 Meeting.

9
10
11 (7) RESOLUTION 620 - SURVEY OF MEDICAL STAFFS

12 RECOMMENDATION:

13
14
15 Your Reference Committee recommends that Resolution
16 620 be adopted.

17
18
19 **HOD ACTION:**
20 **Resolution 620 adopted.**

21
22
23 **RESOLVED**, that our American Medical Association work with the Organized Medical
24 Staff Section to sponsor a survey of sufficient statistical power to determine the spectrum
25 of composition and influence of the contemporary medical staff across the United States,
26 including but not limited to information such as:

- 27
- 28 • Is your hospital owned by a system, is it independent, or is it affiliated with a system?
 - 29 • Do you have your own medical staff with officers? If part of a system, is there one
30 medical staff for the system or does each facility have its own?
 - 31 • What are the categories of medical staff membership? Please define these.
 - 32 • Are the officers appointed by the hospital or are they elected by the medical staff?
 - 33 • Is there a medical staff executive committee (MEC) that meets regularly? How often?
34 Does it meet with hospital leadership? Do non-medical staff members have a vote on
35 the MEC?
 - 36 • To what degree are independent physicians (solo, members of group organizations,
37 etc) versus employed physicians active in the administration of medical staff, i.e.
38 involvement in committees or ad hoc initiatives?

39
40 Testimony in response to Resolution 620 was supportive, yet limited, regarding the
41 recommendation for our AMA to work with the Organized Medical Staff Section on a
42 survey to learn more about contemporary medical staff across the United States.

43
44 Your Reference Committee looks forward to learning more about the survey design,
45 including intended respondents.

46
47 Therefore, your Reference Committee recommends adoption of Resolution 620.

RECOMMENDED FOR ADOPTION AS AMENDED

1 (8) RESOLUTION 602 - PROTECTION OF HEALTHCARE
2 AND HUMANITARIAN AID PERSONNEL IN CONFLICT
3 ZONES
4

5 RECOMMENDATION A:
6

7 Your Reference Committee recommends that Resolution
8 602 be amended by addition and deletion to read:
9

10 RESOLVED, that our American Medical Association will
11 amend H-520.985 Protection of Healthcare and
12 Humanitarian Aid Workers in all Areas of Armed Conflict by
13 addition and deletion to read as follows:
14

- 15 a. Our American Medical Association supports peace in
16 Israel and Palestine in order to protect civilian lives and
17 healthcare personnel.
18
- 19 b. Our American Medical Association supports the safety
20 of healthcare and humanitarian aid workers along with
21 safe access to healthcare, healthcare facilities, and
22 humanitarian aid for all civilians in areas of armed
23 conflict.
24

25 ~~e. Our American Medical Association condemns the use of~~
26 ~~all forms of violence, forced displacement, and~~
27 ~~obstruction of any aid and healthcare in any location~~
28 ~~against healthcare personnel, humanitarian aid workers,~~
29 ~~and healthcare institutions.~~
30

31 ~~ec. Our American Medical Association condemns~~
32 ~~advocates for an absolute ban on targeting, detention,~~
33 ~~or attack of non-combatant healthcare workers and~~
34 ~~humanitarian personnel, and their institutions, and our~~
35 ~~AMA also simultaneously condemns the use of~~
36 ~~healthcare workers, humanitarian personnel, and~~
37 ~~healthcare institutions for military purposes or as shields~~
38 ~~for military operations demands the immediate release~~
39 ~~of any healthcare or humanitarian personnel held~~
40 ~~captive.~~
41

42 ~~e. Our American Medical Association actively opposes the~~
43 ~~use of force or violent means to prevent, restrict, or~~
44 ~~interfere with the delivery of medical supplies,~~
45 ~~healthcare, or humanitarian aid, whether domestically or~~
46 ~~internationally.~~

1 RECOMMENDATION B:
2

3 Your Reference Committee recommends that Resolution
4 602 be adopted as amended.
5

6
7 **HOD ACTION:**

8 **Resolution 602 adopted as amended.**
9

10 **RESOLVED, that our American Medical Association will**
11 **amend Policy H-520.985 Protection of Healthcare and**
12 **Humanitarian Aid Workers in all Areas of Armed**
13 **Conflict to read as follows:**

- 14
- 15 a. **Our American Medical Association supports peace**
16 **in the world in order to protect civilian lives and**
17 **healthcare personnel.**
 - 18
 - 19 b. **Our American Medical Association supports the**
20 **safety of healthcare and humanitarian aid workers**
21 **along with safe access to healthcare, healthcare**
22 **facilities, and humanitarian aid for all civilians in**
23 **areas of armed conflict.**
 - 24
 - 25 c. **Our American Medical Association condemns**
26 **targeting, detention, or attack of non-combatant**
27 **healthcare workers and humanitarian personnel;**
28 **and our AMA also condemns the use of healthcare**
29 **workers, humanitarian personnel, and healthcare**
30 **institutions for military purposes or as shields for**
31 **military operations.**
32
-

33
34 **RESOLVED, that our American Medical Association will amend H-520.985 Protection of**
35 **Healthcare and Humanitarian Aid Workers in all Areas of Armed Conflict by addition to**
36 **read as follows:**

- 37
- 38 a. **Our American Medical Association supports peace in Israel and Palestine in order to**
39 **protect civilian lives and healthcare personnel.**
 - 40
 - 41 b. **Our American Medical Association supports the safety of healthcare and humanitarian**
42 **aid workers along with safe access to healthcare, healthcare facilities, and**
43 **humanitarian aid for all civilians in areas of armed conflict.**
 - 44
 - 45 c. **Our American Medical Association condemns the use of all forms of violence, forced**
46 **displacement, and obstruction of any aid and healthcare in any location against**
47 **healthcare personnel, humanitarian aid workers, and healthcare institutions.**

1 d. Our American Medical Association advocates for an absolute ban on targeting,
2 detention, or attack of healthcare workers, humanitarian personnel, and their
3 institutions, and demands the immediate release of any healthcare or humanitarian
4 personnel held captive.

5
6 e. Our American Medical Association actively opposes the use of force or violent means
7 to prevent, restrict, or interfere with the delivery of medical supplies, healthcare, or
8 humanitarian aid, whether domestically or internationally.

9
10 Testimony in response to Resolution 602 was sharply divided.

11
12 Those who support Resolution 602 argue the resolution upholds ethical and humanitarian
13 principles by protecting healthcare and aid workers in conflict zones globally and
14 domestically, emphasizing rising violence against healthcare professionals and aligning
15 with international humanitarian law and medical ethics. They assert that the resolution is
16 not singularly focused on one conflict or region, but rather addresses the widespread
17 dangers faced by noncombatant healthcare workers and humanitarian personnel
18 everywhere, advocating for their safety, medical neutrality, and unfettered access to
19 essential care. The supporting position stresses that it is within the purview of medical
20 organizations to speak out against violence directed at healthcare workers and to uphold
21 the core values of the profession.

22
23 Opponents of Resolution 602 indicated that the resolution is redundant, as existing AMA
24 policies and international law already cover the protection of healthcare workers and
25 medical neutrality. Many raised concerns that the proposed amendments primarily target
26 one conflict, unnecessarily focusing on Israel and Palestine, leading to perceptions of bias
27 and politicization. Critics highlight that healthcare personnel and facilities can be misused
28 for military purposes in modern conflicts, citing documented instances of hospitals and
29 ambulances being exploited by combatants, which complicates blanket prohibitions and
30 undermines protected status. They caution that the resolution's call for an absolute ban
31 on targeting, detention, or attack is inconsistent with established international
32 humanitarian law, which removes protections if medical facilities are used for hostile acts.
33 Furthermore, opponents question the scope and relevance of the AMA's involvement in
34 international disputes, advocating instead for a focus on core missions such as advancing
35 patient care and physician welfare within the United States.

36
37 Your Reference Committee agrees with the testimony indicating that components of
38 Resolution 602 are redundant with current Policy H-520.985 (items a and b). Additionally,
39 your Reference Committee favors the positive language of original policy. However; your
40 Reference Committee believes additional language proffered in item d adds substantially
41 to existing policy and reflects the testimony provided regarding the potential adverse
42 consequences to healthcare workers in areas of armed conflict. Therefore, your Reference
43 Committee recommends that Resolution 602 be adopted as amended.

1 (9) RESOLUTION 603 - ESTABLISH AMA POLICY AND
2 PROJECT TO COMPILE AND DISTRIBUTE JAMA
3 PATIENT PAGES TO ENHANCE PUBLIC MEDICAL
4 LITERACY

5
6 RECOMMENDATION A:

7
8 Your Reference Committee recommends that the first
9 Resolve clause of Resolution 603 be amended by addition
10 and deletion as follows:

11
12 RESOLVED, that our American Medical Association
13 publicize ~~publicized~~ the existence and value of JAMA Patient
14 Pages as a resource for public health education and medical
15 literacy (Directive to Take Action); and be it further

16
17 RECOMMENDATION B:

18
19 Your Reference Committee recommends that the second
20 Resolve clause of Resolution 603 be deleted.

21
22 ~~RESOLVED, that our AMA shall compile and organize~~
23 ~~previously published JAMA Patient Pages into a publicly~~
24 ~~accessible database or repository for the purpose of~~
25 ~~improving medical literacy and fostering patient physician~~
26 ~~partnerships (Directive to Take Action); and be it further~~

27
28 RECOMMENDATION C:

29
30 Your Reference Committee recommends that the third
31 Resolve clause of Resolution 603 be amended by addition
32 and deletion as follows:

33
34 RESOLVED, that our AMA explore ~~explores~~ opportunities to
35 promote awareness, ~~and~~ utilization and ease of use of
36 JAMA Patient Pages among patients, physicians and
37 healthcare institutions. (Directive to Take Action)

38
39 RECOMMENDATION D:

40
41 Your Reference Committee recommends that Resolution
42 603 be adopted as amended.

1
2 **HOD ACTION:**
3 **Resolution 603 adopted as amended.**

4
5 **RESOLVED, that our American Medical Association**
6 **publicize the existence and value of JAMA Patient**
7 **Pages as a resource for public health education and**
8 **medical literacy (Directive to Take Action); and be it**
9 **further**

10
11 **RESOLVED, that our AMA explore opportunities to**
12 **promote awareness, and utilization and ease of use of**
13 **JAMA Patient Pages among patients, physicians and**
14 **healthcare institutions. (Directive to Take Action)**

16
17 RESOLVED, that our American Medical Association publized the existence and value of
18 JAMA Patient Pages as a resource for public health education and medical literacy
19 (Directive to Take Action); and be it further

20
21 RESOLVED, that our AMA shall compile and organize previously published JAMA Patient
22 Pages into a publicly accessible database or repository for the purpose of improving
23 medical literacy and fostering patient-physician partnerships (Directive to Take Action);
24 and be it further

25
26 RESOLVED, that our AMA explores opportunities to promote awareness and utilization
27 and ease of use of JAMA Patient Pages among patients, physicians and healthcare
28 institutions. (Directive to Take Action)

29
30 Testimony in response to Resolution 603 was mostly favorable. One supportive comment
31 expressed concern that the cost of implementing the second Resolve may have been
32 underestimated.

33
34 Your Reference Committee notes that the Patient Pages, which are searchable by topic
35 and specialty, are accessible through the JAMA Patient Information webpage at
36 <https://jamanetwork.com/collections/6258/patient-information>. Accordingly, your
37 Reference Committee recommends deleting the second Resolve as it has been
38 accomplished by this online resource. Further, the third Resolve reflects options for
39 optimizing access to the JAMA Patient Pages, which supports concerns related to ease
40 of use.

41
42 Further, editorial changes are recommended by your Reference Committee for the first
43 and third Resolves.

44
45 Your Reference Committee recommends that Resolution 603 be adopted as amended.

1 (10) RESOLUTION 610 - PLANT-BASED DIETS AT AMA
2 MEETINGS

3
4 RECOMMENDATION A:

5
6 Your Reference Committee recommends that the first
7 Resolve clause of Resolution 610 be amended by deletion
8 as follows:

9
10 RESOLVED, that our American Medical Association
11 encourages the use of evidence-based behavioral science
12 strategies, ~~such as choice architecture and nudging,~~ to
13 promote healthier dietary choices at professional
14 gatherings, while respecting individual autonomy (New
15 HOD Policy); and be it further

16
17 RECOMMENDATION B:

18
19 Your Reference Committee recommends that the second
20 Resolve clause of Resolution 610 be amended by addition
21 as follows:

22
23 RESOLVED, that our American Medical Association
24 recognizes the importance of modeling prevention through
25 food choices at its own meetings whenever possible, with
26 an emphasis on increasing the plant-based food choice
27 options which also contain minimal contributions from
28 animal products, as an exemplary method for the promotion
29 of individual and planetary health. (New HOD Policy)

30
31 RECOMMENDATION C:

32
33 Your Reference Committee recommends that Resolution
34 610 be adopted as amended.

35
36
37 **HOD ACTION:**

38 **Resolution 610 adopted as amended.**

39
40 **RESOLVED, that our American Medical Association**
41 **encourages the use of evidence-based behavioral**
42 **science strategies to promote healthier dietary choices**
43 **at professional gatherings, while respecting individual**
44 **autonomy (New HOD Policy); and be it further**

1 **RESOLVED, that our American Medical Association**
2 **recognizes the importance of modeling prevention**
3 **through food choices at its own meetings whenever**
4 **possible, with an emphasis on increasing the plant-**
5 **based food choice options which also contain minimal**
6 **contributions from animal products, as an exemplary**
7 **method for the promotion of individual and planetary**
8 **health. (New HOD Policy)**
9

10
11 RESOLVED, that our American Medical Association encourages the use of evidence-
12 based behavioral science strategies, such as choice architecture and nudging, to promote
13 healthier dietary choices at professional gatherings, while respecting individual autonomy
14 (New HOD Policy); and be it further
15

16 RESOLVED, that our American Medical Association recognizes the importance of
17 modeling prevention through food choices at its own meetings, with an emphasis on
18 increasing the plant-based food choice options which also contain minimal contributions
19 from animal products, as an exemplary method for the promotion of individual and
20 planetary health. (New HOD Policy)
21

22 Testimony in response to Resolution 610 was largely supportive, highlighting the personal
23 and environmental health benefits of plant-based diets, behavioral modeling for patients
24 and better experience for meeting attendees who prefer plant-based options.
25

26 However, concerns were raised regarding certain nuances relating to nutrition science
27 and environmental sustainability as well as the ability to retain individual choice.
28

29 Your Reference Committee acknowledges the concerns raised in testimony about the use
30 of “choice architecture and nudging” in the first Resolve, and possible implications for
31 personal choice. Further, your Reference Committee notes that factors such as meeting
32 venue may influence the availability of plant-based meal options and recommends that
33 the second Resolve be amended accordingly.
34

35 Your Reference Committee recommends that Resolution 610 be adopted as amended.

1 (11) RESOLUTION 612 - INCREASING EXPERT GUIDANCE
2 IN AMA STATEMENTS

3
4 RECOMMENDATION A:

5
6 Your Reference Committee recommends that Resolution
7 612 be amended by addition and deletion as follows:

8
9 RESOLVED, that our American Medical Association consult
10 with ~~multidisciplinary AMA section-identified~~ multiple
11 experts representing various disciplines when crafting
12 specialist care focused statements, especially statements
13 predominantly discussing care for vulnerable populations, to
14 reduce the risk of harm to said populations. (Directive to
15 Take Action)

16
17 RECOMMENDATION B:

18
19 Your Reference Committee recommends that Resolution
20 612 be adopted as amended.

21
22
23 **HOD ACTION:**

24 **Resolution 612 adopted as amended.**

25
26 **RESOLVED, that our American Medical Association**
27 **consult with multiple experts representing various**
28 **disciplines when crafting specialist care focused**
29 **statements, especially statements predominantly**
30 **discussing care for vulnerable populations, to reduce**
31 **the risk of harm to said populations. (Directive to Take**
32 **Action)**

33
34
35 RESOLVED, that our American Medical Association consult with multidisciplinary AMA
36 section-identified experts when crafting specialist care focused statements, especially
37 statements predominantly discussing care for vulnerable populations, to reduce the risk
38 of harm to said populations. (Directive to Take Action)

39
40 The majority of testimony in response to Resolution 612 was in support of requiring
41 broader expert consultation when the AMA crafts statements relating to specialist care,
42 especially concerning vulnerable populations. Supporters emphasized the crucial role of
43 multidisciplinary expertise to ensure accuracy, policy alignment, and the protection of
44 patient welfare, citing past instances where insufficient consultation led to confusion,
45 harm, and reputational damage for the AMA. Advocates underscored the need for input
46 from a range of clinical specialists as well as leaders representing marginalized groups,
47 arguing this approach would mitigate risks of miscommunication, ensure nuanced
48 guidance, and maintain trust both internally and externally.

1 Concerns were raised regarding the feasibility and governance implications of mandating
2 formal consultation with AMA Section-identified experts, noting that rapid response may
3 be hindered by such requirements and that AMA Sections are not intended to function as
4 formal advisory bodies.

5
6 Your Reference Committee recommends amending the resolution by addition and deletion
7 to reflect that expert consultations should not be limited to AMA Sections but should
8 include relevant input from across the entire spectrum of clinical expertise.

9
10
11 (12) RESOLUTION 615 - CONDEMNATION OF ATTACKS ON
12 HEALTHCARE WORKERS AND FACILITIES IN GAZA

13
14 RECOMMENDATION A:

15
16 Your Reference Committee recommends that the first
17 Resolve clause of Resolution 615 be amended by addition
18 and deletion as follows:

19
20 RESOLVED, that our American Medical Association
21 recognize the deliberate targeting of non-combatant
22 healthcare workers, medical students, and healthcare
23 facilities in all areas of conflict Gaza as a violation of medical
24 neutrality and AMA policy (New AMA Policy); ~~and be it~~
25 ~~further~~

26
27 RECOMMENDATION B:

28
29 Your Reference Committee recommends that the second
30 Resolve clause of Resolution 615 be deleted.

31
32 ~~RESOLVED, that our AMA supports efforts to protect,~~
33 ~~release, and provide restitution to detained healthcare~~
34 ~~workers in Gaza. (New HOD Policy)~~

35
36 RECOMMENDATION C:

37
38 Your Reference Committee recommends that Resolution
39 615 be adopted as amended.

40
41 RECOMMENDATION D:

42
43 Your Reference Committee recommends that the title of
44 Resolution 615 be changed as follows:

45
46 PROTECTION OF NON-COMBATANT HEALTHCARE
47 WORKERS AND FACILITIES IN CONFLICT AREAS

1
2 **HOD ACTION:**
3 **Resolution 615 adopted as amended.**

4
5 **PROTECTION OF NON-COMBATANT HEALTHCARE**
6 **WORKERS AND FACILITIES IN CONFLICT AREAS**

7
8 **RESOLVED, that our American Medical Association**
9 **recognize the deliberate targeting of non-combatant**
10 **healthcare workers, medical students, and healthcare**
11 **facilities in all areas of conflict as a violation of medical**
12 **neutrality and AMA policy (New AMA Policy).**

13
14 **RESOLVED, that our AMA supports efforts to protect,**
15 **release, and provide restitution to detained non-**
16 **combatant healthcare workers in all areas of conflict.**

17
18
19 **RESOLVED, that our American Medical Association recognize the deliberate targeting of**
20 **healthcare workers, medical students, and healthcare facilities in Gaza as a violation of**
21 **medical neutrality and AMA policy (New AMA Policy); and be it further**

22
23 **RESOLVED, that our AMA supports efforts to protect, release, and provide restitution to**
24 **detained healthcare workers in Gaza. (New HOD Policy)**

25
26 Testimony in response to Resolution 615 was mixed, citing concerns about political bias,
27 singling out Gaza, and misalignment with our AMA's mission. Many argued the resolution
28 overlooked similar issues elsewhere and highlighted the complexity of military use of
29 healthcare facilities in Gaza. Support focused on medical neutrality and universal
30 protection for healthcare workers.

31
32 Your Reference Committee believes the proffered amendment addresses key concerns
33 by extending condemnation to the deliberate targeting of non-combatant healthcare
34 workers and facilities in all conflict areas, as well as removing the clause on Gaza-specific
35 efforts. Your Reference Committee favors adoption of Resolution 615 as amended
36 because the revision aligns the resolution with AMA policy and emphasizes a global,
37 ethical commitment to protection for healthcare workers and other non-combatants from
38 adversity derived from active combat. Lastly, your Reference Committee recommends the
39 title be changed to align with the amended language.

RECOMMENDED FOR ADOPTION IN LIEU OF

- 1 (13) RESOLUTION 601 - BOARD CHAIR TERM LIMITS
2 RESOLUTION 609 - AMERICAN MEDICAL
3 ASSOCIATION BOARD CHAIR TERM LIMITS
4

5 RECOMMENDATION A:
6

7 Your Reference Committee recommends that Resolution
8 601 be amended by addition and deletion as follows:
9

10 RESOLVED, that our American Medical Association utilize
11 ~~commission~~ an independent assessment by recognized
12 nonprofit governance experts to evaluate best practices in
13 board-chair term lengths, leadership continuity, and
14 succession planning within large national nonprofit and
15 professional membership organizations (Directive to Take
16 Action; and be it further
17

18 RESOLVED, that our AMA examine how board-chair tenure
19 and leadership succession structures influence the Board of
20 Trustees' ability to provide consistent oversight of senior
21 management, monitor multi-year strategic and operational
22 performance goals, preserve institutional knowledge, and
23 maintain accountability to the House of Delegates and AMA
24 membership (Directive to Take Action); and be it further
25

26 RESOLVED, that our AMA provide the full report of the
27 independent assessment, including benchmarking analyses
28 and governance recommendations, to the House of
29 Delegates no later than the 2027 Annual Meeting of the
30 AMA (Directive to Take Action); and be it further
31

32 RESOLVED, that our AMA Board of Trustees review the
33 findings of the independent assessment and present to the
34 House of Delegates at the 2027 Annual Meeting specific
35 recommendations regarding governance best practices for
36 board-chair tenure and leadership continuity, including any
37 proposed amendments to the AMA Constitution and Bylaws
38 for consideration by the House of Delegates. (Directive to
39 Take Action)
40

41 RECOMMENDATION B:
42

43 Your Reference Committee recommends that Resolution
44 601 as amended be adopted in lieu of Resolution 609.

1
2 **HOD ACTION:**
3 **Resolution 601 adopted in lieu of Resolution 609.**
4

5
6 **RESOLUTION 601**

7
8 RESOLVED, that our American Medical Association commission an independent
9 assessment by recognized nonprofit governance experts to evaluate best practices in
10 board-chair term lengths, leadership continuity, and succession planning within large
11 national nonprofit and professional membership organizations (Directive to Take Action);
12 and be it further

13
14 RESOLVED, that our AMA examine how board-chair tenure and leadership succession
15 structures influence the Board of Trustees' ability to provide consistent oversight of senior
16 management, monitor multi-year strategic and operational performance goals, preserve
17 institutional knowledge, and maintain accountability to the House of Delegates and AMA
18 membership (Directive to Take Action); and be it further

19
20 RESOLVED, that our AMA provide the full report of the independent assessment,
21 including benchmarking analyses and governance recommendations, to the House of
22 Delegates no later than the 2027 Annual Meeting of the AMA (Directive to Take Action);
23 and be it further

24
25 RESOLVED, that our AMA Board of Trustees review the findings of the independent
26 assessment and present to the House of Delegates at the 2027 Annual Meeting specific
27 recommendations regarding governance best practices for board-chair tenure and
28 leadership continuity, including any proposed amendments to the AMA Constitution and
29 Bylaws for consideration by the House of Delegates. (Directive to Take Action)

30
31 **RESOLUTION 609**

32
33 RESOLVED, that our American Medical Association Board of Trustees commission an
34 independent assessment by recognized nonprofit governance experts to evaluate best
35 practices in board-chair term lengths, leadership continuity, and succession planning
36 within large national nonprofit and professional membership organizations (Directive to
37 Take Action); and be it further

38
39 RESOLVED, that this independent assessment examine how board-chair tenure and
40 leadership succession structures influence the Board of Trustees' ability to provide
41 consistent oversight of senior management, monitor multi-year strategic and operational
42 performance goals, preserve institutional knowledge, and maintain accountability to the
43 House of Delegates and American Medical Association membership (Directive to Take
44 Action); and be it further

45
46 RESOLVED, that the Board of Trustees provide the full report of the independent
47 assessment, including benchmarking analyses and governance recommendations, to the
48 House of Delegates no later than the 2027 Annual Meeting of the American Medical
49 Association (Directive to Take Action); and be it further

1 RESOLVED, that the Board of Trustees review the findings of the independent
2 assessment and present to the House of Delegates at the 2027 Annual Meeting specific
3 recommendations regarding governance best practices for board-chair tenure and
4 leadership continuity, including any proposed amendments to the American Medical
5 Association Constitution and Bylaws for consideration by the House of Delegates.
6 (Directive to Take Action)

7
8 Testimony received in response to Resolution 601 was mostly supportive, noting the
9 potential of an independent consult to strengthen AMA Board governance, succession
10 planning and leadership continuity.

11
12 Opposing testimony, while supportive of the resolution's intent, indicated that two
13 independent consulting firms have been engaged to assess Board operations and
14 interactions with AMA management.

15
16 Further, it was noted that significant overlap exists with Resolution 609, which also calls
17 for an assessment of the AMA Board structure, succession planning and leadership
18 continuity.

19
20 Your Reference Committee concurs and recommends that Resolution 601 be adopted as
21 amended in lieu of Resolution 609.

22
23
24 (14) RESOLUTION 608 - REINSTITUTION OF AMA GUIDES
25 EDITORIAL PANEL

26
27 RECOMMENDATION:

28
29 Your Reference Committee recommends that Alternate
30 Resolution 608 be adopted in lieu of Resolution 608.

31
32 **UPDATING THE AMA GUIDES TO THE EVALUATION OF**
33 **PERMANENT IMPAIRMENT**

34
35 RESOLVED, that our American Medical Association Board
36 of Trustees develop, with input from physician stakeholders,
37 relevant specialty societies, and users of the *AMA Guides*
38 *to the Evaluation of Permanent Impairment*, a plan for
39 ongoing updates, clinical oversight, transparency,
40 governance, and sustainable funding of the AMA Guides to
41 the Evaluation of Permanent Impairment with a goal of
42 creating the most effective model to encourage the uptake
43 of up-to-date information when evaluating impaired patients,
44 and report back on that plan at the 2027 Annual Meeting;
45 and be it further

1 RESOLVED, that our AMA continue the work of timely
2 chapter updates for the *AMA Guides to the Evaluation of*
3 *Permanent Impairment*, Sixth Edition 2025 that have not yet
4 been addressed, in order to ensure that new evidence or
5 diagnostic criteria is incorporated into chapter updates,
6 ensuring the utilization of specialty-specific physician input
7 in the evaluation of permanent impairment; and be it further
8

9 RESOLVED, that Policy H-365.987, which states that “It is
10 the policy of the AMA: (1) to pursue the comprehensive
11 revision and updating of the Guides to the Evaluation of
12 Permanent Impairment with input from physicians in all
13 appropriate specialty groups; and (2) to consider developing
14 appropriate methods to facilitate the use of the Guides,
15 including expansion of introductory instructions,” be
16 reaffirmed.
17

18 **HOD ACTION:**

19 **Alternate Resolution 608 adopted in lieu of Resolution 608.**
20
21

22
23 RESOLVED, that our American Medical Association re-institute the AMA Guides Editorial
24 Panel to its original configuration and operating status (Directive to Take Action; and be it
25 further
26

27 RESOLVED, that our AMA encourage the AMA Guides Editorial Panel to continue its work
28 on updating the chapters of the AMA Guides to the Evaluation of Permanent Impairment
29 6th edition 2025 that have yet to be addressed and to continue to bring current evidence
30 based medicine and practices to the evaluation of permanent impairment. (Directive to
31 Take Action)
32

33 Testimony in response to Resolution 608 overwhelmingly favored maintaining and
34 updating the *AMA Guides to the Evaluation of Permanent Impairment*.
35

36 With respect to the editorial panel, the Board of Trustees noted that AMA staff carefully
37 reviewed market feedback, content development, and financial considerations before
38 retiring the editorial panel. According to the Board testimony, the panel was established in
39 2019 to update the AMA Guides, but it became clear that its ongoing, chapter-by-chapter
40 update model did not align with the preferences of key stakeholders, mainly state workers'
41 compensation regulators. These regulators prefer comprehensive, finalized updates due
42 to the lengthy and complex process required for state adoption, making iterative updates
43 impractical and limiting the adoption of new content.
44

45 Supporters emphasized the importance of a continuously updated, evidence-based
46 reference for impairment evaluation, highlighting that partial updates which leave certain
47 chapters outdated are unfair to patients and problematic for physicians. Several comments
48 noted that discontinuation of the panel occurred without a clear or formalized plan for
49 future updates and questioned the validity of relying primarily on state regulators.

1 Concerns were raised over reverting to a model based on ad hoc committees, which
2 historically lacked transparency and broad stakeholder input. The consensus among
3 supporters was that maintaining a standing editorial panel ensures scientific consistency,
4 integrity, and practical usability, and provides reliable methods for impairment rating
5 across specialties.

6
7 Testimony supported an alternate resolution to address concerns related to the AMA's
8 plan for ongoing updates and oversight of the AMA Guides in light of the gap that has
9 been created by the discontinuation of the editorial panel. Your Reference Committee
10 proffered amendments to further enhance the proposed language.

11
12 Therefore, your Reference Committee recommends that Alternate Resolution 608 be
13 adopted.

RECOMMENDED FOR REFERRAL

1 (15) RESOLUTION 604 - ANNUAL SCORECARD TO
2 EVALUATE THE AMA'S IMPACT

3
4 RECOMMENDATION:

5
6 Your Reference Committee recommends that Resolution
7 604 be referred.
8

9
10 **HOD ACTION:**

11 **Resolution 604 adopted as amended.**

12
13 **RESOLVED, that our American Medical Association**
14 **shall implement a comprehensive scorecard to**
15 **measure its effectiveness in key areas including, but**
16 **not limited to, the following specific metrics:**

- 17
- 18 **1. Medicare Impact: percent change in the Medicare**
- 19 **Physician Fee Schedule;**
- 20 **2. Advocacy Impact: number of federal policies**
- 21 **successfully influenced or implemented;**
- 22 **3. House of Delegates Impact: number of AMA policies**
- 23 **translated into legislation or federal policy;**
- 24 **4. Financial Impact: percentage of revenue dedicated**
- 25 **to advocacy; and,**
- 26 **5. Physician Engagement: total number of its member**
- 27 **physicians directly engaged in advocacy efforts**
- 28 **through contact with lawmakers (Directive to Take**
- 29 **Action); and be it further**
- 30

31 **RESOLVED, that our AMA shall review metric**

32 **definitions and targets and provide a report by the 2027**

33 **AMA Annual Meeting. Any future updates to metrics or**

34 **targets shall be recommended via a report to the AMA**

35 **House of Delegates so that the AMA HOD can approve**

36 **final metrics and targets for the subsequent year before**

37 **or during the AMA Interim Meeting immediately**

38 **preceding the year the metrics and targets are to take**

39 **effect (Directive to Take Action); and be it further**

40

41 **RESOLVED, that our AMA shall publish the AMA's**

42 **scorecard performance for the prior year by the end of**

43 **the first month of the following year, starting in January**

44 **2028. (Directive to Take Action)**

45

1 RESOLVED, that our American Medical Association consider implementing a
2 comprehensive scorecard to measure its effectiveness in key areas including, but not
3 limited to, the following specific metrics:

- 4
- 5 1. Medicare Impact: percent change in the Medicare Physician Fee Schedule;
- 6 2. Advocacy Impact: number of federal policies successfully influenced or implemented;
- 7 3. House of Delegates Impact: number of AMA policies translated into legislation or
8 federal policy;
- 9 4. Financial Impact: percentage of revenue dedicated to advocacy; and,
- 10 5. Physician Engagement: total number of its member physicians directly engaged in
11 advocacy efforts through contact with lawmakers (Directive to Take Action); and be it
12 further

13
14 RESOLVED, that our AMA shall review metric definitions and targets and provide a report
15 by the 2027 AMA Annual Meeting. Any future updates to metrics or targets shall be
16 recommended via a report to the AMA House of Delegates so that the AMA HOD can
17 approve final metrics and targets for the subsequent year before or during the AMA Interim
18 Meeting immediately preceding the year the metrics and targets are to take effect
19 (Directive to Take Action); and be it further

20
21 RESOLVED, that our AMA shall consider publishing the AMA's scorecard performance
22 for the prior year by the end of the first month of the following year, starting in January
23 2028. (Directive to Take Action)

24
25 Testimony in response to Resolution 604 reflected a spectrum of opinions with a
26 significant portion supporting the concept of developing an AMA performance scorecard,
27 while notable concerns were raised, including opposition from the Board of Trustees.

28
29 Supporters of the resolution emphasized the value of transparency, accountability, and
30 the alignment of AMA activities with measurable outcomes tied to organizational priorities.
31 They indicated that such a scorecard would provide members and non-members alike
32 with a clearer understanding of the AMA's effectiveness in advocacy, engagement, and
33 policy advancement, and argue that the proposed mechanism aligns with standard
34 practices in other major organizations.

35
36 Concerns centered on the potential for oversimplification, metric fixation, and the risk that
37 reporting on certain measures could lead to misinterpretation or unintended incentives.
38 There were additional arguments about the importance of maintaining appropriate
39 distinctions between governance and operational management, and cautioned about
40 inadvertently undermining member confidence through poorly designed metrics. Attention
41 was drawn to whether such performance measures should be subject to approval by the
42 House of Delegates and the risk of requiring reporting that could breach confidentiality or
43 legal responsibilities. Many commenters advocated for referral of the resolution to ensure
44 that any future metrics are carefully developed, validated, and contextualized, thereby
45 addressing concerns about feasibility, unintended consequences, and alignment with
46 AMA's governance structure and long-term mission.

47
48 Your Reference Committee recommends that Resolution 604 be referred for report back
49 on the concerns that were raised.

1 (16) RESOLUTION 605 - REVIEW OF PAST RESOLUTIONS

2
3 RECOMMENDATION:

4
5 Your Reference Committee recommends that Resolution
6 605 be referred.

8
9 **HOD ACTION:**

10 **Resolution 605 referred with report back at A-27.**

11
12
13 RESOLVED, that our American Medical Association consider presenting, by the 2027
14 AMA Annual Meeting, a detailed and aggregate report that is easily accessible and
15 includes the following data for the past 10 years; the total number of resolutions submitted
16 and passed; the number of those resolutions specific to advocacy on the sustainability of
17 medical practices; a breakdown of these resolutions by Annual and Interim meetings; and
18 the percentage of resolutions that have been successfully implemented. The report shall
19 be produced on an annual basis and included in the Annual meeting handbook. (Directive
20 to Take Action)

21
22 While testimony was generally supportive of the intent of Resolution 605, various
23 amendments were proffered regarding options for completing the review of past
24 resolutions.

25
26 Opposing testimony expressed support for the goals conveyed in the resolution and
27 further noted that a multiyear effort is underway to improve the AMA's policymaking
28 infrastructure. Testimony indicated that it would be difficult to implement the resolution
29 prior to completing this work.

30
31 Given the disparate nature of the proposed amendments and ongoing efforts to enhance
32 the policy infrastructure, your Reference Committee believes that a study is merited to
33 determine the best path forward.

34
35 Therefore, your Reference Committee recommends that Resolution 605 be referred.

1 (17) RESOLUTION 611 - PUBLICIZING, SUPPORTING, AND
2 PROMOTING (APPROPRIATE) AMA MEMBER
3 PHYSICIANS AND PHYSICIAN SPOUSES AS
4 CANDIDATES FOR LOCAL AND STATE OFFICES
5

6 RECOMMENDATION A:

7
8 Your Reference Committee recommends that the first
9 Resolve clause of Resolution 611 be referred.

10
11 RECOMMENDATION B:

12
13 Your Reference Committee recommends that the second
14 Resolve clause of Resolution 611 be referred.

16
17 **HOD ACTION:**
18 **First and Second Resolves in Resolution 611 referred.**
19

20
21 RECOMMENDATION C:

22
23 Your Reference Committee recommends that Resolution
24 611 be amended by addition of a third Resolve clause:

25
26 RESOLVED, that the AMA will present for information via
27 the AMA website an annual Physician+Alliance Election
28 Report detailing the outcomes for physician and physician
29 spouse candidates, beginning with the 2026 General
30 Election in November, to include a scorecard identifying all
31 such candidates who ran at the state or national level to
32 include office sought, election district, party affiliation, any
33 medical PAC endorsements, final election results with
34 margins (+/-) and other pertinent details.

35
36 RECOMMENDATION D:

37
38 Your Reference Committee recommends that Resolution
39 611 be adopted as amended.

40
41
42 **HOD ACTION:**
43 **Resolution 611 adopted as amended.**
44

1 RESOLVED, that our American Medical Association, to the extent permitted by applicable
2 laws, collaborate with other interested organizations to facilitate opportunities for AMA
3 physician-member and physician-spouse elected officials at the local and state levels to
4 connect, exchange ideas, collaborate, and support each other to protect our patients and
5 our practices, such as with a “National Meeting of Physician State Legislators” (Directive
6 to Take Action); and be it further

7
8 RESOLVED, that our AMA study the:

- 9
10 1. Feasibility of collaborating with state medical societies and specialty societies to
11 assess appropriate AMA physician members and physician spouses running for state
12 and local offices and creating a “master list” to publicize, support, and promote those
13 individuals, and
14
15 2. Opportunities to publicize this list widely to support appropriate physicians and
16 physician spouses who are aligned with our priorities and encourage financial and
17 social medial support of those candidates, with a report back at the 2027 Annual
18 Meeting.

19
20 (Directive to Take Action)

21
22 Although testimony offered in response to Resolution 611 was generally supportive, noting
23 opportunities for candidates to connect with other candidates and organizations, concerns
24 were raised over ensuring compliance with legal and tax implications that could impact the
25 AMA’s nonprofit status. Further, testimony noted that coordination with various political
26 action committees may be required prior to implementation.

27
28 Due to the complexity of this issue, testimony called for referral to assess potential risks
29 and determine an appropriate path forward. Your Reference Committee concurs that
30 further study is warranted.

31
32 A proffered amendment called for the development of a scorecard highlighting election
33 outcomes for physicians and physician spouse candidates with a report to be presented
34 at the 2026 Interim meeting. While the sentiment was generally favorable, the AMA’s
35 report development process and availability of data were noted as issues of concern.

36
37 Further, releasing details on AMPAC contributions would interfere with the business
38 decisions of a separate entity and contribute to perceived inequity among candidates due
39 to varied donation totals. Your Reference Committee believed it was appropriate to delete
40 the request for this information.

41
42 Accordingly, your Reference Committee proposed amended language to support this
43 effort while considering issues noted during testimony. Your Reference Committee
44 believes that presenting an annual scorecard on the AMA’s website would be an
45 appropriate alternative to developing a preliminary report for the 2026 Interim meeting.

46
47 Therefore, your Reference Committee recommends that Resolution 611 be adopted as
48 amended.

1 (18) RESOLUTION 613 - PRESERVING INSTITUTIONAL
2 EQUITY AND INCLUSIVITY EFFORTS
3

4 RECOMMENDATION:
5

6 Your Reference Committee recommends that Resolution
7 613 be referred.
8

9
10 **HOD ACTION:**

11 **Alternate Resolution 613 adopted in lieu of Resolution 613.**

12
13 **RESOLVED, that our AMA preserve and maintain its**
14 **“Optimal Health Outcomes”-focused resources on the**
15 **AMA website and the AMA EdHub, and be it further**
16

17 **RESOLVED, that our AMA increase transparency**
18 **regarding resource alterations or removal, and be it**
19 **further**
20

21 **RESOLVED, that, when possible, our AMA limit**
22 **substantive alterations to “Optimal Health Outcomes”-**
23 **focused resources unless dictated by AMA policy.**
24

25
26 **RESOLVED, that our American Medical Association’s Board of Trustees ensure the**
27 **restoration of resources that have been removed, with exceptions to archive rather than**
28 **completely remove those resources that are out of date, being updated, or need to be**
29 **removed for protection of parties involved in their creation (Directive to Take Action); and**
30 **be it further**
31

32 **RESOLVED, that our AMA, when making changes to website resources, provide**
33 **transparent communication and appropriate notice to all membership with forewarnings to**
34 **members and staff involved in creation of those efforts that are being removed or altered**
35 **or archived, even if temporarily, and provide such communication retrospectively for those**
36 **resources which have been modified already without AMA policy impetus to do so**
37 **(Directive to Take Action); and be it further**
38

39 **RESOLVED, that our AMA only make changes up to and including removal to publicly**
40 **available resources in line with policy changes. (Directive to Take Action)**
41

42 Testimony in response to Resolution 613 was supportive and cited the importance of
43 retaining resources related to diversity, equity and inclusion. It was further noted that the
44 availability of these resources is in alignment with AMA policy and demonstrates its
45 commitment to these efforts.
46

47 A proffered amendment outlined specific communication protocols and remedies to
48 address removal of resources related to diversity, equity and inclusion. Although testimony
49 was mostly supportive, your Reference Committee notes potential difficulties with

1 operationalizing this amendment: reinstating certain resources could present compliance
2 issues; identifying proper parties originally involved in the creation and maintenance of
3 equity-focused resources; and determining the appropriate stimulus for communicating
4 website changes to membership, staff and other parties.
5

6 While testimony supported transparent communication regarding changes to content and
7 resource availability, there was concern that the process outlined in the second Resolve
8 may be too restrictive, especially in the case of routine website updates. Therefore, your
9 Reference Committee recommends referral for a report back.

10
11
12 (19) RESOLUTION 616 - HUMANITARIAN AND MEDICAL AID
13 SUPPORT TO PALESTINE

14
15 RECOMMENDATION:

16
17 Your Reference Committee recommends that Resolution
18 616 be referred.
19

20
21 **HOD ACTION:**
22 **Resolution 616 referred.**
23

24
25 RESOLVED, that our American Medical Association supports efforts to contribute funds
26 to support the humanitarian crisis in Gaza (New HOD Policy); and be it further
27

28 RESOLVED, that our AMA advocate for continuous support of organizations providing
29 humanitarian missions and medical care to Palestinian refugees in Palestine, in nearby
30 countries, and/or in the US (Directive to Take Action); and be it further
31

32 RESOLVED, that our AMA advocate for an early implementation of mental health
33 measures and address war-related trauma and post-traumatic stress disorder when
34 dealing with Palestinian refugees with special attention to vulnerable populations including
35 but not limited to young children, their parents, pregnant people, and the elderly. (Directive
36 to Take Action)
37

38 Testimony in response to Resolution 616 was mixed.
39

40 Several individuals who testified recommended amending existing AMA policy to
41 generalize humanitarian principles and interventions for all populations affected by armed
42 conflict, rather than adopting conflict-specific resolutions, thereby taking a more universal
43 approach.
44

45 Since current Policy D-65.984, "Humanitarian and Medical Aid Support to Ukraine," is not
46 under consideration at this time, your Reference Committee agrees with the proposal of
47 melding this resolution with existing policy. Therefore, your Reference Committee
48 recommends that Resolution 616 be referred for a report back as a mechanism to
49 accomplish this goal.

RECOMMENDED FOR REFERRAL FOR DECISION

1 (20) RESOLUTION 618 - ENDING AMA INVESTMENT IN
2 WEAPONS MANUFACTURERS

3
4 RECOMMENDATION:

5
6 Your Reference Committee recommends that Resolution
7 618 be referred for decision.
8

9
10 **HOD ACTION:**
11 **Resolution 618 referred for decision.**
12

13
14 RESOLVED, that our American Medical Association divest from all companies that derive
15 a majority of their revenue from the manufacturing of weapons, cluster munitions,
16 chemical, biological, or nuclear weapons, or key component of these weapons (Directive
17 to Take Action); and be it further

18
19 RESOLVED, that our AMA report back to the House of Delegates at A-27 on what
20 progress has been made towards divestment. (Directive to Take Action)
21

22 Testimony in response to Resolution 618 was mixed. The Board of Trustees cited a
23 previous analysis conducted in response to a request to divest from the fossil fuel industry,
24 in which outside counsel determined that investment restrictions would unduly interfere
25 with the Board's fiduciary duty to manage organizational assets responsibly. Key concerns
26 included the complexity and operational challenges of divesting from a narrow set of
27 investments within diversified funds, the risk of negatively impacting financial returns and
28 increasing portfolio risk, the possibility of breaching the Board's fiduciary duty by allowing
29 non-financial motives to influence investment decisions, and the practical difficulty of
30 consistently defining and applying terms such as "majority of revenue," "key component,"
31 and the concern that the term "weapons" has broad implications in its inclusivity beyond
32 conventional firearms.
33

34 Your Reference Committee acknowledges the positive intent of Resolution 618 but
35 believes the potential for significant interference with fiduciary responsibilities as well as
36 the previous legal and financial analysis justify referring to the AMA Board of Trustees.
37

38 Therefore, your Reference Committee recommends that Resolution 618 be referred for
39 decision.

RECOMMENDED FOR NOT ADOPTION

1 (21) RESOLUTION 606 - FURTHER ENABLING AMA BOT
2 EXPEDIENCY FOR ACTIONS, ADVOCACY, AND
3 RESPONSES DURING URGENT SITUATIONS
4

5 RECOMMENDATION:
6

7 Your Reference Committee recommends that Resolution
8 606 not be adopted.
9

10
11 **HOD ACTION:**
12 **Resolution 606 not adopted.**
13

14
15 RESOLVED, that our American Medical Association amend G.600.071, "Actions and
16 Decisions by the AMA House and Policy Implementation" to read as follows:
17

18 8. Our AMA shall develop such processes as the BOT deems appropriate to ensure the
19 BOT is apprised on a weekly basis of AMA activity related to the policy actions and
20 directives adopted by the House of Delegates that occurred through:
21

22 a. the formal meetings and notable informal meetings with stakeholders and
23 polymaking entities;

24 b. the formal correspondence, comments, or testimony submitted by the AMA;

25 c. notable informal correspondence exchanged between AMA management and
26 polymakers or other stakeholders;

27 d. the relevant correspondence received from the leadership of entities in organized
28 medicine, the federal government, or any other relevant sector; and

29 e. any developments with respect to new or existing policy concepts, policy
30 negotiations, or policy proposals on transformational national health policies.
31

32 9. Our AMA BOT will be directly informed and consulted prior to the onset of and
33 throughout the course of any negotiations between AMA management and federal
34 polymakers on transformational changes to national health policies, such as
35 alteration of the methodology for reimbursing physicians under any component of the
36 public sector payer apparatus or the sunseting or creation of any program that is likely
37 to impact more than half of all Medicare participating providers. (Modify Current HOD
38 Policy)
39

40 Testimony in response to Resolution 606 was limited and mixed.
41

42 Opponents argued that although the House of Delegates sets policy, prescribing specific
43 operational and reporting processes for the Board of Trustees and management exceeds
44 the House of Delegates' established authority and could undermine effective governance
45 by blurring institutional responsibilities. They emphasized that flexibility, responsiveness,
46 and mutual trust are crucial, especially during rapidly evolving federal policy discussions,

1 and that many goals identified in the resolution are already addressed through existing
2 processes.

3
4 Supporters, on the other hand, contend that the House of Delegates' authority is not
5 limited to broad policy direction but extends to issuing specific directives, including
6 operational oversight. They maintain that the resolution arose from concerns about
7 inadequate transparency during critical Medicare negotiations and is necessary to ensure
8 meaningful oversight on transformational federal policy changes affecting physicians.

9
10 Nevertheless, the prevailing sentiment is that this item represents a complex and
11 challenging governance matter that falls outside the House of Delegates' purview and
12 would be better handled within the established institutional framework. Therefore, your
13 Reference Committee recommends that Resolution 606 not be adopted.

14
15
16 (22) RESOLUTION 614 - INCLUSIVE POLICY LANGUAGE
17 FOR OLDER ADULTS

18
19 RECOMMENDATION:

20
21 Your Reference Committee recommends that Resolution
22 614 not be adopted.

24
25 **HOD ACTION:**
26 **Resolution 614 not adopted.**

27
28
29 **RESOLVED**, that our American Medical Association will instruct all future policy language
30 to use terms for those over the age of 65 to be "older persons", "older people", "older
31 adults", "older patients", "older individuals", "persons 65 years and older", "the older
32 population", or preferred terminology from a specific group of older adults (e.g., Native
33 American elders), in order to avoid a connotation of discrimination and negative
34 stereotypes. (New HOD Policy)

35
36 Testimony in response to Resolution 614 was mostly in opposition, citing concerns that
37 "senior" is a widely used and accepted term while alternative language such as "older
38 adult" may lead to ambiguity.

39
40 Limited testimony offered in support noted that language can influence perceptions and
41 behavior towards others. Further testimony indicated that the language offered in this
42 resolution aligns with guidance on inclusive language.

43
44 Your Reference Committee recommends that Resolution 614 not be adopted.

1 (23) RESOLUTION 617 - REEVALUATION OF AMA POLICY
2 REGARDING SUPPORT FOR SPECIFIC NATIONAL
3 MEDICAL ASSOCIATIONS IN THE WORLD MEDICAL
4 ASSOCIATION

5
6 RECOMMENDATION:

7
8 Your Reference Committee recommends that Resolution
9 617 not be adopted.

11 **HOD ACTION:**
12 **Resolution 617 not adopted.**

15
16 RESOLVED, that our American Medical Association rescind AMA policy D-250.990
17 "Israeli Medical Association" which states "Our AMA will oppose any efforts to expel the
18 Israeli Medical Association from the World Medical Association" (Rescind HOD Policy);
19 and be it further

20
21 RESOLVED, that our AMA's position on business in the World Medical Association (WMA)
22 related to applications for constituent membership, or discipline or termination for current
23 constituent members shall be based on the prevailing evidence at the time. (New HOD
24 Policy)

25
26 Testimony in response to Resolution 617 was largely opposed to rescinding Policy
27 D-250.990, "Israeli Medical Association." Testimony included that removing support for
28 the Israeli Medical Association's membership in the World Medical Association at this time
29 could be interpreted as endorsing its exclusion, which conflicts with AMA's policies against
30 censure based on government actions.

31
32 Given that Policy D-250.990 was first adopted in 2007, and later reaffirmed in 2017, your
33 Reference Committee noted that our AMA's position on the Israeli Medical Association's
34 membership in the World Medical Association has existed for 19 years; therefore, the
35 unintended consequence highlighted by the testimony is a viable concern.

36
37 Therefore, your Reference Committee recommends that Resolution 617 not be adopted;
38 thereby, allowing Policy D-250.990 to remain in place at this time and be naturally subject
39 to the AMA's Policy sunset review process at the 2027 Annual Meeting.

RECOMMENDED FOR FILING

1 (24) BOARD OF TRUSTEES REPORT 1 - ANNUAL REPORT

2
3 RECOMMENDATION:

4
5 Your Reference Committee recommends that Board of
6 Trustees Report 1 be filed.

8
9 **HOD ACTION:**

10 **Board of Trustees Report 1 filed.**

12
13 The Consolidated Financial Statements for the years ended December 31, 2025 and 2024
14 and the Independent Auditor's report have been included in the 2025 Annual Report, that
15 is included in the Handbook mailing to members of the House of Delegates.

16
17 The overall response to Board of Trustees Report 1 was positive, with supportive remarks
18 on the accessibility and inclusion of financial documents. The testimony also included
19 constructive inquiry focused on financial clarity and organizational stewardship,
20 particularly regarding investment returns, administrative expenses, and revenue growth.

21
22 Your Reference Committee recommends that Board of Trustees Report 1 be filed.

23
24
25 (25) COUNCIL ON LONG RANGE PLANNING AND
26 DEVELOPMENT REPORT 1 - UPDATE ON CLRPD
27 EVALUATION OF THE STRUCTURE OF THE HOUSE OF
28 DELEGATES

29
30 RECOMMENDATION:

31
32 Your Reference Committee recommends that Council on
33 Long Range Planning and Development Report 1 be filed.

35
36 **HOD ACTION:**

37 **Council on Long Range Planning and Development Report 1 filed.**

39
40 The Council on Long Range Planning and Development Report 1 is an informational report
41 that outlines ongoing evaluation of the AMA House of Delegates structure, aiming to
42 address rapid delegate growth, efficiency, and fair representation. Proposed changes
43 under consideration include pausing delegate growth, revising apportionment ratios, and
44 considering a fixed House size using mathematical models such as the Method of Equal
45 Proportions. Stakeholder feedback indicates support for equitable, simple reforms but

1 highlights concerns about preserving diversity and representation, with ongoing efforts
2 focused on consensus-building and transparency.

3

4 Testimony in response to the Council on Long Range Planning and Development
5 Report 1 primarily focused on details related to the Council's evaluation on the structure
6 of the House of Delegates. Further testimony indicated the report was extracted to
7 encourage discussion and identify considerations for future discussion.

8

9 It was noted that a series of town halls will be hosted on June 29, July 6 and July 8 with
10 the goal of providing education, collecting feedback on proposals under consideration,
11 and working toward building consensus.

12

13 Limited testimony supported filing of this report. Your Reference Committee concurs and
14 recommends that CLRPD Report 1 be filed.

- 1 This concludes the report of Reference Committee F. I would like to thank Emily D. Briggs,
- 2 MD, MPH, Richard A. Geline, MD, Hillary Johnson-Jahangir, MD, PhD, MS, Jayme N.
- 3 Looper, MD, MSE, Jayesh B. Shah, MD, MHA, Yasser F. Zeid, MD, MHA, and all those
- 4 who testified before the Committee.

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