



Specialty and Service Society (SSS)
2026 Annual Meeting of the House of Delegates

<i>All times listed are Central Time</i>			<i>Schedule subject to change</i>
Saturday, June 6			
10:00 am – 11:30 am	SSS Assembly Meeting <i>Refreshments provided</i>		Crystal Ballroom A/B
10:00 am	Welcome/Call to Order	Michael Simon, MD, MBA	
10:05 am	AMPAC Update	Hans Arora, MD, PhD	
10:10 am	AMA Foundation Update	Shilpen Patel, MD	
10:15 am	AMA Advocacy Update	Todd Askew, SVP, Advocacy	
10:30 am	House Business	Hilary Fairbrother, MD, MPH	
11:30 am	Adjourn	Michael Simon, MD, MBA	
12:00 pm	House of Delegates Second Opening		
Sunday, June 7			
4:00 pm – 5:00 pm	SSS Social Gathering		The Living Room
Monday, June 8			
6:00 am – 8:45 am	SSS Assembly Meeting <i>Refreshments provided</i>	Michael Simon, MD, MBA Hilary Fairbrother, MD, MPH	Crystal Ballroom B/C
6:00 – 8:00 am	Candidate Forum Panels		
6:05 – 6:20 am	President elect <i>One open position</i> <ul style="list-style-type: none"> • Sandra A. Fryhofer, MD (PDF) • Michael Suk, MD, JD, MPH, MBA (PDF) 	Stuart Glassman, MD Michael Simon, MD, MBA	
6:20 am – 6:35 am	Board of Trustees <i>One open position; one potential open position*</i> <ul style="list-style-type: none"> • Toluwalasé (Lasé) Ajayi, MD (PDF) • Raj Ambay, MD (PDF) • Alex Ding, MD (PDF) • Stephen K. Epstein, MD, MPP (PDF) <p><i>*Potential newly opened position: Position that may open as the result of the election of a currently announced candidate in another contest.</i></p>	Stuart Glassman, MD Michael Simon, MD, MBA	
6:40 am – 6:55 am	Board of Trustees <i>One open position; one potential open position*</i> <ul style="list-style-type: none"> • Stuart Gitlow, MD, MPH, MBA (PDF) 	Stuart Glassman, MD Michael Simon, MD, MBA	

	<ul style="list-style-type: none"> • Marilyn Heine, MD (PDF) • Tripti Kataria, MD (PDF) • Heather A. Smith, MD, MPH (PDF) <p><i>*Potential newly opened position: Position that may open as the result of the election of a currently announced candidate in another contest.</i></p>		
7:00 am – 7:15 am	Board of Trustees, Young Physician <i>One open position</i> <ul style="list-style-type: none"> • Amar Kelkar, MD, MPH (PDF) • Sam Mathis, MD, MBA (PDF) • Avani Patel, MD, MHA (PDF) 	Alëna Balasanova, MD Hilary Fairbrother, MD, MPH	
7:15 am – 7:25 am	Council on Medical Education <i>One open position</i> <ul style="list-style-type: none"> • P. Travis Harker, MD, MPH (PDF) • Mark Milstein, MD (PDF) 	Alëna Balasanova, MD Shilpen Patel, MD	
7:25 am – 7:40 am	Council on Medical Service <i>Three open positions</i> <ul style="list-style-type: none"> • Ravi Goel, MD (PDF) • Michael Hanak, MD (PDF) • Niva M. Lubin-Johnson, MD (PDF) • Steven Wang, MD, MBA (PDF) 	Sarah Candler, MD Hilary Fairbrother, MD, MPH	
7:40 am – 8:00 am	Council on Science & Public Health <i>Four open positions</i> <ul style="list-style-type: none"> • Joanna Turner Bisgrove, MD, MPH (PDF) • Joshua Cohen, MD, MPH (PDF) • Dave Cundiff, MD, MPH (PDF) • Laura Halpin, MD, PhD (PDF) • Cynthia Romero, MD (PDF) 	Hans Arora, MD, PhD Sarah Candler, MD	
8:00 am – 8:45 am	House Business	Hilary Fairbrother, MD, MPH	
8:45 am	Adjourn	Michael Simon, MD, MBA	
9:00 am – 6:00 pm	House of Delegates Business Session		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
<u>ETHICS & BYLAWS</u>				
001	<ul style="list-style-type: none"> American College of Medical Genetics and Genomics (Medical Student Section) 	<p>Ethical Guidance on Postmortem Sample Collection for Genetic Testing</p> <p><i>RESOLVED, that our American Medical Association study the ethical responsibility of physicians in the collection and storage of postmortem biological samples for genetic testing and research when clinically indicated and aligned with existing specialty guidelines. (Directive to Take Action)</i></p>	RECOMMENDED FOR ADOPTION	SUPPORT
002	<ul style="list-style-type: none"> (Florida) American Academy of Emergency Medicine 	<p>Physician Workload and Scheduling</p> <p><i>RESOLVED, that our American Medical Association adopt policy affirming that physicians have the professional right and authority to decline, modify, or limit patient volume expectations, scheduling mandates, and staffing conditions that compromise patient safety or their ability to provide safe, thorough, and patient-centered care (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for and support state and federal legislation or regulation that ensures local practicing physicians direct and control the development and implementation of patient scheduling protocols, workload standards, patient panel limits, and clinical staffing models within their practices and health systems, based on clinical complexity, time required for direct and indirect care, and safe practice standards rather than productivity or revenue targets. (Directive to Take Action)</i></p>	ADOPT AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION A: Your Reference Committee recommends that the first resolve of Resolution 002 be amended by <u>addition and deletion</u> as follows:</p> <p>RESOLVED, that our American Medical Association adopt policy affirming affirm that physicians have the professional right and authority to decline, modify, or limit patient volume- expectations, scheduling mandates, and staffing conditions that compromise patient safety or their ability to provide safe, thorough, and patient-centered care to have significant and meaningful input on scheduling and staffing, and reasonable patient volume expectations that maximize patient safety and their ability to provide safe, thorough, and patient-centered care, while recognizing the unique obligations of physicians and health systems to maintain flexibility and access during emergencies, disasters, and patient surges. (New HOD Policy)</p> <p>RECOMMENDATION B: That Resolution 002 be adopted as amended. RESOLVED, that our American Medical Association adopt policy affirming that physicians have the professional right and authority to decline, modify, or limit patient volume- expectations, scheduling mandates, and staffing conditions that compromise patient safety or their ability to provide safe, thorough, and patient-centered care (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA advocate for and support state and federal legislation or regulation that ensures local practicing physicians direct and control the development and implementation of patient scheduling protocols, workload standards, patient panel limits, and clinical staffing models within their practices and health systems, based on clinical complexity, time required for direct and indirect care, and safe practice standards rather than productivity or revenue targets. (Directive to Take Action)</p>		



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003	<ul style="list-style-type: none"> American Academy of Ophthalmology 	<p>Artificial Intelligence to Bolster Physician-Led Team-Based Care</p> <p><i>RESOLVED, that our American Medical Association make efforts to educate physicians on evidence-based artificial intelligence (AI) tools that can strengthen collaboration with non-physician clinicians through improved interdisciplinary communication, decision support, and workflow integration (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA support the development and dissemination of best practices for AI integration into physician-led care teams, with emphasis on safety monitoring, transparency, cyber hygiene, and preserving physician leadership in clinical decision-making (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA encourage further research on AI interventions that demonstrate how AI can enhance physician-led team effectiveness, reduce misalignment of clinical risk perception, and improve coordination of care. (New HOD Policy)</i></p>	RECOMMENDED FOR ADOPTION	SUPPORT
<u>REFERENCE COMMITTEE A</u>				



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
109	<ul style="list-style-type: none"> American Association of Neurological Surgeons Congress of Neurological Surgeons 	<p>Insurance Coverage for Pediatric Intracranial Neuromodulation for Drug-Resistant Epilepsy</p> <p><i>RESOLVED, that our American Medical Association advocate for insurance coverage of intracranial neuromodulation as an acceptable treatment for appropriate pediatric patients with drug-resistant epilepsy (Directive to Take Action); and be it further RESOLVED, that our AMA advocate for insurance coverage of chronic pain neuromodulation therapies such as intracranial, spinal cord and peripheral stimulation, as acceptable treatment for appropriate pediatric patients with chronic refractory pain. (Directive to Take Action)</i></p>	RECOMMENDED FOR ADOPTION	SUPPORT
115	<ul style="list-style-type: none"> Association for Clinical Oncology American Society of Hematology American College of Rheumatology 	<p>Patient Continuity Protections During Payer, PBM Changes</p> <p><i>RESOLVED, that our American Medical Association seek federal and state legislation and regulation mandating a minimum 90-day transition-of-care grace period for patients with chronic or life-threatening conditions during which their existing treatment plan, including prior authorizations and formulary status, must be honored without interruption (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate that these 90-day protections specifically apply to instances where a patient’s health plan or pharmacy benefit manager undergoes structural changes, including but not limited to corporate mergers, acquisitions, or pharmacy benefit manager contract transitions, to prevent non-medical switching and ensure continuity of care. (Directive to Take Action)</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION A: Your Reference Committee recommends that the first resolve of Resolution 115 be <u>amended by addition</u> to read as follows:</p> <p>RESOLVED, that our American Medical Association seek federal and state legislation and regulation mandating a minimum 90-day transition-of-care grace period for patients with chronic or life-threatening conditions during which their existing treatment plan, including <u>treatment location, physician/non-physician provider, prior authorizations, utilization management strategies</u>, and formulary status, must be honored without interruption <u>and that patients be notified of any changes in a clear and timely manner</u> (Directive to Take Action); and be it further</p> <p>RECOMMENDATION B: Your Reference Committee recommends that the second resolve of Resolution 115 be <u>amended by addition and deletion</u> to read as follows:</p> <p>RESOLVED, that our AMA advocate that <u>these 90-day transition-of-care protections</u> specifically apply to instances where a patient’s health plan or pharmacy benefit manager undergoes structural changes, including but not limited to corporate mergers, acquisitions, or pharmacy benefit manager contract transitions, to prevent non-medical switching and ensure continuity of care.</p> <p>RECOMMENDATION C: Your Reference Committee recommends that Resolution 115 be adopted as amended.</p>		



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		<p>RESOLVED, that our American Medical Association seek federal and state legislation and regulation mandating a minimum 90-day transition-of-care grace period for patients with chronic or life-threatening conditions during which their existing treatment plan, including prior authorizations and formulary status, must be honored without interruption (Directive to Take Action);</p> <p>RESOLVED, that our AMA advocate that these 90-day protections specifically apply to instances where a patient’s health plan or pharmacy benefit manager undergoes structural changes, including but not limited to corporate mergers, acquisitions, or pharmacy benefit manager contract transitions, to prevent non-medical switching and ensure continuity of care. (Directive to Take Action)</p>		
116	<ul style="list-style-type: none"> American Academy of Pediatrics 	<p>Study of Cost Implications of Medicaid Managed Care Organizations Compared with State-Administered Medicaid Programs</p> <p><i>RESOLVED, that our American Medical Association study and report back to the HOD at I-26 25 on Medicaid managed care organizations and state-administered Medicaid programs, including:</i></p> <ul style="list-style-type: none"> <i>The comparative fiscal implications of programs administered through Medicaid managed care organizations versus those administered directly by states, including administrative costs, medical expenditures, and program oversight costs.</i> <i>Whether Medicaid managed care arrangements result in net cost savings, increased costs, or cost neutrality compared with state-administered models.</i> <i>The administrative impact of Medicaid managed care participation on physicians and health systems, including prior authorization requirements, network contracting, and claims administration. (Directive to Take Action)</i> 	ADOPTION AS AMENDED	SUPPORT AS AMENDED

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION A: Your Reference Committee recommends that Resolution 116 be amended by addition and deletion to read as follows:</p> <p>RESOLVED, That our American Medical Association study and report back to the HOD at 1-26 A-27 on Medicaid managed care organizations and state-administered Medicaid programs, including:</p> <ul style="list-style-type: none"> • The comparative fiscal implications of programs administered through Medicaid managed care organizations versus those administered directly by states, including administrative costs, medical expenditures, and program oversight costs. • Whether Medicaid managed care arrangements result in net cost savings, increased costs, or cost neutrality compared with state-administered models. • The administrative impact of Medicaid managed care participation on physicians and health systems, including prior authorization requirements, network contracting, and claims administration. • Whether Medicaid managed care arrangements result in increased payments to physicians, including achievement of Medicare-to-Medicaid payment parity. • Whether Medicaid managed care impacts patient access to care, including in rural areas. <p>(Directive to Take Action)</p> <p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 116 be adopted as amended.</p>		



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		<p>RESOLVED, That our American Medical Association study and report back to the HOD at I-26 on Medicaid managed care organizations and state-administered Medicaid programs, including:</p> <ul style="list-style-type: none"> • The comparative fiscal implications of programs administered through Medicaid managed care organizations versus those administered directly by states, including administrative costs, medical expenditures, and program oversight costs. • Whether Medicaid managed care arrangements result in net cost savings, increased costs, or cost neutrality compared with state-administered models. • The administrative impact of Medicaid managed care participation on physicians and health systems, including prior authorization requirements, network contracting, and claims administration. (Directive to Take Action) 		
118	<ul style="list-style-type: none"> • American College of Rheumatology 	<p>Addressing Proposals to Implement International Reference Pricing for Physician-Administered Drugs</p> <p><i>RESOLVED, that our American Medical Association remain committed to the position that international price indices or averages should not be used in isolation to set or determine prescription drug prices or payments (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA work with state medical societies and specialty societies to educate policymakers on the risks of misaligned reimbursement under international reference pricing models and to promote approaches that reduce drug costs without jeopardizing patient access or practice sustainability (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA amend policy H-110.980 by addition to read as follows:</i></p>	RECOMMENDED FOR REFERRAL	SUPPORT REFERRAL



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<ol style="list-style-type: none"> 1. <i>Our American Medical Association will advocate that the use of arbitration in determining the price of prescription drugs meet the following standards to lower the cost of prescription drugs without stifling innovation:</i> <ol style="list-style-type: none"> a. <i>The arbitration process should be overseen by objective, independent entities.</i> b. <i>The objective, independent entity overseeing arbitration should have the authority to select neutral arbitrators or an arbitration panel.</i> c. <i>All conflicts of interest of arbitrators must be disclosed and safeguards developed to minimize actual and potential conflicts of interest to ensure that they do not undermine the integrity and legitimacy of the arbitration process.</i> d. <i>The arbitration process should be informed by comparative effectiveness research and cost-effectiveness analysis addressing the drug in question.</i> e. <i>The arbitration process should include the submission of a value-based price for the drug in question to inform the arbitrator’s decision.</i> f. <i>The arbitrator should be required to choose either the bid of the pharmaceutical manufacturer or the bid of the payer.</i> g. <i>The arbitration process should be used for pharmaceuticals that have insufficient competition; have high list prices; or have experienced unjustifiable price increases.</i> h. <i>The arbitration process should include a mechanism for either party to appeal the arbitrator’s decision.</i> i. <i>The arbitration process should include a mechanism to revisit the arbitrator’s decision due to new evidence or data.</i> 2. <i>Our AMA will advocate that any use of international price indices and averages in determining the price of and payment for drugs should abide by the following principles:</i> 		



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		<p><i>a. Any international drug price index or average should not be used to determine or set a drug's price, or determine whether a drug's price is excessive, in isolation.</i></p> <p><i>b. The use of any international drug price index or average should preserve patient access to necessary medications.</i></p> <p><i>c. The use of any international drug price index or average should limit burdens on physician practices by:</i></p> <ol style="list-style-type: none"> <i>1. Ensuring reimbursement at or above acquisition cost for physician-administered drugs.</i> <i>2. Protecting patient access to in-office treatments.</i> <i>3. Avoiding shifting care to higher-cost settings.</i> <i>4. Minimizing administrative and financial burdens on physician practices.</i> <p><i>d. Any data used to determine an international price index or average to guide prescription drug pricing should be transparent and updated regularly.</i></p> <p><i>3. Our AMA supports the use of contingent exclusivity periods for pharmaceuticals, which would tie the length of the exclusivity period of the drug product to its cost-effectiveness at its list price at the time of market introduction. (Modify Current HOD Policy)</i></p>		
<u>REFERENCE COMMITTEE B</u>				
206	<ul style="list-style-type: none"> American Association of Clinical Urologists 	Overall Hospital Quality Star Ratings / CMS Star Ratings	REAFFIRMATION IN LIEU OF	SUPPORT REAFFIRMATION



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>RESOLVED, that our American Medical Association advocate to CMS that the Overall Hospital Quality Star Ratings (CMS Star Ratings) include a 6th measured group defined as Physician Experience which would include those physicians who have membership on the hospital medical staff. (Directive to Take Action)</i></p> <p>RECOMMENDATION: Your Reference Committee recommends that existing AMA policy H-450.966 be reaffirmed in lieu of Resolution 206.</p> <p><i>RESOLVED, that our American Medical Association advocate to CMS that the Overall Hospital Quality Star Ratings (CMS Star Ratings) include a 6th measured group defined as Physician Experience which would include those physicians who have membership on the hospital medical staff. (Directive to Take Action)</i></p>		
207	<ul style="list-style-type: none"> American College of Obstetricians and Gynecologists The American Association of Gynecologic Laparoscopists 	<p>Addressing Rural Maternity Care Deserts Through the Conrad 30 Waiver Program</p> <p><i>RESOLVED, that our American Medical Association update existing policy D 255.985" Conrad 30- J1 Visa Waivers" to address current challenges and modernize the program by addition as follows:</i></p> <ul style="list-style-type: none"> <i>advocate for the redistribution (or recapture) of unused waiver capacity to high-need states; and</i> <i>advocate for the streamlining of administrative requirements to shorten timelines for employers and physicians, such as establishing a medical national interest exception and implementing mandatory expedited processing for physician and medical trainee applicants. (Modify Current HOD Policy)</i> <p>RECOMMENDATION A: Your Reference Committee recommends that Resolution 207 be amended by addition and deletion to read as follows:</p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



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		<p>RESOLVED, That our American Medical Association update existing policy D 255.985 “Conrad 30- J1 Visa Waivers” to address current challenges and modernize the program by addition as follows:</p> <ul style="list-style-type: none"> • advocate for the redistribution (or recapture) of unused waivers capacity to high-need states; and • advocate for the streamlining of administrative requirements to shorten timelines for employers and physicians, such as establishing a medical national interest exception and implementing mandatory expedited processing for physician and medical trainee applicants. <p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 207 be amended by addition of a new resolve as follows:</p> <p>RESOLVED, That policies D-255.980, D-255.966, and H-29 255.961 be reaffirmed.</p> <p>RECOMMENDATION C: Your Reference Committee recommends that Resolution 207 be adopted as amended.</p> <p>RECOMMENDATION D: Your Reference Committee recommends that the title of Resolution 207 be changed to read as follows:</p> <p>ADDRESSING RURAL CARE DESERTS THROUGH THE CONRAD 30 WAIVER PROGRAM</p> <p>RESOLVED, That our American Medical Association update existing policy D 255.985 “Conrad 30- J1 Visa Waivers” to address current challenges and modernize the program by addition as follows:</p>		



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		<ul style="list-style-type: none"> • advocate for the redistribution (or recapture) of unused waiver capacity to high-need states; and • advocate for the streamlining of administrative requirements to shorten timelines for employers and physicians, such as establishing a medical national interest exception and implementing mandatory expedited processing for physician and medical trainee applicants. 		
219	<ul style="list-style-type: none"> • American College of Lifestyle Medicine 	<p>Incorporating Evidence-Based Lifestyle Medicine into Rural Health Transformation Programs</p> <p><i>RESOLVED, that our American Medical Association encourage State Constituent Medical Associations to work collaboratively with their respective State Departments of Health to incorporate implementation of the principles and practices of lifestyle medicine within the design of their respective State’s Rural Health Transformation Program, thereby satisfying some of the scored requirements/categories of the Rural Health Transformation Program application (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA encourage State Constituent Medical Associations to work collaboratively with their respective State Departments of Health to include nutrition continuing medical education as an effective strategy to satisfy one of the scored requirements/categories of the Rural Health Transformation Program application. (New HOD Policy)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the first resolve of Resolution 219 be amended by addition and deletion to read as follows:</p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



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		<p>RESOLVED, that our American Medical Association encourage State Constituent Medical Associations to work collaboratively with their respective State Departments of Health to incorporate implementation of the principles and practices of lifestyle medicine <u>into</u> within the design of their respective State’s Rural Health Transformation Program initiatives, thereby satisfying some of the scored requirements/categories of the Rural Health Transformation Program application; and be it further</p> <p>RECOMMENDATION B: Your Reference Committee recommends that the second resolve of Resolution 219 be <u>amended by addition and deletion</u> to read as follows:</p> <p>RESOLVED, that our AMA encourage State Constituent Medical Associations to work collaboratively with their respective State Departments of Health to <u>offer include</u> nutrition continuing medical education as <u>part of an effective strategy to satisfy one of the scored requirements/categories of the Rural Health Transformation Program application.</u></p> <p>RECOMMENDATION C: Your Reference Committee recommends that Resolution 219 be <u>adopted as amended.</u></p> <p>RESOLVED, that our American Medical Association encourage State Constituent Medical Associations to work collaboratively with their respective State Departments of Health to incorporate implementation of the principles and practices of lifestyle medicine within the design of their respective State’s Rural Health Transformation Program, thereby satisfying some of the scored requirements/categories of the Rural Health Transformation Program application (New HOD Policy); and be it further</p>		



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		<p>RESOLVED, that our AMA encourage State Constituent Medical Associations to work collaboratively with their respective State Departments of Health to include nutrition continuing medical education as an effective strategy to satisfy one of the scored requirements/categories of the Rural Health Transformation Program application. (New HOD Policy)</p>		
221	<ul style="list-style-type: none"> American Academy of Otolaryngology – Head and Neck Surgery American Academy of Pediatrics (Minnesota Medical Association) 	<p>Universal Newborn Congenital Cytomegalovirus Screening</p> <p><i>RESOLVED, that our American Medical Association support state legislation and policies requiring universal newborn screening for congenital cytomegalovirus (cCMV) (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support federal legislation and policies that expand newborn screening for congenital cytomegalovirus (cCMV) and increase funding for public awareness, prevention, and research related to congenital cytomegalovirus infection. (New HOD Policy)</i></p>	RECOMMENDED FOR REFERRAL	SUPPORT
234	<ul style="list-style-type: none"> International College of Surgeons 	<p>Physician Unity in Advocacy Regarding Physician Reimbursement</p> <p><i>RESOLVED, that our American Medical Association reaffirm that physician payment reform should prioritize the sustainability of the entire physician workforce and the protection of patient access to care (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA adopt policy stating that physicians and physician organizations should refrain from advocating for reductions in reimbursement specifically targeted at other physician specialties or physician groups (Directive to Take Action); and be it further</i></p>	REAFFIRMATION IN LIEU OF	SUPPORT



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		<p><i>RESOLVED, that our AMA encourage physician organizations to pursue payment reform through approaches that improve overall fairness, adequacy, and stability of physician reimbursement rather than redistribution among physician specialties (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA affirm that physicians should advocate collectively against reimbursement cuts affecting any group of physicians and support efforts to protect the financial sustainability of all physician practices in order to preserve patient access to care. (New HOD Policy)</i></p> <p>RECOMMENDATION: Your Reference Committee recommends that existing AMA policies D-400.982, H-400.972, and H-390.849 be reaffirmed in lieu of Resolution 234.</p> <p>RESOLVED, that our American Medical Association reaffirm that physician payment reform should prioritize the sustainability of the entire physician workforce and the protection of patient access to care (New Hod Policy); and be it further</p> <p>RESOLVED, that our AMA adopt policy stating that physicians and physician organizations should refrain from advocating for reductions in reimbursement specifically targeted at other physician specialties or physician groups (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA encourage physician organizations to pursue payment reform through approaches that improve overall fairness, adequacy, and stability of physician reimbursement rather than redistribution among physician specialties (Directive to Take Action); and be it further</p>		



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		<p>RESOLVED, that our AMA affirm that physicians should advocate collectively against reimbursement cuts affecting any group of physicians and support efforts to protect the financial sustainability of all physician practices in order to preserve patient access to care. (New HOD Policy)</p>		
236	<ul style="list-style-type: none"> • (LGBTQ+ Section) • (Medical Student Section) • American College of Physicians 	<p>Extending and Expanding the AMA Task Force to Preserve the Patient-Physician Relationship to Ensure Access and Regulatory Clarity in Gender-Affirming Care</p> <p><i>RESOLVED, that our American Medical Association extend and expand the work of the Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care Is Banned or Restricted to include a formalized and sustained focus on legislative and regulatory actions to protect access to and education in gender-affirming care (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA direct the Task Force to develop, launch, and maintain a comprehensive, centralized digital resource hub—modeled on the Reproductive Health Resource Navigator— specifically dedicated to gender-affirming care no later than the 2026 Interim Meeting, including but not limited to:</i></p> <ol style="list-style-type: none"> 1. State-specific legal summaries and regulatory guidance; 2. Shield law analyses and cross-state practice considerations; 3. Privacy and HIPAA compliance best practices; 4. Risk-mitigation guidance addressing civil, criminal, and professional liability; 5. Documentation and informed consent templates consistent with evolving legal standards; 	REFERRAL FOR DECISION	SUPPORT



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>6. Coding, billing, and reimbursement guidance; 7. Institutional policy templates and sample protocols; 8. Educational and training resources for undergraduate and graduate medical education; 9. Telehealth and interstate licensure guidance; and 10. Information regarding legal assistance and physician defense resources (Directive to Take Action); and be it further</p> <p><i>RESOLVED, that our AMA strengthen its advocacy efforts at the federal and state levels to oppose criminalization and punitive actions against physicians providing evidence-based gender-affirming care and to support legal protections safeguarding the patient-physician relationship, with guidance by the Task Force (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA identify gaps in information and resources and develop a comprehensive advocacy and policy blueprint to prevent, counter, and mitigate restrictions on safe, evidence-based, and medically appropriate health care (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA report annually to the House of Delegates regarding progress on these deliverables, including metrics on resource utilization, physician engagement, and identified advocacy outcomes. (Directive to Take Action)</i></p>		
239	<ul style="list-style-type: none"> American Academy of Physical 	Medicare Administrative Contractor Policy Modification	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
	Medicine and Rehabilitation • American Association of Neuromuscular & Electrodiagnostic Medicine	<p><i>RESOLVED, that our American Medical Association amend Policy D-330.897, Stakeholder Engagement in Medicare Administrative Contractor Policy, by addition to read:</i></p> <ol style="list-style-type: none"> <i>1. Our American Medical Association opposes Medicare Administrative Contractors (MACs) using Local Coverage Articles (LCAs) that could have the effect of restricting coverage or access without providing data and evidentiary review or without issuing associated Local Coverage Determinations (LCDs) and following required stakeholder processes.</i> <i>2. Our AMA will advocate and work with the Centers for Medicare and Medicaid Services (CMS) to improve the instructions to MACs regarding development of local coverage policies in such a manner as to prevent LCAs that could have the effect of restricting coverage or access from being adopted without the MAC providing public data, decision criteria, and evidentiary review and allowing comment, or without an associated LCD and the required LCD stakeholder review and input process.</i> <i>3. Our AMA will work with specialty and state medical societies and other interested stakeholders to identify LCAs that potentially restrict coverage or access and that were issued without the MACs providing opportunities for stakeholder input, public data, decision criteria, and evidentiary review and advocate that CMS require MACs to revise the policies by taking any such proposed changes through an appropriate stakeholder engagement, public data, and evidentiary review.</i> <i>4. <u>Our AMA will advocate and work with CMS to require a minimum 90-day public comment period for new or revised LCDs.</u></i> <i>5. <u>Our AMA will advocate and work with CMS to require expedited reconsideration timelines for new or revised LCDs that involve patient access to an intervention that may preserve life and/or function.</u></i> 		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>6. <u>Our AMA will advocate and work with CMS to require MACs to provide an explanation for the removal of diagnostic codes from the list of diagnoses included as medically necessary for any procedure in a proposed new or revised LCA (Modify Current HOD Policy); and be it further</u></p> <p><i>RESOLVED, that our AMA reaffirm policy D-330.918, Appropriateness of National Coverage Decisions (Reaffirm HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA reaffirm policy D-330.908, Improving the Local Coverage Determination Process. (Reaffirm HOD Policy)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the new sixth bullet of Policy D-330.897 in the first resolve clause be <u>amended by addition</u> to read as follows:</p> <p><u>Our AMA will advocate and work with CMS to require MACs to provide an explanation for the removal of diagnostic codes from the list of diagnoses included as medically necessary for any procedure in a proposed new or revised LCA, LCD Reference Article, or Billing and Coding Article, and to require MACs to allow a 90-day public comment period after this explanation has been provided (Modify Current HOD Policy); and be it further</u></p> <p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 239 be <u>adopted as amended.</u></p> <p><u>RESOLVED, that our American Medical Association amend Policy D-330.897, Stakeholder Engagement in Medicare Administrative Contractor Policy, by addition to read:</u></p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>1. Our American Medical Association opposes Medicare Administrative Contractors (MACs) using Local Coverage Articles (LCAs) that could have the effect of restricting coverage or access without providing data and evidentiary review or without issuing associated Local Coverage Determinations (LCDs) and following required stakeholder processes.</p> <p>2. Our AMA will advocate and work with the Centers for Medicare and Medicaid Services (CMS) to improve the instructions to MACs regarding development of local coverage policies in such a manner as to prevent LCAs that could have the effect of restricting coverage or access from being adopted without the MAC providing public data, decision criteria, and evidentiary review and allowing comment, or without an associated LCD and the required LCD stakeholder review and input process.</p> <p>3. Our AMA will work with specialty and state medical societies and other interested stakeholders to identify LCAs that potentially restrict coverage or access and that were issued without the MACs providing opportunities for stakeholder input, public data, decision criteria, and evidentiary review and advocate that CMS require MACs to revise the policies by taking any such proposed changes through an appropriate stakeholder engagement, public data, and evidentiary review.</p> <p>4. Our AMA will advocate and work with CMS to require a minimum 90-day public comment period for new or revised LCDs.</p> <p>5. Our AMA will advocate and work with CMS to require expedited reconsideration timelines for new or revised LCDs that involve patient access to an intervention that may preserve life and/or function.</p> <p>6. Our AMA will advocate and work with CMS to require MACs to provide an explanation for the removal of diagnostic codes from the list of diagnoses included as medically necessary for any procedure in a proposed new or revised LCA (Modify Current HOD Policy); and be it further</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RESOLVED, that our AMA reaffirm policy D-330.918, Appropriateness of National Coverage Decisions (Reaffirm HOD Policy); and be it further</p> <p>RESOLVED, that our AMA reaffirm policy D-330.908, Improving the Local Coverage Determination Process. (Reaffirm HOD Policy)</p>		
240	<ul style="list-style-type: none"> American Academy of Emergency Medicine 	<p>Ending Private Equity Dividend Recapitalization in Healthcare</p> <p><i>RESOLVED, that our American Medical Association will advocate that the practice of Dividend Recapitalization must be banned in all acquisitions of health care enterprises by Private Equity firms or other investors (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA will develop model federal and state legislation that would prohibit the practice of Dividend Recapitalization when health care enterprises are acquired by PE and other corporations. (Directive to Take Action)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the second resolve of Resolution 240 be amended by deletion to read as follows:</p> <p>RESOLVED, that our AMA will develop model federal and state legislation that would prohibit the practice of Dividend Recapitalization when health care enterprises are acquired by PE and other corporations.</p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 240 be adopted as amended.</p> <p>RESOLVED, that our American Medical Association will advocate that the practice of Dividend Recapitalization must be banned in all acquisitions of health care enterprises by Private Equity firms or other investors (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA will develop model federal and state legislation that would prohibit the practice of Dividend Recapitalization when health care enterprises are acquired by PE and other corporations. (Directive to Take Action)</p>		
241	<ul style="list-style-type: none"> American Academy of Emergency Medicine (Florida) 	<p>Strengthening Our AMA Efforts Toward CPOM Prohibition</p> <p><i>RESOLVED, that our American Medical Association amend AMA Policy H-160.891 by deletion and addition in section 1 as follows:</i></p> <p><i>“1. Our American Medical Association encourages physicians who are contemplating corporate investor partnerships or corporate entity relationships, including those under ‘friendly’ physician professional corporation (PC) arrangements with Management Service Organizations (MSOs), to consider the following guidelines: supports policies that preserve physician ownership, governance, and independent medical judgment in physician practices and opposes corporate ownership or contractual arrangements that permit non-licensed entities to exercise control over the practice of medicine.” (Modify Current HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA amend Policy H-160.891 by deletion and addition in the introductory clause preceding subsections (a)–(c) as follows:</i></p>	ADOPTION IN LIEU OF (BOT 25)	SUPPORT



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>“Physicians who are contemplating corporate investor partnerships or corporate entity relationships <u>Physicians and policymakers evaluating corporate investment in physician practices should consider the following principles to ensure that any such relationships remain subordinate to physician ownership, governance, and professional medical judgment”</u> (Modify 15 Current HOD Policy); and be it further</p> <p>RESOLVED, that our AMA amend Policy H-160.891 by deletion and addition in subsection (d) as follows: “(d) Physicians should ensure that contractual arrangements preserve physician autonomy in clinical decision-making. Physician practices delivering medical care should be majority owned by licensed physicians who are actively practicing in the entity, and those licensed physicians must retain final authority over clinical decision making and over operational and administrative decisions that affect patient care, including clinical staffing, scope of services, clinical policies and standards, compensation structures tied to clinical services, coding and billing policies, payer contracting, and practice governance.” (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, that our AMA amend Policy H-160.891 by deletion and addition in subsection (e) as follows: “(e) Physicians should carefully review contractual provisions governing governance structures, compensation arrangements, and management responsibilities when entering relationships with corporate investors. Our AMA opposes stock transfer restriction agreements, “friendly PC” arrangements, succession rights, compelled sale provisions, management agreements, or other contractual mechanisms that permit non-licensed entities to exercise direct or de facto control over physician practices or over physicians’</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><u>professional medical judgment. Physicians should review contractual provisions governing governance structures, compensation arrangements, and management responsibilities to ensure that such arrangements do not transfer control of clinical decision making, physician employment conditions affecting patient care, or other core professional functions to non-licensed entities.</u> (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, that our AMA amend Policy H-160.891 by addition by inserting a new subsection (f) to read as follows, and renumbering the subsequent subsections accordingly: <u>“(f) Our AMA opposes management services organizations, private equity firms, and other non-licensed entities, and their owners, officers, directors, employees, or agents, from exercising governance authority or management control within a professional medical entity in a manner that directs, controls, or unduly influences clinical decision making, physician employment conditions affecting patient care, or other decisions reserved to licensed physicians.”</u> (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, that our AMA amend Policy H-160.891 by addition by inserting a new subsection (g) to read as follows, and renumbering the subsequent subsections accordingly: <u>“(g) Our AMA opposes noncompetition, nondisclosure, non-disparagement, and non-interference clauses that restrict a physician’s ability to exercise independent professional judgment, advocate for patients, report unsafe or unethical conditions, or continue caring for patients consistent with ethical and legal obligations.”</u> (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, that our AMA amend Policy H-160.891 by deletion and addition in subsection (h) as follows:</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i><u>“(h) Physicians should seek transparency regarding the financial and ownership structures associated with corporate investors and related entities. Our AMA supports clear disclosure of physician practice ownership, governance, management agreements, and contractual control rights so that physicians, patients, regulators, and policymakers can identify who holds financial 11 and operational control over the practice entity.” (Modify Current HOD Policy); and be it further</u></i></p> <p><i>RESOLVED, that our American Medical Association amend AMA Policy H-160.891 by deletion and addition in item 2 as follows: “2. Physicians should understand and evaluate the financial and governance implications of corporate investment in medical practices before entering such arrangements and ensure that any such arrangements do not transfer ownership, governance authority, or operational control over clinical decision making to non-licensed entities.” (Modify Current HOD Policy)</i></p> <p>RECOMMENDATION: Your Reference Committee recommends that Board of Trustees Report 25 be adopted in lieu of Resolution 241 and the remainder of the Report be filed.</p>		
242	<ul style="list-style-type: none"> American Academy of Emergency Medicine 	<p>Reducing Emergency Department Boarding through Payment Reform</p> <p><i>RESOLVED, that our American Medical Association advocates for the Centers for Medicare & Medicaid Services (CMS) and other payors to tie admitted patients’ hospital reimbursement to emergency department boarding performance, including payment reductions or creation of a lower-reimbursed status when boarding of admitted patients exceeds four hours (Directive to Take Action); and be it further</i></p>	REAFFIRMATION IN LIEU OF	REFER



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>RESOLVED, that our AMA adopts policy and advocates for making emergency department boarding metrics mandatory quality measures incorporated into value-based payment programs, rather than reporting-only requirements without financial consequence. (Directive to Take Action)</i></p> <p>RECOMMENDATION: Your Reference Committee recommends that existing AMA Policies D-130.957, H-130.940, H-130.945, and D-130.958 be reaffirmed in lieu of Resolution 242.</p> <p>RESOLVED, that our American Medical Association advocates for the Centers for Medicare & Medicaid Services (CMS) and other payors to tie admitted patients' hospital reimbursement to emergency department boarding performance, including payment reductions or creation of a lower-reimbursed status when boarding of admitted patients exceeds four hours (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA adopts policy and advocates for making emergency department boarding metrics mandatory quality measures incorporated into value-based payment programs, rather than reporting-only requirements without financial consequence. (Directive to Take Action)</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
243	<ul style="list-style-type: none"> • Association for Clinical Oncology • American Society of Hematology 	<p>Standardizing Medical Frailty to Streamline Medicaid Community Engagement & Work Exemptions</p> <p><i>RESOLVED, that our American Medical Association advocate that the Centers for Medicare & Medicaid Services and state Medicaid agencies establish a standard with which to define "medical frailty" and "complex medical conditions" to be adopted by state Medicaid agencies; this definition shall explicitly include, at a minimum, any individual currently undergoing diagnostic testing for, receiving treatment for, or under active surveillance or monitoring for a life-threatening or complex chronic medical condition, as well as conditions in which the disease or its treatment results in functional limitation or an ongoing need for medical care, while preserving the authority of states to expand these protections to additional populations (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for federal and state Medicaid guidance to provide automatic exemptions from community engagement and work requirements for patients and primary caregivers of patients with complex medical conditions, utilizing evidence-based clinical data and claims-based algorithms to ensure treatment adherence and continuity of care (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for streamlined Medicaid community engagement and work requirement exemption verification by minimizing administrative burden for patients and physicians. (Directive to Take Action)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the first resolve of Resolution 243 be amended by addition and deletion to read as follows:</p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RESOLVED, that our American Medical Association <u>continue to work with advocate that the Centers for Medicare & Medicaid Services and state Medicaid agencies, and state and specialty medical associations to establish federal guardrails ensuring that medical frailty exemptions from Medicaid work and community engagement requirements are clinically grounded and protective of all individuals who are medically frail, as defined in federal statute, or who otherwise have special medical needs, while preserving state flexibility to build upon federal definitions and to design clinically appropriate, accessible, and locally tailored exemption processes a standard with which to define "medical frailty" and "complex medical conditions" to be adopted by state Medicaid agencies; this definition shall explicitly include, at a minimum, any individual currently undergoing diagnostic testing for, receiving treatment for, or under active surveillance or monitoring for a life-threatening or complex chronic medical condition, as well as conditions in which the disease or its treatment results in functional limitation or an ongoing need for medical care, while preserving the authority of states to expand these protections to additional populations (Directive to Take Action); and be it further</u></p> <p>RECOMMENDATION B: Your Reference Committee recommends that the second resolve clause of Resolution 243 be <u>amended by addition and deletion to read as follows:</u> RESOLVED, that our AMA <u>continue to advocate for federal and state Medicaid guidance to provide automatic exemptions from community engagement and work requirements for patients and primary caregivers of patients with complex medical conditions, utilizing evidence-based clinical data and claims-based algorithms existing data to ensure treatment adherence and continuity of care (Directive to Take Action); and be it further</u></p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION C: Your Reference Committee recommends that the third resolve clause of Resolution 243 be <u>amended by addition</u> to read as follows:</p> <p>RESOLVED, that our AMA <u>continue to</u> advocate for streamlined Medicaid community engagement and work requirement exemption verification by minimizing administrative burden for patients and physicians. (Directive to Take Action)</p> <p>RECOMMENDATION D: Your Reference Committee recommends that Resolution 243 be <u>amended by addition of a new fourth resolve</u> to read as follows:</p> <p>RESOLVED, that our AMA continue to <u>urge policymakers, in defining and operationalizing medical frailty exemptions, to encompass the full range of serious and complex conditions, including conditions associated with functional impairment, that are life-threatening, chronic, episodic, relapsing, or co-occurring, or that require significant, ongoing interaction with the health care system; and be it further</u></p> <p>RECOMMENDATION E: Your Reference Committee recommends that Resolution 243 be <u>adopted as amended.</u></p> <p>RESOLVED, that our American Medical Association advocate that the Centers for Medicare & Medicaid Services and state Medicaid agencies establish a standard with which to define "medical frailty" and "complex medical conditions" to be adopted by state Medicaid agencies; this definition shall explicitly include, at a minimum, any individual currently <u>undergoing diagnostic testing for, receiving treatment for, or under active surveillance or monitoring for a life-threatening or complex chronic medical condition, as well as conditions in which the disease or its treatment results in functional limitation or an ongoing need for</u></p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>medical care, while preserving the authority of states to expand these protections to additional populations (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA advocate for federal and state Medicaid guidance to provide automatic exemptions from community engagement and work requirements for patients and primary caregivers of patients with complex medical conditions, utilizing evidence-based clinical data and claims-based algorithms to ensure treatment adherence and continuity of care (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA advocate for streamlined Medicaid community engagement and work requirement exemption verification by minimizing administrative burden for patients and physicians. (Directive to Take Action)</p>		
<u>REFERENCE COMMITTEE C</u>				



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
309	<ul style="list-style-type: none"> American Association of Neurological Surgeons Congress of Neurological Surgeons 	<p>Osteoporosis Education, Awareness, and Musculoskeletal Health Optimization</p> <p><i>RESOLVED, that our American Medical Association study opportunities to enhance physician education regarding osteoporosis as a component of musculoskeletal health, frailty prevention, and surgical risk optimization (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA encourage development or promotion of continuing medical education (CME), educational resources, or multidisciplinary programming highlighting the relevance of bone health to mobility preservation, healthy aging, and surgical outcomes (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support efforts to increase patient and physician awareness of evidence-based preventive strategies for osteoporosis including physical activity, nutrition, fall prevention, and appropriate screening consistent with existing recommendations (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA encourage research examining the relationship between bone health and outcomes such as frailty, disability, surgical recovery, and health care utilization (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA encourage physician education regarding the role of bone health optimization as part of comprehensive strategies to preserve mobility, reduce disability, and improve functional outcomes in aging populations (New HOD Policy); and be it further</i></p>	ADOPTION IN LIEU OF	SUPPORT ADOPTION IN LIEU OF

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>RESOLVED, that our AMA advocate for insurance coverage of evidence-based osteoporosis screening tests and osteoporosis therapies (Directive to Take Action); and be it further RESOLVED, that our AMA encourage physician awareness that clinical decision-making regarding osteoporosis screening and treatment may appropriately incorporate individualized risk assessment, including consideration of patients at elevated risk for musculoskeletal deterioration or those being considered for complex spine surgery, consistent with clinical judgment and existing evidence. (New HOD Policy)</i></p> <p>RECOMMENDATION: Your Reference Committee recommends that <u>Alternate Resolution 309</u> be adopted in lieu of original Resolution 309 to read as follows:</p> <p>RESOLVED, That our American Medical Association encourage development and promotion of physician 14 education, continuing medical education (CME), multidisciplinary programming, research, and patient and physician awareness initiatives regarding osteoporosis and bone health optimization as components of musculoskeletal health, frailty prevention, mobility preservation, healthy aging, surgical risk optimization, and improvement of functional outcomes, including evidence-based strategies related to physical activity, nutrition, fall prevention, screening, and individualized clinical decision-making consistent with existing evidence; and be it further</p> <p>RESOLVED, that our AMA advocate for insurance coverage of evidence-based osteoporosis screening tests and osteoporosis therapies.</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RESOLVED, that our American Medical Association study opportunities to enhance physician education regarding osteoporosis as a component of musculoskeletal health, frailty prevention, and surgical risk optimization (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA encourage development or promotion of continuing medical education (CME), educational resources, or multidisciplinary programming highlighting the relevance of bone health to mobility preservation, healthy aging, and surgical outcomes (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA support efforts to increase patient and physician awareness of evidence-based preventive strategies for osteoporosis including physical activity, nutrition, fall prevention, and appropriate screening consistent with existing recommendations (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA encourage research examining the relationship between bone health and outcomes such as frailty, disability, surgical recovery, and health care utilization (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA encourage physician education regarding the role of bone health optimization as part of comprehensive strategies to preserve mobility, reduce disability, and improve functional outcomes in aging populations (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA advocate for insurance coverage of evidence-based osteoporosis screening tests and osteoporosis therapies (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA encourage physician awareness that clinical decision-making regarding osteoporosis screening and treatment may appropriately incorporate</p>		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		individualized risk assessment, including consideration of patients at elevated risk for musculoskeletal deterioration or those being considered for complex spine surgery, consistent with clinical judgment and existing evidence. (New HOD Policy)		
310	<ul style="list-style-type: none"> • (California) • American College of Obstetricians and Gynecologists • (Hawaii) • (Idaho) • (Oregon) • (Washington) 	<p>Increasing Capacity and Access to Maternal Health Services in Rural Areas</p> <p><i>RESOLVED, that our American Medical Association continue to address the nation’s obstetrics and gynecology training and workforce needs, by evaluating additional ways to increase physicians providing OB-GYN services in shortage areas, including but not limited to increasing 8 postgraduate positions in OB-GYN and family medicine OB fellowships, and increasing ACGME funding, (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA support board certification programs that offer family medicine physician training in obstetric care to expand access to maternal health care services in rural areas (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support expansion of Family Medicine obstetrical care provided by family physicians who are trained and privileged to deliver such services (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support increased funding and prioritization within the National Health Service Corps Rural Community Loan Repayment Program for OB-GYN and family medicine physicians providing obstetric care working in Maternity Care Target Areas (MCTAs). New HOD Policy)</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION A: Your Reference Committee recommends that the first resolved clause of Resolution 310 be <u>amended by deletion</u> to read as follows:</p> <p>RESOLVED, that our American Medical Association continue to address the nation’s obstetrics and gynecology training and workforce needs, by evaluating additional ways to increase physicians providing OB-GYN services in shortage areas, <u>including but not limited to increasing postgraduate positions in OB-GYN and family medicine OB fellowships, and increasing ACGME funding, (Directive to Take Action); 33 and be it further</u></p> <p>RECOMMENDATION B: Your Reference Committee recommends that the second resolved clause of Resolution 310 be <u>deleted</u>.</p> <p>RESOLVED, that our AMA support board certification programs that offer family medicine physician training in obstetric care to expand access to maternal health care <u>43 services in rural areas (New HOD Policy); and be it further</u></p> <p>RECOMMENDATION C: Your Reference Committee recommends that the fourth resolved clause of Resolution 310 be <u>deleted</u>.</p> <p>RESOLVED, that our AMA support increased funding and prioritization within the National Health Service Corps Rural Community Loan Repayment Program for OB-GYN and family medicine physicians providing obstetric care working in Maternity Care Target Areas (MCTAs);</p> <p>RECOMMENDATION D: Your Reference Committee recommends that Resolution 310 be <u>adopted as amended</u>.</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RESOLVED, that our American Medical Association continue to address the nation’s obstetrics and gynecology training and workforce needs, by evaluating additional ways to increase physicians providing OB-GYN services in shortage areas, including but not limited to increasing postgraduate positions in OB-GYN and family medicine OB fellowships, and increasing ACGME funding, (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA support board certification programs that offer family medicine physician training in obstetric care to expand access to maternal health care services in rural areas (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA support expansion of Family Medicine obstetrical care provided by family physicians who are trained and privileged to deliver such services (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA support increased funding and prioritization within the National Health Service Corps Rural Community Loan Repayment Program for OB-GYN and family medicine physicians providing obstetric care working in Maternity 35 Care Target Areas (MCTAs).</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
312	<ul style="list-style-type: none"> American College of Legal Medicine 	<p>Advocating for Equitable Application Review in a Single Match System</p> <p><i>RESOLVED, that our AMA collaborate with its partners to advocate for and ensure the removal of all filters within the residency and fellowship application systems which differentiate between allopathic and osteopathic degree status (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA provide a report at A-28 on the status of filtering by degree status within clinical elective application, residency and fellowship application systems (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA reaffirm H-295.876: Equal Fees for Osteopathic and Allopathic Medical Students and H-295.848: Teaching and Assessing Osteopathic Manipulative Medicine and Osteopathic Principles and Practice. (Reaffirm HOD Policy)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the first resolved clause of Resolution 312 be amended by addition and deletion to read as follows:</p> <p><i>RESOLVED, that our American Medical Association collaborate with its partners to advocate for and ensure support the removal of filters within medical student clinical elective application systems which differentiate between applicants' allopathic or osteopathic degree status (Directive to Take Action); and be it further</i></p> <p>RECOMMENDATION B: Your Reference Committee recommends that the second resolved clause of Resolution 312 be amended by addition and deletion to read as follows:</p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RESOLVED, that our AMA collaborate with its partners to advocate for and ensure the removal of all <u>oppose the use of filters</u> within the residency and fellowship application systems which <u>differentiate between</u> denote equivalent aspects such as allopathic and osteopathic degree status (Directive to Take Action); and be it further</p> <p>RECOMMENDATION C: Your Reference Committee recommends that the third resolved clause of Resolution 312 be <u>amended by addition and deletion</u> to read as follows:</p> <p>RESOLVED, that our AMA provide a report at A-28 on the status of filtering by degree status within <u>medical student clinical elective application residency and fellowship application</u> systems (Directive to Take Action); and be it further</p> <p>RECOMMENDATION D: Your Reference Committee recommends that Resolution 312 be <u>adopted as amended</u>.</p> <p>RESOLVED, that our American Medical Association collaborate with its partners to advocate for and ensure the removal of filters within clinical elective application systems which <u>differentiate between applicants' allopathic or osteopathic degree status</u> (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA collaborate with its partners to advocate for and ensure the removal of all filters within the residency and fellowship application systems which <u>differentiate between allopathic and osteopathic degree status</u> (Directive to Take Action); and be it further</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RESOLVED, that our AMA provide a report at A-28 on the status of filtering by degree status within clinical elective application, residency and fellowship application systems (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA reaffirm H-295.876: Equal Fees for Osteopathic and Allopathic Medical Students and H-295.848: Teaching and Assessing Osteopathic Manipulative Medicine and Osteopathic Principles and Practice. (Reaffirm HOD Policy)</p>		
<u>REFERENCE COMMITTEE D</u>				
401	<ul style="list-style-type: none"> (Organized Medical Staff Section) American College of Lifestyle Medicine 	<p>Partnership with the Administration to Reduce Harmful Chemicals in Food and Align with European Safety Standards</p> <p><i>RESOLVED, that our American Medical Association advocates for the establishment of a joint task force comprising AMA representatives, FDA officials, USDA personnel, and relevant administration appointees to:</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>1. Conduct a systematic review of food additives currently approved in the U.S. but banned or restricted in Europe</p> <p>2. Evaluate the scientific evidence regarding health impacts of these substances</p> <p>3. Develop a prioritized timeline for regulatory action on the most concerning additives</p> <p>4. Create transition pathways for food manufacturers to adopt safer alternatives (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA will monitor the implementation of any resulting food additive regulation policies and provide ongoing medical and scientific guidance to ensure reforms achieve meaningful public health improvements. (Directive to Take Action)</p> <p>RECOMMENDATION A: Your Reference Committee recommends that the <u>first Resolve clause of Resolution 401 be amended by addition and deletion to read as follows:</u></p> <p>RESOLVED, that our American Medical Association 16 advocates for the establishment of a joint task force comprising AMA representatives, FDA officials, USDA personnel, independent academic scientists, and relevant administration appointees to:</p> <p>1) Conduct a systematic review of food additives currently approved in the U.S. but banned or restricted in <u>other nations</u> Europe</p> <p>2) Evaluate the scientific evidence regarding health impacts of these substances</p> <p>3) Develop a prioritized timeline for regulatory action on the most concerning additives</p> <p>4) Create transition pathways for food manufacturers to adopt safer alternatives (Directive to Take Action); and be it further</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 401 be adopted as amended.</p> <p>RECOMMENDATION C: Your Reference Committee recommends that the title of Resolution 401 be changed to read as follows:</p> <p>PARTNERSHIP WITH THE ADMINISTRATION TO REDUCE HARMFUL CHEMICALS IN FOOD</p> <p>RESOLVED, that our American Medical Association advocates for the establishment of a joint task force comprising AMA representatives, FDA officials, USDA personnel, and relevant administration appointees to:</p> <ol style="list-style-type: none"> 1. Conduct a systematic review of food additives currently approved in the U.S. but banned or restricted in Europe 2. Evaluate the scientific evidence regarding health impacts of these substances. 3. Develop a prioritized timeline for regulatory action on the most concerning additives 4. Create transition pathways for food manufacturers to adopt safer alternatives (Directive to Take Action); and be it further <p>RESOLVED, that our AMA will monitor the implementation of any resulting food additive regulation policies and provide ongoing medical and scientific guidance to ensure reforms achieve meaningful public health improvements (Directive to Take Action)</p>		
402	<ul style="list-style-type: none"> • (Oklahoma) • American Association of Public Health Physicians 	<p>Strengthening Public Health Protections Against Raw Milk–Associated Illness</p> <p><i>RESOLVED, that our American Medical Association oppose the consumption and distribution of raw unpasteurized milk and dairy products, for protection of everyone, including but not limited to those at risk for Listeria complications (New HOD Policy); and be it further</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
	<ul style="list-style-type: none"> American College of Lifestyle Medicine (Mississippi) (Tennessee) 	<p><i>RESOLVED, that our AMA urge congress and state legislatures to prohibit interstate sale of raw unpasteurized milk, strengthening current FDA regulation (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA collaborate with like-minded organizations, possibly the AAP, to jointly develop and disseminate cost-efficient public education initiatives on the risks of raw, unpasteurized milk and dairy products for children, targeting parents, schools, and childcare providers (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA support and advocate for, in jurisdictions where the sale or distribution of unpasteurized raw milk products cannot be prohibited, the implementation of labeling requirements that clearly warn consumers of the specific health risks associated with consumption of raw milk products, for general public and for members of vulnerable populations (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA support banning raw milk in settings accessible to children, such as schools and daycare facilities. (New HOD Policy)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the first Resolve clause of Resolution 402 be amended by addition to read as follows:</p> <p>RESOLVED, that our American Medical Association oppose the consumption, sale, and distribution of raw unpasteurized milk and dairy products, for protection of everyone, including but not limited to those at risk for Listeria complications (New HOD Policy); and be it further</p>		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION B: Your Reference Committee recommends that <u>the third Resolve clause</u> of Resolution 402 be <u>amended by addition</u> to read as follows: RESOLVED, that our AMA collaborate with like-minded organization, possibly the AAP, to jointly develop and disseminate cost-efficient public education initiatives on the risks of raw, unpasteurized milk and dairy products for children and those who are pregnant, targeting parents, schools, and childcare providers (Directive to Take Action), and be it further</p> <p>RECOMMENDATION C: Your Reference Committee recommends that <u>the fourth Resolve clause</u> of Resolution 402 be <u>amended by addition</u> to read as follows:</p> <p>RESOLVED, that our AMA support and advocate for, in jurisdictions where the sale or distribution of unpasteurized raw milk products cannot be prohibited, the implementation of labeling requirements that clearly warn consumers of the specific health risks associated with consumption of raw milk products, for general public and for members of vulnerable populations, <u>including children and those who are pregnant</u>; (Directive to Take Action); and be it further</p> <p>RECOMMENDATION D: Your Reference Committee recommends that Resolution 402 be <u>adopted as amended</u>.</p> <p>RESOLVED, that our American Medical Association oppose the consumption and distribution of raw unpasteurized milk and dairy products, for protection of everyone, including but not limited to those at risk for Listeria complications; and be it further</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RESOLVED, that our AMA urge congress and state legislatures to prohibit interstate sale of raw unpasteurized milk, strengthening current FDA regulation; and be it further</p> <p>RESOLVED, that our AMA collaborate with like-minded organizations, possibly the AAP, to jointly develop and disseminate cost-efficient public education initiatives on the risks of raw, unpasteurized milk and dairy products for children, targeting parents, schools, and childcare providers; and be it further</p> <p>RESOLVED, that our AMA support and advocate for, in jurisdictions where the sale or distribution of unpasteurized raw milk products cannot be prohibited, the implementation of labeling requirements that clearly warn consumers of the specific health risks associated with consumption of raw milk products, for general public and for members of vulnerable populations; and be it further</p> <p>RESOLVED, that our AMA support banning raw milk in settings accessible to children, such as schools and daycare facilities.</p>		
407	<ul style="list-style-type: none"> American Association of Public Health Physicians 	<p>Colorectal Cancer in Alaskan Native Patients</p> <p><i>RESOLVED, that our American Medical Association advocates that the National Cancer Institute dedicate resources to the investigation of early-onset colorectal cancer in Americans younger than age 45 (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA will coordinate with interested national medical specialty societies, state medical associations, Alaska Native Corporations, and tribal governments to enhance physician education and awareness of the tribal public health authority recommendation to initiate preventive screening for colorectal cancer at age 40 in individuals with Alaska Native ancestry and advocate that these screenings be covered by all public and private payers,</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>including the Indian Health Service and U.S. Centers for Medicare and Medicaid Services. These patients should also be counseled that the U.S. Preventive Services Task Force does not have a position on initiating colorectal cancer screening at age 40 in the Alaska Native population and thus should be presented the risks and benefits associated with colonoscopy and medically appropriate screening alternatives. (Directive to Take Action)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that <u>the second Resolve clause of Resolution 407 be amended by addition and deletion to read as follows:</u></p> <p>RESOLVED, that our AMA will coordinate with interested national medical specialty societies, state medical associations, Alaska Native Corporations <u>tribal health organizations,</u> <u>the Indian Health Service,</u> and tribal governments to enhance physician education and awareness of the tribal public health authority recommendation to initiate preventive screening for colorectal cancer at age 40 in individuals with Alaska Native ancestry and advocate that these screenings be covered by all public and private payers, including the Indian Health Service and U.S. Centers for Medicare and Medicaid Services. These patients should also be counseled that the U.S. Preventive Services Task Force does not have a position on initiating colorectal cancer screening at age 40 in the Alaska Native population, and thus should be presented the risks and benefits associated with colonoscopy and medically appropriate screening alternatives, <u>such as CT colonography.</u> (Directive to Take Action)</p> <p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 407 be <u>adopted as amended.</u></p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RESOLVED, that our American Medical Association advocates that the National Cancer Institute dedicate resources to the investigation of early-onset colorectal cancer in Americans younger than age 45; and be it further</p> <p>RESOLVED, that our AMA will coordinate with interested national medical specialty societies, state medical associations, Alaska Native Corporations, and tribal governments to enhance physician education and awareness of the tribal public health authority recommendation to initiate preventive screening for colorectal cancer at age 40 in individuals with Alaska Native ancestry and advocate that these screenings be covered by all public and private payers, including the Indian Health Service and U.S. Centers for Medicare and Medicaid Services. These patients should also be counseled that the U.S. Preventive Services Task Force does not have a position on initiating colorectal cancer screening at age 40 in the Alaska Native population, and thus should be presented the risks and benefits associated with colonoscopy and medically appropriate screening alternatives.</p>		
408	<ul style="list-style-type: none"> American College of Obstetricians and Gynecologists The American Association of Gynecologic Laparoscopists 	<p>Addressing Rural Maternal Morbidity and Mortality through Collaboration and Intersectionality</p> <p><i>RESOLVED, that our American Medical Association publish a focused report examining the intersection of maternal mortality disparities, access to rural pregnancy care, workforce shortages, and reproductive health policy variability, with recommendations to reduce preventable maternal deaths, including during the postpartum period (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA ensure that this report includes evidence-based recommendations to reduce preventable maternal mortality through the postpartum year, including strategies</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>for optimized allocation of federal and state funding (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA collaborate with specialty societies and public health stakeholders to promote and disseminate innovative practice models—such as regional call-sharing systems, tele–maternal-fetal medicine support, and hospital–physician partnership structures—designed to reduce rural maternal morbidity and mortality, including during the postpartum period. (Directive to Take Action)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the first Resolve clause of Resolution 408 be amended by addition to read as follows: RESOLVED, that our American Medical Association publish a focused report examining the intersection of maternal mortality disparities, access to rural 36 pregnancy care, workforce shortages, the effects of changes in Medicaid reimbursement, expansion and extension for maternity care, and reproductive health policy variability, with recommendations to reduce preventable maternal deaths, including during the postpartum period; and be it further</p> <p>RECOMMENDATION B: Your Reference Committee recommends that the third Resolve clause of Resolution 408 be amended by addition to read as follows: RESOLVED, that our AMA collaborate with specialty societies, academic medical institutions, and public health stakeholders to promote and disseminate innovative practice models, such as regional call-sharing systems, tele-maternal-fetal medicine support, and hospital–physician partnership structures-designed to reduce rural maternal morbidity and mortality, including during the postpartum period. (Directive to Take Action)</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION C: Your Reference Committee recommends that Resolution 408 be adopted as amended.</p> <p>RESOLVED, that our American Medical Association publish a focused report examining the intersection of maternal mortality disparities, access to rural pregnancy care, workforce shortages, and reproductive health policy variability, with recommendations to reduce preventable maternal deaths, including during the postpartum period; and be it further</p> <p>RESOLVED, that our AMA ensure that this report includes evidence-based recommendations to reduce preventable maternal mortality through the postpartum year, including strategies for optimized allocation of federal and state funding; and be it further</p> <p>RESOLVED, that our AMA collaborate with specialty societies and public health stakeholders to promote and disseminate innovative practice models—such as regional call-sharing systems, tele–maternal-fetal medicine support, and hospital–physician partnership structures—designed to reduce rural maternal morbidity and mortality, including during the postpartum period.</p>		
411	<ul style="list-style-type: none"> American Academy of Ophthalmology 	<p>Addressing the Myopia Epidemic, Public Education, and Insurance Coverage for Evidence-Based Myopia Control</p> <p><i>RESOLVED, that our American Medical Association recognize that myopia is a significant and increasing public health concern warranting public health outreach, improved screening in children, and prevention efforts (New HOD Policy); and be it further</i></p>	RECOMMENDED FOR ADOPTION	SUPPORT



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>RESOLVED, that our AMA advocate for public education initiatives to increase awareness among patients, caregivers, educators, and policymakers about the risks of progressive myopia and the availability of evidence-based interventions shown to slow myopia progression (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA support efforts to formally classify myopia as a disease to ensure that patients can receive appropriate treatment and insurance coverage for the treatment of this medical condition (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support efforts to ensure comprehensive insurance coverage and reimbursement for evidence-based treatments demonstrated to slow myopia progression in pediatric and adolescent patients. (New HOD Policy)</i></p>		
413	<ul style="list-style-type: none"> American Association of Public Health Physicians 	<p>Erosion of the Public Evidence Base for Health Policy</p> <p><i>RESOLVED, that our American Medical Association urges the U.S. federal government to publicly disclose the causes of federal disease surveillance interruptions; to provide expeditious timelines for restoration of surveillance databases and analyses for all nationally notifiable diseases, including hiring and re-hiring of scientifically qualified and appropriately funded staff; and to adopt an adequate mandatory public notification protocol for any future pauses (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate Congressional oversight, including an annual report, assessing CDC surveillance performance; staffing adequacy; data transparency; and the impact of funding levels collectively on public health readiness and national security. (Directive to Take Action)</i></p>	RECOMMENDED FOR ADOPTION	SUPPORT



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
414	<ul style="list-style-type: none"> American Association of Public Health Physicians 	<p>Restoring Balanced Scientific Perspective within the ACIP</p> <p><i>RESOLVED that our American Medical Association amend Policy D-440.902 by addition and deletion to read as follows:</i></p> <ol style="list-style-type: none"> <i>Our American Medical Association will <u>continue</u> initiate sustained public advocacy in support of the current <u>previous</u> Advisory Committee on Immunization Practices (ACIP) structure, including the liaison representative program, <u>as outlined in ACIP's 2024 Charter and practiced until Spring 2025.</u></i> <i>Our AMA will <u>immediately send a letter to the Secretary of Health and Human Services calling for an immediate reversal of the recent changes to the Advisory Committee on Immunization Practices pursue all appropriate channels to reverse the 2025-2026 changes to ACIP's structure, membership, and operations.</u></i> <i>Our AMA will <u>immediately send a letter to the Senate Committee on Health, Education, Labor, and Pensions (HELP) and request an investigation into the actions of the U.S. Secretary of Health and Human Services regarding his administration of the Centers for Disease Control and Prevention and Advisory Committee on Immunization Practices.</u></i> <i>Our AMA will <u>continue to identify and evaluate alternative evidence-based vaccine advisory structures and invest resources in such initiatives, as necessary. (Modify Current HOD Policy); and be it further</u></i> <p><i>RESOLVED, that our AMA condemns the arbitrary and unilateral 2026 alterations to the ACIP charter, which appear to have been designed to subvert the authority of relevant Federal</i></p>	RECOMMENDED FOR ADOPTION	NO POSITION



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>judges and to allow the appointment of unqualified committee members and liaisons to the Advisory Committee on Immunization Practices (ACIP) (New HOD Policy); and be it further RESOLVED, that our AMA will collaborate with interested state and specialty societies to support litigation against changes to the ACIP charter, budget, operating principles and staffing which produce ongoing harm to the public's health, and many of which were adopted without adequate and meaningful opportunity for public comment (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA specifically notes the importance of representation from health economics experts, and from the medical specialty of Preventive Medicine, in vaccine policy development as was recognized in the original charter, but was eliminated in the most recent update of the charter. (New HOD Policy)</i></p>		
415	<ul style="list-style-type: none"> • (Colorado) • (Washington) • (Utah) • American College of Physicians 	<p>Advocacy for Restoration of the Endangerment Finding Regarding Greenhouse Gas Emissions</p> <p>RESOLVED, that our American Medical Association encourage the Litigation Center to monitor lawsuits against the rescinding of the endangerment finding and to consider submitting amicus curiae briefs in those with a likelihood of success on behalf of the HOD (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA advocate against the repeal of the endangerment finding and support its restoration (Directive to Take Action); and be it further</p>	RECOMMENDED FOR ADOPTION	SUPPORT



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		RESOLVED, that our AMA publicly state that repeal of the endangerment finding is a threat to public health and take appropriate action, to include collaboration with relevant associations and stakeholders, to ensure that the public is adequately educated. (Directive to Take Action)		
416	<ul style="list-style-type: none"> • American Society for Clinical Pathology • American Society of Cytopathology • American Society of Dermatopathology • College of American Pathologists • National Association of Medical Examiners 	<p>Clinical Laboratory Workforce Shortage and Sustainability</p> <p><i>RESOLVED, that our American Medical Association recognize the unique and critical role of medical laboratory professionals in patient care and public health and the urgent need to address workforce shortages (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support advocacy efforts to sustain and strengthen clinical laboratory training and education programs, including assistance for faculty development and infrastructure, to address capacity and recruitment needs (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA collaborate with relevant stakeholders, including accrediting bodies, educational institutions, health care organizations, and professional societies, to promote awareness of clinical laboratory careers, as members of the physician-led health care team, among students and the public. (Directive to Take Action)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that <u>the second Resolve clause of Resolution 416 be amended by addition to read as follows:</u></p>	ADOPTION AS AMENDED	SUPPORT ORIGINAL LANGUAGE



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RESOLVED, that our AMA support advocacy efforts to sustain and strengthen clinical laboratory training and education programs, including assistance for faculty development and infrastructure, expansion of flexible and competency-based educational and certification pathways, and evaluation of unnecessary barriers to workforce entry, in order to address workforce capacity and recruitment needs (Directive to Take Action)</p> <p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 416 be adopted as amended.</p> <p>RESOLVED, that our American Medical Association recognize the unique and critical role of medical laboratory professionals in patient care and public health and the urgent need to address workforce shortages; and be it further</p> <p>RESOLVED, that our AMA support advocacy efforts to sustain and strengthen clinical laboratory training and education programs, including assistance for faculty development and infrastructure, to address capacity and recruitment needs; and be it further</p> <p>RESOLVED, that our AMA collaborate with relevant stakeholders, including accrediting bodies, educational institutions, health care organizations, and professional societies, to promote awareness of clinical laboratory careers, as members of the physician-led health care team, among students and the public.</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
417	<ul style="list-style-type: none"> American College of Occupational & Environmental Medicine 	<p>Respiratory Protection for Wildland Firefighters</p> <p><i>RESOLVED, that our American Medical Association advocate for the adoption of evidence-based respiratory protection standards for wildland firefighting, including triggers based on PM2.5 or other exposure metrics, easy access to NFPA 1984-compliant, NIOSH35 approved Class 2 or Class 3 respirators, and protocols that balance respiratory protection with heat and exertion demands (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA join the American College of Occupational and Environmental Medicine (ACOEM) in advocating for relevant federal and state fire agencies, forestry departments, and occupational safety organizations to research, develop, and field-test lightweight, low-breathing-resistance (<=80 mm H₂O at 150 L/min) respirators and related controls better suited for prolonged wildland use (8 or more hours) (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for the creation of surveillance and longitudinal medical monitoring programs for wildland firefighters to support registries and studies evaluating respiratory protection effectiveness, acute and chronic health risks, and mitigation strategies. (Directive to Take Action)</i></p>	RECOMMENDED FOR ADOPTION	SUPPORT
419	<ul style="list-style-type: none"> (Women Physicians Section) American College of Lifestyle Medicine 	<p>Examining the Impact of Circadian Disruption from Shift Work During Pregnancy</p> <p><i>RESOLVED, that our American Medical Association supports the study of the impact of circadian disruption from shift work during pregnancy, including implications for maternal and fetal health (New HOD Policy); and be it further</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>RESOLVED, that our AMA encourages dissemination of evidence-informed approaches to scheduling and workplace accommodations for pregnant individuals as appropriate based on the findings of a report on circadian disruption from shift work during pregnancy. (New HOD Policy)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the first Resolve clause of Resolution 419 be amended by addition and deletion to read as follows:</p> <p><i>RESOLVED, that our American Medical Association supports further research on the study of the impact of circadian disruption from shift work on people trying to conceive and on pregnant people during pregnancy, including implications for maternal and fetal health (New HOD Policy); and be it further</i></p> <p>RECOMMENDATION B: Your Reference Committee recommends that the second Resolve clause of Resolution 419 be amended by addition and deletion to read as follows:</p> <p><i>RESOLVED, that our AMA encourages dissemination of evidence-informed approaches to scheduling and workplace accommodations for pregnant individuals, including medical trainees, as appropriate based on the findings of a report on circadian disruption from shift work during pregnancy. (New HOD Policy)</i></p> <p>RECOMMENDATION C: Your Reference Committee recommends that Resolution 419 be adopted as amended.</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RESOLVED, that our American Medical Association supports the study of the impact of circadian disruption from shift work during pregnancy, including implications for maternal and fetal health; and be it further</p> <p>RESOLVED, that our AMA encourages dissemination of evidence-informed approaches to scheduling and workplace accommodations for pregnant individuals as appropriate based on the findings of a report on circadian disruption from shift work during pregnancy.</p>		
425	<ul style="list-style-type: none"> American College of Emergency Physicians 	<p>Prioritizing, Measuring, and Preventing Workplace Violence in Health Care</p> <p><i>RESOLVED, that our American Medical Association recognize workplace violence in healthcare as a national advocacy priority and expand existing AMA policy to support standardized reporting and data-driven prevention strategies (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for the development and implementation of standardized, mandatory reporting mechanisms for workplace violence incidents across all health care settings, with appropriate protections for patient and worker privacy (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for policies that remove barriers to reporting workplace violence, including protections against retaliation, reduction of disincentives related to institutional liability or reputational concerns, and the establishment of a culture in which all acts of violence against health care workers are recognized as unacceptable and reportable regardless of patient condition (Directive to Take Action); and be it further</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>RESOLVED, that our AMA support the aggregation and analysis of workplace violence data to inform research, benchmarking, and the development of national policies aimed at reducing violence in health care settings (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for the development, funding, and implementation of evidence-based, trauma-informed strategies to prevent workplace violence and protect the health care workforce (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA rescind existing policies H-515.957 (Preventing Violent Acts Against Health Care Providers), D-515.983 (Preventing Violent Acts Against Health Care Providers), and H-515.966 (Violence and Abuse Prevention in the Health Care Workplace). (Rescind HOD 23 Policy)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that <u>the sixth Resolve clause of Resolution 425 be amended by deletion to read as follows:</u></p> <p>RESOLVED, that our AMA rescind existing policies H-515.957 (Preventing Violent Acts Against Health Care Providers), D-515.983 (Preventing Violent Acts Against Health Care Providers), and H-515.966 (Violence and Abuse Prevention in the Health Care Workplace). (Rescind HOD Policy)</p> <p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 425 be amended by addition of a seventh Resolve to read as follows:</p> <p>RESOLVED, that our American Medical Association seek legislation, and/or craft model state legislation, calling for civil and/or criminal penalties to be established for any healthcare</p>		



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		<p><u>institution or administrator that tries to discourage, or in any way disincentivize, the reporting of workplace violence (New HOD Policy);</u></p> <p><u>RECOMMENDATION C: Your Reference Committee recommends that Resolution 425 be adopted as amended.</u></p> <p><u>RESOLVED, that our American Medical Association recognize workplace violence in health care as a national advocacy priority and expand existing AMA policy to support standardized reporting and data-driven prevention strategies; and be it further</u></p> <p><u>RESOLVED, that our AMA advocate for the development and implementation of standardized, mandatory reporting mechanisms for workplace violence incidents across all health care settings, with appropriate protections for patient and worker privacy; and be it further</u></p> <p><u>RESOLVED, that our AMA advocate for policies that remove barriers to reporting workplace violence, including protections against retaliation, reduction of disincentives related to institutional liability or reputational concerns, and the establishment of a culture in which all acts of violence against health care workers are recognized as unacceptable and reportable regardless of patient condition; and be it further</u></p> <p><u>RESOLVED, that our AMA support the aggregation and analysis of workplace violence data to inform research, benchmarking, and the development of national policies aimed at reducing violence in health care settings; and be it further</u></p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RESOLVED, that our AMA advocate for the development, funding, and implementation of evidence-based, trauma-informed strategies to prevent workplace violence and protect the health care workforce; and be it further</p> <p>RESOLVED, that our AMA rescind existing policies H-515.957 (Preventing Violent Acts Against Health Care Providers), D-515.983 (Preventing Violent Acts Against Health Care Providers), and H-515.966 (Violence and Abuse Prevention in the Health Care Workplace).</p>		
426	<ul style="list-style-type: none"> American College of Cardiology American College of Lifestyle Medicine 	<p>Integrating Nutrition into Health Care Delivery to Reduce Cardiovascular Risk and Food Insecurity (“Food is Medicine”)</p> <p><i>RESOLVED, that our American Medical Association recognizes Food is Medicine interventions—including medically tailored meals—as evidence-based strategies to improve health outcomes, reduce diet-related chronic disease, and address food insecurity (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA supports federal efforts to integrate nutrition services into health care delivery as well as funding for Food is Medicine initiatives through the yearly Labor–HHS appropriations process (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA encourages collaboration with relevant specialty societies, including the American College of Cardiology, and supports research, education, and implementation efforts to advance Food is Medicine interventions in clinical practice, with emphasis on improving cardiovascular outcomes, reducing health disparities, and lowering health care costs. (New HOD Policy)</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION A: Your Reference Committee recommends that the first Resolve clause of Resolution 426 be amended by addition and deletion to read as follows:</p> <p>RESOLVED, that our American Medical Association recognizes “fFood is Mmedicine” interventions— including medically tailored meals, medically tailored groceries, and produce prescription programs—as promising evidence-based informed strategies to improve health outcomes, reduce diet-related chronic disease, and address food insecurity, while supporting continued research and evaluation of these interventions; and be it further</p> <p>RECOMMENDATION B: Your Reference Committee recommends that the second Resolve clause of Resolution 426 be amended by addition and deletion to read as follows:</p> <p>RESOLVED, that our AMA supports federal efforts to integrate nutrition services into health care delivery as well as funding for “fFood is Mmedicine” initiatives through the yearly Labor–HHS appropriations process; and be it further</p> <p>RECOMMENDATION C: Your Reference Committee recommends that the third Resolve clause of Resolution 426 be amended by addition and deletion to read as follows:</p> <p>RESOLVED, that our AMA encourages collaboration with relevant specialty societies, including the American College of Cardiology, and supports research, education, and implementation efforts to advance “fFood is Mmedicine” interventions in clinical practice, with emphasis on improving cardiovascular outcomes, reducing health disparities, and lowering health care costs.</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION D: Your Reference Committee recommends that Resolution 426 be adopted as amended.</p> <p>RESOLVED, that our American Medical Association recognizes Food is Medicine interventions—including medically tailored meals—as evidence-based strategies to improve health outcomes, reduce diet-related chronic disease, and address food insecurity; and be it further</p> <p>RESOLVED, that our AMA supports federal efforts to integrate nutrition services into health care delivery as well as funding for Food is Medicine initiatives through the yearly Labor–HHS appropriations process; and be it further</p> <p>RESOLVED, that our AMA encourages collaboration with relevant specialty societies, including the American College of Cardiology, and supports research, education, and implementation efforts to advance Food is Medicine interventions in clinical practice, with emphasis on improving cardiovascular outcomes, reducing health disparities, and lowering health care costs.</p>		
431	<ul style="list-style-type: none"> (Medical Student Section) American Association of Public Health Physicians 	<p>Supporting Transportation Infrastructure Reform for Public Health</p> <p><i>RESOLVED, that our American Medical Association support street design strategies that 1.) facilitate the construction of integrated, multimodal transportation infrastructure; 2.) ensure safe and accessible travel for pedestrians, bicyclists, public transit users, and motorists of all ages and abilities; and 3.) place a special emphasis on addressing safety in underserved communities including but not limited to rural areas, low-income neighborhoods, and communities of color (New HOD Policy); and be it further</i></p>	RECOMMENDED FOR ADOPTION	SUPPORT



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>RESOLVED, that our AMA support reform of federal transportation funding formulas, to explicitly prioritize pedestrian safety metrics, transit accessibility, and health outcomes alongside vehicle miles traveled and level-of-service when calculating success of roads. (New HOD Policy)</i></p>		
<p>432</p>	<ul style="list-style-type: none"> • (Medical Student Section) • American Psychiatric Association • American Academy of Child and Adolescent Psychiatry • American Academy of Addiction Psychiatry • American Academy of Psychiatry and the Law 	<p>Addressing Public Health Risks of Online Sports Betting</p> <p><i>RESOLVED, that our American Medical Association support efforts to establish federal and state consumer protections for online gambling, including sports betting and daily fantasy sports, to reduce harms associated with gambling disorder and other related behaviors (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA support epidemiological research to characterize the health impacts of online gambling, including sports betting and daily fantasy sports, with particular attention to adolescents, young adults, older adults, people with cognitive impairment, and other vulnerable populations. (New HOD Policy)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the first Resolve clause of Resolution 432 be <u>amended by addition</u> to read as follows: RESOLVED, that our American Medical Association supports efforts to establish federal and state consumer protections for online gambling, including sports betting, prediction markets, and daily fantasy sports, to reduce harms associated with gambling disorder and other related behaviors (New HOD Policy);</p>	<p>ADOPTION AS AMENDED</p>	<p>SUPPORT AS AMENDED</p>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION B: Your Reference Committee recommends that <u>the second Resolve clause of Resolution 432 be amended by addition</u> to read as follows:</p> <p>RESOLVED, that our AMA support epidemiological research to characterize the health impacts of online gambling, including sports betting, prediction markets, and daily fantasy sports, with particular attention to adolescents, young adults, older adults, people with cognitive impairment, and other vulnerable populations (New HOD Policy).</p> <p>RECOMMENDATION C: Your Reference Committee recommends that Resolution 432 be <u>adopted as amended.</u></p> <p>RECOMMENDATION D: Your Reference Committee recommends that the <u>title of Resolution 432 be changed</u> to read as follows: ADDRESSING PUBLIC HEALTH RISKS OF ONLINE GAMBLING</p> <p>RESOLVED, that our American Medical Association support efforts to establish federal and state consumer protections for online gambling, including sports betting and daily fantasy sports, to reduce harms associated with gambling disorder and other related 16 behaviors; and be it further</p> <p>RESOLVED, that our AMA support epidemiological research to characterize the health impacts of online gambling, including sports betting and daily fantasy sports, with particular attention to adolescents, young adults, older adults, people with cognitive impairment, and other vulnerable populations.</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
<u>REFERENCE COMMITTEE E</u>				
507	<ul style="list-style-type: none"> American College of Lifestyle Medicine (Underrepresented in Medicine Advocacy Section) 	<p>Pairing Behavioral and Lifestyle Medicine Principles and Practice with Glucagon-like Peptide-1 (GLP-1) Receptor Agonists and Other Anti-obesity Medications</p> <p><i>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</i></p> <p><i>RESOLVED, that our AMA recognize and address potential health disparities associated with recommendations for structured lifestyle intervention programs accompanying glucagon-like 35 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</i></p> <p><i>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)</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>RECOMMENDATION A: Your Reference Committee recommends that <u>the third Resolve of Resolution 507 be amended by addition to read as follows:</u></p> <p><u>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.</u></p> <p><u>RECOMMENDATION B: Your Reference Committee recommends that Resolution 507 be adopted as amended.</u></p> <p><u>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</u></p> <p><u>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</u></p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>community-based, digital, hybrid, and safety-net models of care (Directive to Take Action); and be it further</p> <p>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)</p>		
508	<ul style="list-style-type: none"> American College of Lifestyle Medicine 	<p>Aligning Consistency and Credibility Of Direct-To-Consumer Gut Microbiome Testing Service</p> <p><i>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</i></p> <p><i>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</i></p> <p><i>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)</i></p>	RECOMMENDED FOR REFERRAL	SUPPORT REFERRAL



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
511	<ul style="list-style-type: none"> American Academy of Dermatology American College of Mohs Surgery Society for Investigative Dermatology 	<p>Preserving Specialty Access to Anti-Cancer Agents</p> <p><i>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</i></p> <p><i>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</i></p> <p><i>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)</i></p> <p>RECOMMENDATION: Your Reference Committee recommends that Alternate Resolution 511 be adopted in lieu of Resolution 511.</p> <p>PRESERVING SPECIALTY ACCESS TO ANTI-CANCER MEDICATIONS</p> <p>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</p>	ADOPTION IN LIEU OF	SUPPORT ADOPTION IN LIEU OF



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>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</p> <p>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.</p>		
515	<ul style="list-style-type: none"> Association for Clinical Oncology 	<p>Transparency in AI-Driven Adverse Determinations & Clinical Logic Disclosure</p> <p><i>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</i></p> <p><i>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)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the first Resolve of Resolution 515 be amended by addition to read as follows:</p> <p>RESOLVED, that our American Medical Association (AMA) advocate for federal and state regulations and legislation requiring health plans and third-party payers to provide</p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>physicians <u>and the insured patient</u> 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</p> <p>RECOMMENDATION B: Your Reference Committee recommends <u>the second Resolve of Resolution 515 be amended by addition and deletion to read as follows:</u></p> <p>RESOLVED, that our AMA advocate that any AI-driven or algorithmic tool used for clinical review must be transparently audited, <u>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.</u></p> <p>RECOMMENDATION C: Your Reference Committee recommends that Resolution 515 be <u>adopted as amended.</u></p> <p>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</p> <p>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)</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
REFERENCE COMMITTEE F				
606	<ul style="list-style-type: none"> • American Society of Plastic Surgeons • American Association for Hand Surgery • American Society for Aesthetic Plastic Surgery • American Society for Maxillofacial Surgeons • (Michigan State Medical Society) • (Missouri State Medical Association) 	<p>Further Enabling AMA BOT Expediency for Actions, Advocacy, and Responses During Urgent Situations</p> <p>RESOLVED, that our American Medical Association amend G.600.071, “Actions and Decisions by the AMA House and Policy Implementation” to read as follows:</p> <p>7. <u>Our AMA shall develop such processes as the BOT deems appropriate to ensure the BOT is apprised on a weekly basis of AMA activity related to the policy actions and directives adopted by the House of Delegates that occurred through:</u></p> <p style="margin-left: 20px;"><u>a. the formal meetings and notable informal meetings with stakeholders and policymaking entities;</u></p> <p style="margin-left: 20px;"><u>b. the formal correspondence, comments, or testimony submitted by the AMA</u></p> <p style="margin-left: 20px;"><u>c. notable informal correspondence exchanged between AMA management and policymakers or other stakeholders;</u></p> <p style="margin-left: 20px;"><u>d. the relevant correspondence received from the leadership of entities in organized medicine, the federal government, or any other relevant sector; and</u></p> <p style="margin-left: 20px;"><u>e. any developments with respect to new or existing policy concepts, policy negotiations, or policy proposals on transformational national health policies.</u></p> <p>8. <u>AMA BOT will be directly informed and consulted prior to the onset of and throughout the course of any negotiations between AMA management and federal policymakers on transformational changes to national health policies, such as</u></p>	RECOMMENDED FOR NOT ADOPTION	NO POSITION (MONITOR)



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>alteration of the methodology for reimbursing physicians under any component of the public sector payer apparatus or the sunseting or creation of any program that is likely to impact more than half of all Medicare participating providers. (Modify Current HOD Policy)</i></p> <p>RECOMMENDATION: Your Reference Committee recommends that Resolution 606 <u>not be adopted.</u></p>		
608	<ul style="list-style-type: none"> • American College of Occupational & Environmental Medicine • (Iowa) • (Minnesota) • (Nebraska) • (North Dakota) • (South Dakota) • American Academy of Physical Medicine & Rehabilitation • American Academy of Family Physicians 	<p>Reinstitution of AMA Guides Editorial Panel</p> <p><i>RESOLVED, that our American Medical Association re-institute the AMA Guides Editorial Panel to its original configuration and operating status (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA encourage the AMA Guides Editorial Panel to continue its work on updating the chapters of the AMA Guides to the Evaluation of Permanent Impairment 6th edition 2025 that have yet to be addressed and to continue to bring current evidence based medicine and practices to the evaluation of permanent impairment. (Directive to Take Action)</i></p> <p>RECOMMENDATION: Your Reference Committee recommends that Resolution 608 be <u>referred.</u></p>	RECOMMENDED FOR REFERRAL	NO POSITION



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
610	<ul style="list-style-type: none"> (New York) American College of Lifestyle Medicine 	<p>Plant-Based Diets at AMA Meetings</p> <p><i>RESOLVED, that our American Medical Association encourages the use of evidence-based behavioral science strategies, such as choice architecture and nudging, to promote healthier dietary choices at professional gatherings, while respecting individual autonomy (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our American Medical Association recognizes the importance of modeling prevention through food choices at its own meetings, with an emphasis on increasing the plant based food choice options which also contain minimal contributions from animal products, as an exemplary method for the promotion of individual and planetary health. (New HOD Policy)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the first Resolve clause of Resolution 610 be <u>amended by deletion</u> as follows:</p> <p><i>RESOLVED, that our American Medical Association encourages the use of evidence-based behavioral science strategies, such as choice architecture and nudging, to promote healthier dietary choices at professional gatherings, while respecting individual autonomy (New HOD Policy); and be it further</i></p> <p>RECOMMENDATION B: Your Reference Committee recommends that the <u>second Resolve clause</u> of Resolution 610 be <u>amended by addition</u> as follows:</p> <p><i>RESOLVED, that our American Medical Association recognizes the importance of modeling prevention through food choices at its own meetings <u>whenever possible</u>, with an emphasis</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>on increasing the plant-based food choice options which also contain minimal contributions from animal products, as an exemplary method for the promotion of individual and planetary health. (New HOD Policy)</p> <p>RECOMMENDATION C: Your Reference Committee recommends that Resolution 610 be adopted as amended.</p> <p>RESOLVED, that our American Medical Association encourages the use of evidence-based behavioral science strategies, such as choice architecture and nudging, to promote healthier dietary choices at professional gatherings, while respecting individual autonomy (New HOD Policy); and be it further</p> <p>RESOLVED, that our American Medical Association recognizes the importance of modeling prevention through food choices at its own meetings, with an emphasis on increasing the plant-based food choice options which also contain minimal contributions from animal products, as an exemplary method for the promotion of individual and planetary health. (New HOD Policy)</p>		
614	<ul style="list-style-type: none"> American Geriatrics Society 	<p>Inclusive Policy Language for Older Adults</p> <p><i>RESOLVED, that our American Medical Association will instruct all future policy language to use terms for those over the age of 65 to be “older persons”, “older people”, “older adults”, “older patients”, “older individuals”, “persons 65 years and older”, “the older population”, or preferred terminology from a specific group of older adults (e.g., Native American elders), in order to avoid a connotation of discrimination and negative stereotypes. (New HOD Policy)</i></p>	RECOMMENDED FOR NOT ADOPTION	NO POSITION (MONITOR)



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		RECOMMENDATION: Your Reference Committee recommends that Resolution 614 <u>not be adopted.</u>		
		<u>REFERENCE COMMITTEE G</u>		
703	<ul style="list-style-type: none"> Obesity Medicine Association 	<p>Parity in Pricing for Anti-Obesity Medications</p> <p><i>RESOLVED, that our American Medical Association actively oppose preferential pricing strategies by pharmaceutical manufacturers that offer discounted medications exclusively to telehealth or online providers, as such practices undermine the established physician-patient relationship and the continuity of care. (Directive to Take Action)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that Resolution 703 <u>be adopted.</u></p> <p>RECOMMENDATION B: Your Reference Committee recommends that the title of Resolution 703 be <u>changed</u> to read as follows:</p> <p>MEDICATION PRICING PARITY</p> <p>RESOLVED, that our American Medical Association actively oppose preferential pricing strategies by pharmaceutical manufacturers that offer discounted medications exclusively to telehealth or online providers, as such practices undermine the established physician-patient relationship and the continuity of care. (Directive to Take Action)</p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
705	<ul style="list-style-type: none"> American Academy of Family Physicians 	<p>Recognizing Physicians as Sexual Assault Forensic Examiners</p> <p><i>RESOLVED, that our American Medical Association Policy H-80.999 “Sexual Assault Survivors” be amended from “Our AMA will advocate for increased patient access to Sexual Assault Nurse Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations.” to “Our AMA will advocate for increased patient access to Sexual Assault Forensic Examiners in the emergency department for medical forensic examinations,” (Modify Current HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA Policy H-80.999 be amended from “Our AMA supports the implementation of a national database of Sexual Assault Nurse Examiner and Sexual Assault Forensic Examiner providers.” to “Our AMA supports the implementation of a national database of Sexual Assault Medical Forensic Examiners.” (Modify Current HOD Policy)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that Resolution 705 be amended by addition and deletion to read as follows:</p> <p>RESOLVED, that our American Medical Association Policy H-80.999 be amended as follows:</p> <ol style="list-style-type: none"> Our American Medical Association supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing clinicians involved in providing care to sexual assault survivors. Our AMA advocates for the legal protection of sexual assault survivors’ rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: 	ADOPTION AS AMENDED	SUPPORT AS AMENDED

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>a. receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing, drug testing for drug-facilitated assault, treatment of injuries, and collection of forensic evidence;</p> <p>b. preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation;</p> <p>c. notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation;</p> <p>d. be informed of these rights and the policies governing the sexual assault evidence kit; and</p> <p>e. access to emergency contraception information and treatment for pregnancy prevention free of charge.</p> <p>3. Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016.</p> <p>4. Our AMA will advocate for increased patient access to Sexual Assault <u>Medical Nurse Forensic Examiners</u>, and other trained and qualified clinicians, in the emergency department for <u>sexual assault</u> medical forensic examinations.</p> <p>5. Our AMA will advocate at the state and federal level for;</p> <p>a. the timely processing of all sexual examination kits upon patient consent; b. timely processing of "backlogged" sexual assault examination kits with patient consent; and c. additional funding to facilitate the timely testing of sexual assault evidence kits.</p> <p>6. Our AMA supports the implementation of a national database of <u>Sexual Assault Nurse Examiner and Sexual Assault Medical Forensic Examiners providers</u>. (Modify Current AMA Policy)</p>		

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		<p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 705 be adopted as amended.</p> <p>RESOLVED, that our American Medical Association Policy H-80.999 be amended as follows: SEXUAL ASSAULT SURVIVORS, H-80.999</p> <ol style="list-style-type: none"> 1. Our American Medical Association supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing clinicians involved in providing care to sexual assault survivors. 2. Our AMA advocates for the legal protection of sexual assault survivors' rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: <ol style="list-style-type: none"> a. receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing, drug testing for drug-facilitated assault, treatment of injuries, and collection of forensic evidence; b. preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; c. notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; d. be informed of these rights and the policies governing the sexual assault evidence kit; and e. access to emergency contraception information and treatment for pregnancy prevention free of charge. 3. Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through 		



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		<p>engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016.</p> <p>4. Our AMA will advocate for increased patient access to Sexual Assault Nurse Forensic Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations.</p> <p>5. Our AMA will advocate at the state and federal level for;</p> <p>a. the timely processing of all sexual examination kits upon patient consent; b. timely processing of "backlogged" sexual assault examination kits with patient consent; and c. additional funding to facilitate the timely testing of sexual assault evidence kits.</p> <p>6. Our AMA supports the implementation of a national database of Sexual Assault Nurse Examiner and Sexual Assault Medical Forensic Examiners providers. (Modify Current AMA Policy)</p>		
710	<ul style="list-style-type: none"> American Society for Metabolic and Bariatric Surgery Society of American Gastrointestinal and Endoscopic Surgeons Obesity Medical Association American Academy of Sleep Medicine 	<p>Parity in Access to Evidence-Based Obesity Treatment</p> <p><i>RESOLVED, that our American Medical Association promote policies and recommend to all public and private health insurance plans to provide coverage parity for evidence-based obesity treatments, including chronic weight management medications, bariatric and metabolic surgery, intensive behavioral therapy, dietary counseling and medical nutrition therapy, equivalent to coverage provided for other chronic diseases such as type 2 diabetes and cardiovascular disease, without exclusionary carve-outs, annual or lifetime caps specific to obesity, or "fail first"/step therapy requirements not applied to comparable chronic conditions (New HOD 38 Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for federal legislation to permanently repeal the Medicare Part D statutory exclusion of anti-obesity medications (Section 1927(d)(2) of the</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
	<ul style="list-style-type: none"> American Association of Clinical Endocrinology (Medical Student Section) The Endocrine Society 	<p><i>Social Security Act), and further advocate that all state Medicaid programs be required to include FDA43 approved anti-obesity medications on their formularies as a condition of federal matching funds (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA oppose as discriminatory any insurance practice that terminates, reduces, or restricts coverage for evidence-based obesity treatment on insurer-defined weight loss targets, body mass index (BMI) thresholds, or other arbitrary metrics that are not aligned with individualized, evidence-based clinical decision-making as well as advocate for federal and state regulation prohibiting such practices (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA oppose, in the absence of supporting clinical evidence, any mandatory supervised weight loss period as a prerequisite for bariatric or metabolic surgery coverage, and advocate for the elimination of such requirements at the federal and state level. (New HOD Policy)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the second resolve of Resolution 710 be amended by addition and deletion to read as follows: RESOLVED, that our AMA advocate for federal legislation to permanently repeal the Medicare Part D statutory exclusion of anti-obesity medications for anti-obesity indications (Section 1927(d)(2) of the Social Security Act), and further advocate that all state Medicaid programs be required to include FDA-approved anti-obesity medications on their formularies as a condition of federal matching funds (New HOD Policy); and be it further</p> <p>RECOMMENDATION B: Your Reference Committee recommends that the fourth resolve of Resolution 710 be amended by addition and deletion to read as follows:</p>		

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		<p>RESOLVED, that our AMA oppose arbitrary or non- evidence-based, in the absence of supporting clinical evidence, any mandatory supervised weight loss periods as a prerequisites for bariatric or metabolic surgery coverage, while supporting individualized evidence-based multidisciplinary obesity treatment, including appropriate trials of pharmacologic therapy when clinically indicated and advocate for the elimination of such requirements at the federal and state level. (New HOD Policy)</p> <p>RECOMMENDATION C: Your Reference Committee recommends that Resolution 710 be adopted as amended.</p> <p>RESOLVED, that our American Medical Association promote policies and recommend to all public and private health insurance plans to provide coverage parity for evidence-based obesity treatments, including chronic weight management medications, bariatric and metabolic surgery, intensive behavioral therapy, dietary counseling and medical nutrition therapy, equivalent to coverage provided for other chronic diseases such as type 2 diabetes and cardiovascular disease without exclusionary carve-outs, annual or lifetime caps specific to obesity, or “fail first”/step therapy requirements not applied to comparable chronic conditions (New HOD Policy); and be it further</p> <p>RESOLVED, that our American Medical Association promote policies and recommend to all public and private health insurance plans to provide coverage parity for evidence-based obesity treatments, including chronic weight management medications, bariatric and metabolic surgery, intensive behavioral therapy, dietary counseling and medical nutrition therapy, equivalent to coverage provided for other chronic diseases such as type 2 diabetes and cardiovascular disease without exclusionary carve-outs, annual or lifetime caps specific</p>		



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		<p>to obesity, or “fail first”/step therapy requirements not applied to comparable chronic conditions (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA advocate for federal legislation to permanently repeal the Medicare Part D statutory exclusion of anti-obesity medications (Section 1927(d)(2) of the Social Security Act), and further advocate that all state Medicaid programs be required to include FDA-approved anti-obesity medications on their formularies as a condition of federal matching funds (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA oppose as discriminatory any insurance practice that terminates, reduces, or restricts coverage to evidence-based obesity treatment or insurer-defined weight loss targets, body mass index (BMI) thresholds, or other arbitrary metrics that are not aligned with individualized, evidence-based clinical decision-making as well as advocate for federal and state regulation prohibiting such practices (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA oppose, in the absence of supporting clinical evidence, any mandatory supervised weight loss period as a prerequisite for bariatric or metabolic surgery coverage, and advocate for the elimination of such requirements at the federal and state level. (New HOD Policy)</p>		
712	<ul style="list-style-type: none"> American Academy of Dermatology American College of Mohs Surgery 	<p>Addressing the Commoditization of Medicine Through Recognition of the Full Scope of Physician Work and Contributions</p> <p><i>RESOLVED, that our American Medical Association advocate that health systems, hospitals, other physician employers, and third-party payors recognize that the profession of medicine is not a commoditized entity, is fundamentally anchored in the patient-physician</i></p>	RECOMMENDED FOR ADOPTION	SUPPORT



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	<ul style="list-style-type: none"> Society for Investigative Dermatology 	<p><i>relationship, and should not be reduced solely to productivity measures (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED that our AMA encourage employers of physicians to utilize productivity benchmarks, performance expectations, and compensation structures that recognize and integrate the full scope of physician work, including clinical, administrative, educational, and operational responsibilities that may not be fully captured by traditional productivity metrics (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for regulatory, employer, and practice models that provide both employed and independent physicians with appropriate time, resources, compensation, support, and recognition for non-billable work that is essential to patient care, physician well-being, and health system function. (Directive to Take Action)</i></p>		
713	<ul style="list-style-type: none"> North American Neuromodulation Society 	<p>Reducing Prior Authorization Delays to Improve Access to Neuromodulation and Non-Opioid Pain Therapies</p> <p><i>RESOLVED, that our American Medical Association advocate for the reduction of prior authorization requirements for evidence-based neuromodulation therapies and other non-opioid pain treatments when clinically indicated (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for standardized, transparent, and expedited prior authorization processes across payers, including response timelines that do not exceed 72 hours for non-urgent requests and 24 hours for urgent requests (Directive to Take Action); and be it further</i></p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p><i>RESOLVED, that our AMA work with public and private insurers to ensure that coverage policies for neuromodulation therapies and other non-opioid pain treatments are evidence based, consistent across payers, and minimize administrative barriers to care (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA support policies and legislation aimed at reducing administrative delays that negatively impact patient outcomes and access to non-opioid pain care (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA encourage further research on the impact of insurance-related delays on clinical outcomes, healthcare disparities, and cost-effectiveness in neuromodulation and pain management therapies (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for appropriate reimbursement and equitable access to neuromodulation therapies and other evidence-based, non-opioid pain treatments regardless of insurance type or socioeconomic status. (Directive to Take Action)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that the second resolve clause in Resolution 713 be <u>deleted</u>:</p> <p><i>RESOLVED, that our AMA advocate for standardized, transparent, and expedited prior authorization processes across payers, including response timelines that do not exceed 72 hours for non-urgent requests and 24 hours for urgent requests (Directive to Take Action); and be it further</i></p>		



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		<p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 713 be adopted as amended.</p> <p>RESOLVED, that our American Medical Association advocate for the reduction of prior authorization requirements for evidence-based neuromodulation therapies and other non-opioid pain treatments when clinically indicated (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA advocate for standardized, transparent, and expedited prior authorization processes across payers, including response timelines that do not exceed 72 hours for non-urgent requests and 24 hours for urgent requests (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA work with public and private insurers to ensure that coverage policies for neuromodulation therapies and other non-opioid pain treatments are evidence-based, consistent across payers, and minimize administrative barriers to care (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA support policies and legislation aimed at reducing administrative delays that negatively impact patient outcomes and access to non-opioid pain care (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA encourage further research on the impact of insurance-related delays on clinical outcomes, healthcare disparities, and cost-effectiveness in neuromodulation and pain management therapies (New HOD Policy); and be it further</p>		



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		RESOLVED, that our AMA advocate for appropriate reimbursement and equitable access to neuromodulation therapies and other evidence-based, non-opioid pain treatments regardless of insurance type or socioeconomic status. (Directive to Take Action)		
714	<ul style="list-style-type: none"> American Academy of Emergency Medicine 	<p>Physician Case Log Portability</p> <p><i>RESOLVED, that our American Medical Association advocates for federal and state policies requiring physician employers, regardless of type of employment, to provide physicians, free of charge, with complete and accurate copies of their case logs in a deidentified, electronically transferrable, nonproprietary format when requested to do so (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that such polices establish a mandatory and enforceable timeline for production of case logs, not to exceed five (5) business days (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that procedures are in place for the immediate transfer of case logs to all physicians upon dissolution of the physician employer for any reason. (Directive to Take Action)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that <u>the second resolve</u> of Resolution 714 be <u>amended by addition and deletion</u> to read as follows:</p> <p>RESOLVED, that such policies establish a mandatory and enforceable timeline for production of case logs, that ensures timely access to these files but takes into consideration operational realities, verification processes, and patient privacy safeguards not to exceed five (5) business days (Directive to Take Action); and be it further</p>	ADOPTION AS AMENDED	SUPPORT AS AMENDED



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		<p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 714 be adopted as amended.</p> <p>RESOLVED, that our American Medical Association advocates for federal and state policies requiring physician employers, regardless of type of employment, to provide physicians, free of charge, with complete and accurate copies of their case logs in a deidentified, electronically transferrable, nonproprietary format when requested to do so (Directive to Take Action); and be it further</p> <p>RESOLVED, that such policies establish a mandatory and enforceable timeline for production of case logs, not to exceed five (5) business days (Directive to Take Action); and be it further</p> <p>RESOLVED, that procedures are in place for the immediate transfer of case logs to all physicians upon dissolution of the physician employer for any reason. (Directive to Take Action)</p>		
		<p>Non-Specialty Resolutions – discussed during SSS Virtual Assembly Meeting</p>		



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
006	<ul style="list-style-type: none"> (Indiana) 	<p>Investigating Moral Injury Related to Organ Procurement Practices</p> <p><i>RESOLVED, that our American Medical Association study the national scope and causes of physician moral injury related to organ procurement, and to develop ethical guidelines and best practices that prioritize patient dignity and physician integrity in organ procurement practices. (Directive to Take Action)</i></p> <p>RECOMMENDATION: Your Reference Committee recommends that Resolution 006 be referred.</p>	RECOMMENDED FOR REFERRAL	OPPOSE
102	<ul style="list-style-type: none"> (Pennsylvania) 	<p>Study for EMTALA Relief in Psychiatric Facilities</p> <p><i>RESOLVED, that our American Medical Association perform a study to determine whether it would be appropriate to seek EMTALA relief, exemption, or modifications for exclusively psychiatric hospital facilities. (Directive to Take Action)</i></p> <p>RECOMMENDATION: Your Reference Committee recommends that Resolution 102 be not adopted.</p>	RECOMMENDED FOR NOT ADOPTION	OPPOSE (NOT ADOPT)
113	<ul style="list-style-type: none"> (Medical Student Section) 	<p>Health Insurance Coverage of Hearing Devices and Related Services</p> <p><i>RESOLVED, that our American Medical Association support public and private health insurance coverage of hearing services and devices, including digital hearing aids and routine replacements, for hearing-impaired adults aged 18-64. (New HOD Policy)</i></p>	RECOMMENDED FOR ADOPTION	OPPOSE



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		<p>RECOMMENDATION: Your Reference Committee recommends that Resolution 113 be adopted.</p> <p>RESOLVED, that our American Medical Association support public and private health insurance coverage of hearing services and devices, including digital hearing aids and routine replacements, for hearing-impaired adults aged 18-64. (New HOD Policy)</p>		
203	<ul style="list-style-type: none"> • (Florida) • (Texas) • (Oklahoma) 	<p>Support for Independent Evaluation of Outcomes Associated with Unsupervised Nurse Practitioner Practice</p> <p><i>RESOLVED, that our American Medical Association advocate for and support funding of independent, academically rigorous studies comparing patient outcomes between unsupervised nurse practitioner care and physician-led team-based care, including measures of patient safety, quality, utilization, access, and health outcomes, with a goal of publication in peer-reviewed literature. (Directive to Take Action)</i></p> <p>RECOMMENDATION A: Your Reference Committee recommends that Resolution 203 be amended by addition and deletion to read as follows:</p> <p>RESOLVED, that our American Medical Association advocate for additional independent, academically rigorous studies performing comparative effectiveness analyses of patient outcomes between autonomous non-physician practitioners and physician-led (MD/DO) team based care models, including measures of patient safety, quality, utilization, access, and health outcomes, with a goal of publication in peer-reviewed scientific journals and support funding of independent, academically rigorous studies comparing patient outcomes between unsupervised nurse practitioner care and physician-led team-based care,</p>	RECOMMENDED FOR ADOPTION AS AMENDED	NO POSITION



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC / Prelim Report Recommendation	SSS Action
		<p>including measures of patient safety, quality, utilization, access, and health outcomes, with a goal of publication in peer-reviewed literature. (Directive to Take Action)</p> <p>RECOMMENDATION B: Your Reference Committee recommends that Resolution 203 be adopted as amended.</p> <p>RECOMMENDATION C: Your Reference Committee recommends that the title of Resolution 203 be changed to read as follows:</p> <p>SUPPORT FOR EVALUATION OF OUTCOMES ASSOCIATED WITH NON-PHYSICIAN PRACTITIONER PRACTICE</p> <p>RESOLVED, that our American Medical Association advocate for and support funding of independent, academically rigorous studies comparing patient outcomes between unsupervised nurse practitioner care and physician-led team-based care, including measures of patient safety, quality, utilization, access, and health outcomes, with a goal of publication in peer-reviewed literature. (Directive to Take Action)</p>		