



**SPECIALTY AND SERVICE SOCIETY (SSS)  
VIRTUAL MEETING | ANNUAL 2026**

---

May 31, 2026



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

All times listed are Central Time			Schedule subject to change
<b>Sunday, May 31</b>			
<b>2:00 – 4:00 pm</b>	<b>SSS Virtual Meeting</b>		<a href="#">Zoom registration link</a>
2:00 pm	<b>Welcome/Call to Order</b>	Michael Simon, MD, MBA Chair, SSS Governing Council	
2:05 pm	<b>Approval of I25 SSS Meeting Minutes</b>	Hilary Fairbrother, MD, MPH	
2:10 pm	<b>Rules Committee Report</b>	Alëna Balasanova, MD, Chair	
2:15 pm	<b>Nominating Committee Report</b>	Adam Rubin, MD, Chair	
2:20 pm	<b>House Business</b>	Hilary Fairbrother, MD, MPH Chair-elect, SSS Governing Council	
4 pm	<b>Adjourn</b>	Michael Simon, MD, MBA	
<b>Saturday, June 6</b>			
<b>10:00 am – 11:30 am</b>	<b>SSS Assembly Meeting</b> Refreshments provided		<b>Crystal Ballroom A/B</b>
10:00 am	<b>Welcome/Call to Order</b>	Michael Simon, MD, MBA	
10:05 am	<b>AMPAC Update</b>	Hans Arora, MD, PhD	
10:10 am	<b>AMA Foundation Update</b>	Shilpen Patel, MD	
10:15 am	<b>AMA Advocacy Update</b>	Todd Askew, SVP, Advocacy	
10:30 am	<b>House Business</b>	Hilary Fairbrother, MD, MPH	
11:30 am	<b>Adjourn</b>	Michael Simon, MD, MBA	
<b>12:00 pm</b>	<b>House of Delegates Second Opening</b>		
<b>Sunday, June 7</b>			
<b>4:00 – 5:00 pm</b>	<b>SSS Social Gathering</b>		<b>The Living Room</b>
<b>Monday, June 8</b>			
<b>6:00 – 8:45 am</b>	<b>SSS Assembly Meeting</b> Refreshments provided	Michael Simon, MD, MBA Hilary Fairbrother, MD, MPH	<b>Crystal Ballroom B/C</b>
6:00 – 8:00 am	<b>Candidate Forum Panels</b>		
6:05 – 6:20 am	<b>President elect</b> One open position <ul style="list-style-type: none"> <li>• <a href="#">Sandra A. Fryhofer, MD</a> (PDF)</li> <li>• <a href="#">Michael Suk, MD, JD, MPH, MBA</a> (PDF)</li> </ul>	Stuart Glassman, MD Michael Simon, MD, MBA	
6:20 am – 6:35 am	<b>Board of Trustees</b>	Stuart Glassman, MD Michael Simon, MD, MBA	

	<p>One.open.position·one.potential.open.position\  <ul style="list-style-type: none"> <li>• <a href="#">Toluwalasé (Lasé) Ajayi, MD</a> (PDF)</li> <li>• <a href="#">Raj Ambay, MD</a> (PDF)</li> <li>• <a href="#">Alex Ding, MD</a> (PDF)</li> <li>• <a href="#">Stephen K. Epstein, MD, MPP</a> (PDF)</li> </ul> <p>\Potential.newly.opened.position;Position.that.may.open.as.the.result.of.the.election.of.a.currently.announced.candidate.in.another.contest;</p> </p>		
6:40 am – 6:55 am	<p><b>Board of Trustees</b>  One.open.position·one.potential.open.position\  <ul style="list-style-type: none"> <li>• <a href="#">Stuart Gitlow, MD, MPH, MBA</a> (PDF)</li> <li>• <a href="#">Marilyn Heine, MD</a> (PDF)</li> <li>• <a href="#">Tripti Kataria, MD</a> (PDF)</li> <li>• <a href="#">Heather A. Smith, MD, MPH</a> (PDF)</li> </ul> <p>\Potential.newly.opened.position;Position.that.may.open.as.the.result.of.the.election.of.a.currently.announced.candidate.in.another.contest;</p> </p>	Stuart Glassman, MD Michael Simon, MD, MBA	
7:00 am – 7:15 am	<p><b>Board of Trustees, Young Physician</b>  One.open.position  <ul style="list-style-type: none"> <li>• <a href="#">Amar Kelkar, MD, MPH</a> (PDF)</li> <li>• <a href="#">Sam Mathis, MD, MBA</a> (PDF)</li> <li>• <a href="#">Avani Patel, MD, MHA</a> (PDF)</li> </ul> </p>	Alëna Balasanova, MD Hilary Fairbrother, MD, MPH	
7:15 am – 7:25 am	<p><b>Council on Medical Education</b>  One.open.position  <ul style="list-style-type: none"> <li>• <a href="#">P. Travis Harker, MD, MPH</a> (PDF)</li> <li>• <a href="#">Mark Milstein, MD</a> (PDF)</li> </ul> </p>	Alëna Balasanova, MD Shilpen Patel, MD	
7:25 am – 7:40 am	<p><b>Council on Medical Service</b>  Three.open.positions  <ul style="list-style-type: none"> <li>• <a href="#">Ravi Goel, MD</a> (PDF)</li> <li>• <a href="#">Michael Hanak, MD</a> (PDF)</li> <li>• <a href="#">Niva M. Lubin-Johnson, MD</a> (PDF)</li> <li>• <a href="#">Steven Wang, MD, MBA</a> (PDF)</li> </ul> </p>	Sarah Candler, MD Hilary Fairbrother, MD, MPH	
7:40 am – 8:00 am	<p><b>Council on Science &amp; Public Health</b>  Four open positions  <ul style="list-style-type: none"> <li>• <a href="#">Joanna Turner Bisgrove, MD, MPH</a> (PDF)</li> <li>• <a href="#">Joshua Cohen, MD, MPH</a> (PDF)</li> <li>• <a href="#">Dave Cundiff, MD, MPH</a> (PDF)</li> <li>• <a href="#">Laura Halpin, MD, PhD</a> (PDF)</li> <li>• <a href="#">Cynthia Romero, MD</a> (PDF)</li> </ul> </p>	Hans Arora, MD, PhD Sarah Candler, MD	
8:00 am – 8:45 am	<b>House Business</b>	Hilary Fairbrother, MD, MPH	
8:45 am	<b>Adjourn</b>	Michael Simon, MD, MBA	
<b>9:00 am – 6:00 pm</b>	<b>House of Delegates Business Session</b>		



# Interim 2025 Meeting Minutes

On November 8, 2025, at 2:00 p.m. Michael Simon, MD, Chair of the Specialty and Service Society (SSS) called the Zoom meeting of the SSS to order and introduced the members of the Governing Council.

Dr. Simon presented the minutes of the June 2025 meeting of the SSS for approval. The minutes were adopted.

Dr. Simon presented the SSS Rules Committee Report for approval.

The Rules Committee reviewed letters of compliance and membership data from societies undergoing the five-year review process, societies applying for representation in the House of Delegates and societies applying for representation in the SSS.

Based on the review of letters of compliance and the membership data the SSS Rules Committee recommends the following be forwarded to the AMA Board of Trustees:

1. Having met all the necessary requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5, the American College of Occupational and Environmental Medicine, American Gastroenterological Association American Geriatrics Society, American Orthopaedic Association, American Psychiatric Association, American Roentgen Ray Society, American Society of Nuclear Cardiology, Society of Cardiovascular Computed Tomography and Society of Hospital Medicine retain representation in the AMA House of Delegates
2. Having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5, The Triological Association be given a one-year grace period to work with AMA membership staff to increase their AMA membership.

In addition:

3. Having met the requirements for representation, the American Association of Hip and Knee Surgeons and American Epilepsy Society be considered for representation in the House of Delegates.
4. Having met the requirements for representation, the American Society of Pain and Neuroscience, AO North America, The OrthoForum, and the Orthopaedic Trauma Association be granted representation in the Specialty and Service Society.

The Rules Committee Report was adopted.

Dr. Simon turned the meeting over to Hilary Fairbrother, MD, to preside over the discussion of House Business.

The meeting recessed at 4:00 p.m.

Dr. Simon reconvened the meeting on November 15 at 10:00 am in Woodrow Wilson A of the Gaylord National Resort & Convention Center and welcomed everyone to the meeting.

Dr. Simon introduced Dr. Shilpen Patel to deliver an AMA Foundation update, Dr. Hans Arora to deliver an AMPAC update, AMA SVP of Advocacy Todd Askew to provide an AMA Advocacy update, and AMA Board Chair Dr. David Aizuss to present an AMA board update.

Dr. Simon turned the meeting over to Dr. Fairbrother to preside over the House Business discussion.

The meeting recessed at 12:00 pm.

Dr. Simon reconvened the meeting on November 17, at 6:30 am in Potomac B of the Gaylord National Resort & Convention Center.

Representatives of the AMA Councils provided updates on the work of their respective councils.

The House Business Committee reviewed the work of the reference committees.

The SSS adjourned at 8:15 am



# Rules Committee Report



Memo To: Specialty and Service Society Members  
From: SSS Rules Committee  
Date: May 2026  
Subject: Report of the Rules Committee

---

The Specialty and Service Society (SSS) Rules Committee reviewed letters of compliance and membership data from eighteen societies undergoing the five-year review process, two societies being reviewed during a one-year grace period, one society applying for representation in the House of Delegates (HOD), and one society applying for representation in the SSS.

Organizations are required to submit information to demonstrate continuing compliance with the guidelines established for representation in the HOD (Exhibit 1). Also required is compliance with the five responsibilities of national medical specialty organizations (Exhibit 2). The following organizations were asked to submit materials for the five-year review process in accordance with AMA Bylaw B-8.5:

American Academy of Child and Adolescent Psychiatry  
American Association of Clinical Endocrinology  
American Association of Physicians of Indian Origin  
American College of Medical Genetics and Genomics  
American College of Radiation Oncology  
American Institute of Ultrasound in Medicine  
American Orthopaedic Foot and Ankle Society  
American Society for Clinical Pathology  
American Society of Anesthesiologists  
American Society of Cataract and Refractive Surgery  
American Society of Colon and Rectal Surgeons  
American Society of Dermatopathology  
American Society of Neuroradiology  
Obesity Medicine Association  
Post-Acute and Long-Term Care Medical Association  
Renal Physicians Association  
Society of Critical Care Medicine  
Society of Interventional Radiology

In addition, the American Society of Nephrology submitted materials to be considered for representation in the HOD in compliance with the established guidelines (Exhibit 1).

Also, the American Shoulder and Elbow Surgeons submitted materials to be considered for representation in the SSS in compliance with the established guidelines (Exhibit 3).

The Committee reviewed the materials provided and found the American Academy of Child and Adolescent Psychiatry, American Association of Clinical Endocrinology, American College of Medical Genetics and Genomics, American College of Radiation Oncology, American Institute of Ultrasound in Medicine, American Orthopaedic Foot and Ankle Society, American Society for Clinical Pathology, American Society of Anesthesiologists, American Society of Colon and Rectal Surgeons, American Society of Dermatopathology, American Society of Neuroradiology, Obesity Medicine Association, Post-Acute and Long-Term Care Medical Association, Renal Physicians Association, Society of Critical Care Medicine, and Society of Interventional Radiology to be in compliance and eligible to retain their representation in the AMA House of Delegates. Materials were also reviewed for The Triological Society and were found to be in compliance during the society's one-year grace period.

The American Association of Physicians of Indian Origin, American Society of Cataract and Refractive Surgery, and the American Vein and Lymphatic Society were found not to be in compliance with the membership requirements.

In addition, the Committee reviewed the materials for the American Society of Nephrology and found them to be in compliance with the requirements for representation in the HOD.

The Committee also reviewed the materials submitted by the American Shoulder and Elbow Surgeons and found them to be in compliance with the requirements for admission to the SSS.

Based on the review of letters of compliance and the membership data (Exhibit 3) the SSS Rules Committee recommends the following be forwarded to the AMA Board of Trustees:

1. Having met all the necessary requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5, the American Academy of Child and Adolescent Psychiatry, American Association of Clinical Endocrinology, American College of Medical Genetics and Genomics, American College of Radiation Oncology, American Institute of Ultrasound in Medicine, American Orthopaedic Foot and Ankle Society, American Society for Clinical Pathology, American Society of Anesthesiologists, American Society of Colon and Rectal Surgeons, American Society of Neuroradiology, American Society of Dermatopathology, Obesity Medicine Association, Post-Acute and Long-Term Care Medical Association, Renal Physicians Association, Society of Critical Care Medicine, Society of Interventional Radiology, and The Triological Society retain representation in the AMA House of Delegates.
2. Having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5, the American Association of Physicians of Indian Origin and American Society of Cataract and Refractive Surgery be given a one-year grace period to work with AMA membership staff to increase their AMA membership.
3. Having failed to meet the requirements for representation, the American Vein and Lymphatic Society not be considered for representation in the House of Delegates but retain representation in the SSS.

In addition:

4. Having met the requirements for representation, the American Society of Nephrology be considered for representation in the House of Delegates.
5. Having met the requirements for representation, the American Shoulder and Elbow Surgeons be granted representation in the Specialty and Service Society.

Attachments

*Exhibit 1*

**GUIDELINES FOR REPRESENTATION IN & ADMISSION TO  
THE HOUSE OF DELEGATES FOR NATIONAL MEDICAL SPECIALTY SOCIETIES:**

1. The organization must not be in conflict with the constitution and bylaws of the American Medical Association by discriminating in membership on the basis of race, religion, national origin, sex, or handicap.
2. The organization must (a) represent a field of medicine that has recognized scientific validity; and (b) not have board certification as its primary focus, and (c) not require membership in the specialty organization as a requisite for board certification.
3. The organization must meet one of the following criteria:
  - 1,000 or more AMA members;
  - At least 100 AMA members and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of the AMA; or
  - Have been represented in the House of Delegates at the 1990 Annual Meeting and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of the AMA.
4. The organization must be established and stable; therefore, it must have been in existence for at least 5 years prior to submitting its application.
5. Physicians should comprise the majority of the voting membership of the organization.
6. The organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges and are eligible to hold office.
7. The organization must be active within its field of medicine and hold at least one meeting of its members per year.
8. The organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states.
9. The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization.
10. If international, the organization must have a US branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines.

*Exhibit 2*

**RESPONSIBILITIES OF NATIONAL MEDICAL SPECIALTY ORGANIZATIONS**

1. To cooperate with the AMA in increasing its AMA membership.
2. To keep its delegate to the House of Delegates fully informed on the policy positions of the organizations so that the delegate can properly represent the organization in the House of Delegates.
3. To require its delegate to report to the organization on the actions taken by the House of Delegates at each meeting.
4. To disseminate to its membership information to the actions taken by the House of Delegates at each meeting
5. To provide information and data to the AMA when requested.

*Exhibit 3*

**GUIDELINES FOR ADMISSION TO  
THE AMA SPECIALTY AND SERVICE SOCIETY (SSS)**

Specialty societies applying for representation must be in compliance with the requirements for delegate status in the AMA House of Delegates (AMA Policy 600.020). Compliance will be the judgment of the SSS Governing Council that a specialty society has met the general criteria for delegate status in the AMA House of Delegates. To assist the Governing Council in determining whether a specialty society should be admitted to the SSS, the following criteria (as set forth in AMA Policy 600.020) shall be used:

- A. The organization must not be in conflict with the constitution and bylaws of the American Medical Association by discriminating in membership on the basis of sex, color, creed, religion, disability, ethnic origin, sexual orientation, or age, or for any other reason unrelated to character or competence;
- B. The organization must have a voluntary membership and must report as members only those physician members who are current in payment of applicable dues, and eligible to serve on committees or the governing body;
- C. The organization must be active within its field of medicine and hold at least one meeting of its members per year;
- D. The organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states;
- E. The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization;
- F. If international, the organization must have a U.S. branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines;
- G. The organization must represent a field of medicine that has recognized scientific validity; not have board certification as its primary focus, and not require membership in the specialty organization as a requisite for board certification;
- H. A SSS applicant society must meet 50% of the current AMA membership requirement for Delegate status in the AMA House of Delegates in order to be granted or to maintain representation in the SSS. The society must be able to demonstrate active recruitment for AMA membership to meet the House of Delegates requirement for representation;
- I. The organization must be established and stable; therefore it must have been in existence for at least 5 years prior to submitting its application to the SSS; and
- J. To be eligible for membership status, physicians should comprise the majority of the voting membership of the organization.

***Exhibit 4 - Summary Membership Information***

**Organization**

**AMA Membership of Organization's  
Total Eligible Membership**

American Academy of Child and Adolescent Psychiatry*	1,796 of 8,292 (22%)
American Association Clinical Endocrinology	757 of 3,156 (24%)
American Association of Physicians of Indian Origin	Did not submit data
American College of Medical Genetic and Genomics	415 of 996 (42%)
American College of Radiation Oncology	169 of 585 (29%)
American Institute of Ultrasound in Medicine	703 of 3,209 (22%)
American Orthopaedic Foot and Ankle Society	177 of 833 (20%)
American Shoulder and Elbow Surgeons	158 of 1,045 (15%)
American Society for Clinical Pathology	1,570 of 7,463 (21%)
American Society of Anesthesiologists*	9,428 of 49,594 (19%)
American Society of Cataract and Refractive Surgery*	604 of 3,335 (18%)
American Society of Colon and Rectal Surgeons *	680 of 2,927 (23%)
American Society of Dermatopathology	279 of 1,047 (27%)
American Society of Neuroradiology	765 of 3,294 (23%)
American Society of Nephrology	2,001 of 9,699 (21%)
American Vein and Lymphatic Society	199 of 1,102 (18%)
Obesity Medicine Association	704 of 2,699 (26%)
Post-Acute and Long-Term Care Medical Association	362 of 1,615 (22%)
Renal Physicians Association	566 of 2,173 (26%)
Society of Critical Care Medicine	1,957 of 7,597 (26%)
Society of Interventional Radiology	688 of 3,244 (21%)

The Triological Society

123 of 571 (22%)

*\* Represented in the House of Delegates at the 1990 Annual Meeting*

Nominating  
Committee Report



Memo to: Specialty and Service Society Members  
From: Nominating Committee  
Date: May 2026  
Subject: Nominating Committee Report

---

In accordance with the Specialty and Service Society (SSS) Standing Rules, the Nominating Committee is providing SSS members advance notice of its nominations for elected offices:

- Chair: Hilary Fairbrother, MD
- Chair-Elect: Sarah Candler, MD
- Secretary: Mark Milstein, MD
- Member At Large (two-year term): Stuart Greenstein, MD

This report and its recommendations are presented to the SSS. Absent objections the slate put forth by the nominating committee will be adopted and begin service following the June meeting of the Specialty and Service Society.

# Meeting Guidelines

## SSS Virtual Meeting Guidelines

---

- The purpose of SSS review of specialty-introduced resolutions is to gain consensus on the general intent of the resolution and determine a position. Wordsmithing should be handled directly with authors or in the reference committees, not during the virtual meeting.
- The Specialty Society Resolutions chart is submitted as a consent agenda.
- SSS members may request that specific resolutions be extracted from the consent agenda for discussion.
  - **So we can best prepare, if you would like a resolution extracted from the consent agenda for discussion, please let [joaquin.falcon@ama-assn.org](mailto:joaquin.falcon@ama-assn.org) know by Thursday, May 28<sup>th</sup>.**
  - Extractions requested after the deadline, including during the virtual meeting itself, will be addressed after all other extractions which were requested by the deadline. We will address specialty resolutions first followed by non-specialty resolutions.
- Items remaining on the consent agenda will be voted on as a single item.
- Resolutions removed from the consent agenda will then be considered in numerical order.
- The individual who requested the removal will be recognized to speak to the resolution.
- Recommendations for action will be limited to **SUPPORT**, **OPPOSE**, or **NO POSITION**.
- In the interest of time and efficiency, amendments will not be considered during the virtual meeting. However, they may be proposed at the in-person SSS Assembly meeting on **June 6<sup>th</sup> and 8<sup>th</sup>**. Those proposing amendments should have language prepared before they approach the microphone to speak.
- Speaker comments should be 30 seconds on average—but must not exceed 45 seconds.
- Following discussion, resolutions removed from the consent calendar will be voted on individually via Zoom poll.
  - Vote tallies will be analyzed after the meeting to ensure that they meet the required three-fifths majority of members present and voting, with a minimum of 30 organizations voting in the affirmative.
- Resolutions that have not been finalized and/or submitted will not be considered during the SSS virtual meeting.
- Non specialty resolutions will only be considered during the virtual meeting if time allows. Otherwise, they will be deferred to the **Monday, June 8<sup>th</sup>** in-person meeting and will be taken up only if time allows.

- **So we can best prepare, if you would like the SSS to consider non specialty resolutions, please share them with [joaquin.falcon@ama-assn.org](mailto:joaquin.falcon@ama-assn.org) by Thursday, May 28<sup>th</sup>.**
- Extractions requested after the deadline, including during the virtual meeting itself, will be addressed after all other extractions which were requested by the deadline. We will address specialty resolutions first followed by non-specialty resolutions.

# House Business

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
<b><u>ETHICS &amp; BYLAWS</u></b>			
001	<ul style="list-style-type: none"> <li>American College of Medical Genetics and Genomics</li> <li>(Medical Student Section)</li> </ul>	<p><b>Ethical Guidance on Postmortem Sample Collection for Genetic Testing</b></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>	SUPPORT
002	<ul style="list-style-type: none"> <li>(Florida)</li> <li>American Academy of Emergency Medicine</li> </ul>	<p><b>Physician Workload and Scheduling</b></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>	SUPPORT

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
003	<ul style="list-style-type: none"> <li>American Academy of Ophthalmology</li> </ul>	<p><b>Artificial Intelligence to Bolster Physician-Led Team-Based Care</b></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>	SUPPORT
<b><u>REFERENCE COMMITTEE A</u></b>			
109	<ul style="list-style-type: none"> <li>American Association of Neurological Surgeons</li> </ul>	<p><b>Insurance Coverage for Pediatric Intracranial Neuromodulation for Drug-Resistant Epilepsy</b></p>	SUPPORT

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
	<ul style="list-style-type: none"> <li>Congress of Neurological Surgeons</li> </ul>	<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</i></p> <p><i>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>	
115	<ul style="list-style-type: none"> <li>Association for Clinical Oncology</li> <li>American Society of Hematology</li> <li>American College of Rheumatology</li> </ul>	<p><b>Patient Continuity Protections During Payer, PBM Changes</b></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>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
116	<ul style="list-style-type: none"> <li>American Academy of Pediatrics</li> </ul>	<p><b>Study of Cost Implications of Medicaid Managed Care Organizations Compared with State-Administered Medicaid Programs</b></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"> <li><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></li> <li><i>Whether Medicaid managed care arrangements result in net cost savings, increased costs, or cost neutrality compared with state-administered models.</i></li> <li><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></li> </ul>	SUPPORT
118	<ul style="list-style-type: none"> <li>American College of Rheumatology</li> </ul>	<p><b>Addressing Proposals to Implement International Reference Pricing for Physician-Administered Drugs</b></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>	SUPPORT

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<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> <ol style="list-style-type: none"> <li><i>1. 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"> <li><i>a. The arbitration process should be overseen by objective, independent entities.</i></li> <li><i>b. The objective, independent entity overseeing arbitration should have the authority to select neutral arbitrators or an arbitration panel.</i></li> <li><i>c. 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></li> <li><i>d. The arbitration process should be informed by comparative effectiveness research and cost-effectiveness analysis addressing the drug in question.</i></li> <li><i>e. The arbitration process should include the submission of a value-based price for the drug in question to inform the arbitrator’s decision.</i></li> </ol> </li> </ol>	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>f. The arbitrator should be required to choose either the bid of the pharmaceutical manufacturer or the bid of the payer.</i></p> <p><i>g. The arbitration process should be used for pharmaceuticals that have insufficient competition; have high list prices; or have experienced unjustifiable price increases.</i></p> <p><i>h. The arbitration process should include a mechanism for either party to appeal the arbitrator’s decision.</i></p> <p><i>i. The arbitration process should include a mechanism to revisit the arbitrator’s decision due to new evidence or data.</i></p> <p>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></p> <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"> <li><i>1. Ensuring reimbursement at or above acquisition cost for physician-administered drugs.</i></li> <li><i>2. Protecting patient access to in-office treatments.</i></li> <li><i>3. Avoiding shifting care to higher-cost settings.</i></li> </ol>	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p>4. <i>Minimizing administrative and financial burdens on physician practices.</i></p> <p>d. <i>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>3. <i>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>	
<b><u>REFERENCE COMMITTEE B</u></b>			
206	<ul style="list-style-type: none"> <li>American Association of Clinical Urologists</li> </ul>	<p><b>Overall Hospital Quality Star Ratings / CMS Star Ratings</b></p> <p><i>RESOLVED, that our American Medical Association advocate to CMS that the Overall Hospital Quality Star Ratings (CMS Star Ratings) include a 6<sup>th</sup> 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>	<b>SUPPORT</b>
207	<ul style="list-style-type: none"> <li>American College of Obstetricians and Gynecologists</li> </ul>	<p><b>Addressing Rural Maternity Care Deserts Through the Conrad 30 Waiver Program</b></p>	<b>MONITOR (NO POSITION)</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
	<ul style="list-style-type: none"> <li>The American Association of Gynecologic Laparoscopists</li> </ul>	<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"> <li><i>advocate for the redistribution (or recapture) of unused waiver capacity to high-need states; and</i></li> <li><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></li> </ul>	
219	<ul style="list-style-type: none"> <li>American College of Lifestyle Medicine</li> </ul>	<p><b>Incorporating Evidence-Based Lifestyle Medicine into Rural Health Transformation Programs</b></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</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<i>the scored requirements/categories of the Rural Health Transformation Program application. (New HOD Policy)</i>	
221	<ul style="list-style-type: none"> <li>• American Academy of Otolaryngology – Head and Neck Surgery</li> <li>• American Academy of Pediatrics</li> <li>• (Minnesota Medical Association)</li> </ul>	<p><b>Universal Newborn Congenital Cytomegalovirus Screening</b></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>	<b>SUPPORT</b>
234	<ul style="list-style-type: none"> <li>• International College of Surgeons</li> </ul>	<p><b>Physician Unity in Advocacy Regarding Physician Reimbursement</b></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</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>specifically targeted at other physician specialties or physician groups (Directive to Take Action); and be it further</i></p> <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>	
236	<ul style="list-style-type: none"> <li>• (LGBTQ+ Section)</li> <li>• (Medical Student Section)</li> <li>• American College of Physicians</li> </ul>	<p><b>Extending and Expanding the AMA Task Force to Preserve the Patient-Physician Relationship to Ensure Access and Regulatory Clarity in Gender-Affirming Care</b></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</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>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"> <li><i>1. State-specific legal summaries and regulatory guidance;</i></li> <li><i>2. Shield law analyses and cross-state practice considerations;</i></li> <li><i>3. Privacy and HIPAA compliance best practices;</i></li> <li><i>4. Risk-mitigation guidance addressing civil, criminal, and professional liability;</i></li> <li><i>5. Documentation and informed consent templates consistent with evolving legal standards;</i></li> <li><i>6. Coding, billing, and reimbursement guidance;</i></li> <li><i>7. Institutional policy templates and sample protocols;</i></li> <li><i>8. Educational and training resources for undergraduate and graduate medical education;</i></li> <li><i>9. Telehealth and interstate licensure guidance; and</i></li> <li><i>10. Information regarding legal assistance and physician defense resources (Directive to Take Action); and be it further</i></li> </ol> <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</i></p>	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>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"> <li>• American Academy of Physical Medicine and Rehabilitation</li> <li>• American Association of Neuromuscular &amp; Electrodiagnostic Medicine</li> </ul>	<p><b>Medicare Administrative Contractor Policy Modification</b></p> <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"> <li>1. <i>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></li> <li>2. <i>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></li> </ol>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p>3. <i>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></p> <p>4. <u><i>Our AMA will advocate and work with CMS to require a minimum 90-day public comment period for new or revised LCDs.</i></u></p> <p>5. <u><i>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.</i></u></p> <p>6. <u><i>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</i></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>	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
240	<ul style="list-style-type: none"> <li>American Academy of Emergency Medicine</li> </ul>	<p><b>Ending Private Equity Dividend Recapitalization in Healthcare</b></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>	<b>SUPPORT</b>
241	<ul style="list-style-type: none"> <li>American Academy of Emergency Medicine</li> <li>(Florida)</li> </ul>	<p><b>Strengthening Our AMA Efforts Toward CPOM Prohibition</b></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><u>"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."</u> (Modify Current HOD Policy); and be it further</i></p>	<b>MONITOR (NO POSITION)</b>



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<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>  <del>“Physicians who are contemplating corporate investor partnerships or corporate entity relationships</del> <u>Physicians and policymakers evaluating corporate investment in physician practices</u> should consider the following principles to ensure that any such relationships <u>remain subordinate to physician ownership, governance, and professional medical judgment”</u> (Modify 15 Current HOD Policy); and be it further</p> <p><i>RESOLVED, that our AMA amend Policy H-160.891 by deletion and addition in subsection (d) as follows:</i>  <del>“(d) Physicians should ensure that contractual arrangements preserve physician autonomy in clinical decision making. Physician practices delivering medical care</del> <u>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.”</u> (Modify Current HOD Policy); and be it further</p> <p><i>RESOLVED, that our AMA amend Policy H-160.891 by deletion and addition in subsection (e) as follows:</i>  <del>“(e) Physicians should carefully review contractual provisions governing governance structures, compensation arrangements, and management responsibilities when entering relationships with corporate investors. Our AMA</del></p>	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><u>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’ 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.” (Modify Current HOD Policy); and be it further</u></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.” (Modify Current HOD Policy); and be it further</u></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:</p>	



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><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.” (Modify Current HOD Policy); and be it further</u></p> <p>RESOLVED, that our AMA amend Policy H-160.891 by deletion and addition in subsection (h) as follows:</p> <p><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></p> <p>RESOLVED, that our American Medical Association amend AMA Policy H-160.891 by deletion and addition in item 2 as follows: <u>“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)</u></p>	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
242	<ul style="list-style-type: none"> <li>American Academy of Emergency Medicine</li> </ul>	<p><b>Reducing Emergency Department Boarding through Payment Reform</b></p> <p><i>RESOLVED, that our American Medical Association advocates for the Centers for Medicare &amp; 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> <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>	<b>MONITOR (NO POSITION)</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
243	<ul style="list-style-type: none"> <li>• Association for Clinical Oncology</li> <li>• American Society of Hematology</li> </ul>	<p><b>Standardizing Medical Frailty to Streamline Medicaid Community Engagement &amp; Work Exemptions</b></p> <p><i>RESOLVED, that our American Medical Association advocate that the Centers for Medicare &amp; 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>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
<b><u>REFERENCE COMMITTEE C</u></b>			
309	<ul style="list-style-type: none"> <li>• American Association of Neurological Surgeons</li> <li>• Congress of Neurological Surgeons</li> </ul>	<p><b>Osteoporosis Education, Awareness, and Musculoskeletal Health Optimization</b></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>	<b>NO POSITION</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<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> <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</i></p> <p><i>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>	
310	<ul style="list-style-type: none"> <li>• (California)</li> <li>• American College of Obstetricians and Gynecologists</li> <li>• (Hawaii)</li> <li>• (Idaho)</li> <li>• (Oregon)</li> <li>• (Washington)</li> </ul>	<p><b>Increasing Capacity and Access to Maternal Health Services in Rural Areas</b></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>	<b>NO POSITION</b>



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<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>	
312	<ul style="list-style-type: none"> <li>American College of Legal Medicine</li> </ul>	<p><b>Advocating for Equitable Application Review in a Single Match System</b></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</i></p>	NO POSITION

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<i>Manipulative Medicine and Osteopathic Principles and Practice. (Reaffirm HOD Policy)</i>	
<b><u>REFERENCE COMMITTEE D</u></b>			
401	<ul style="list-style-type: none"> <li>• (Oklahoma)</li> <li>• American Association of Public Health Physicians</li> <li>• (Mississippi)</li> <li>• (Tennessee)</li> </ul>	<p><b>Strengthening Public Health Protections Against Raw Milk–Associated Illness</b></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> <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</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>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>  <b>RESOLVED</b>, that our AMA support banning raw milk in settings accessible to children, such as schools and daycare facilities. (New HOD Policy)</p>	
<p><b>407</b></p>	<ul style="list-style-type: none"> <li>American Association of Public Health Physicians</li> </ul>	<p><b>Colorectal Cancer in Alaskan Native Patients</b></p> <p><i>RESOLVED</i>, 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</p> <p><i>RESOLVED</i>, 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. (Directive to Take Action)</p>	<p><b>SUPPORT</b></p>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
408	<ul style="list-style-type: none"> <li>American College of Obstetricians and Gynecologists</li> <li>The American Association of Gynecologic Laparoscopists</li> </ul>	<p><b>Addressing Rural Maternal Morbidity and Mortality through Collaboration and Intersectionality</b></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 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>	SUPPORT
411	<ul style="list-style-type: none"> <li>American Academy of Ophthalmology</li> </ul>	<p><b>Addressing the Myopia Epidemic, Public Education, and Insurance Coverage for Evidence-Based Myopia Control</b></p>	SUPPORT

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<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> <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"> <li>American Association of Public Health Physicians</li> </ul>	<p><b>Erosion of the Public Evidence Base for Health Policy</b></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</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>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>	
414	<ul style="list-style-type: none"> <li>American Association of Public Health Physicians</li> </ul>	<p><b>Restoring Balanced Scientific Perspective within the ACIP</b></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"> <li><i>Our American Medical Association will <u>continue</u> <del>initiate</del> sustained public advocacy in support of the <del>current</del> <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></li> <li><i>Our AMA will <del>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</del> <u>pursue all appropriate channels to reverse the 2025-2026 changes to ACIP’s structure, membership, and operations.</u></i></li> <li><i>Our AMA will <del>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</del></i></li> </ol>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>Services regarding his administration of the Centers for Disease Control and Prevention and Advisory Committee on Immunization Practices.</i></p> <p>4. <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> <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 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</i></p> <p><i>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"> <li>• (Colorado)</li> <li>• (Washington)</li> </ul>	<p><b>Advocacy for Restoration of the Endangerment Finding Regarding Greenhouse Gas Emissions</b></p>	<p><b>SUPPORT</b></p>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
	<ul style="list-style-type: none"> <li>• (Utah)</li> <li>• American College of Physicians</li> </ul>	<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> <p>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)</p>	
416	<ul style="list-style-type: none"> <li>• American Society for Clinical Pathology</li> <li>• American Society of Cytopathology</li> <li>• American Society of Dermatopathology</li> <li>• College of American Pathologists</li> </ul>	<p><b>Clinical Laboratory Workforce Shortage and Sustainability</b></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>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
	<ul style="list-style-type: none"> <li>National Association of Medical Examiners</li> </ul>	<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>	
417	<ul style="list-style-type: none"> <li>American College of Occupational &amp; Environmental Medicine</li> </ul>	<p><b>Respiratory Protection for Wildland Firefighters</b></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 (<math>\leq 80</math> mm H<sub>2</sub>O 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</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<i>registries and studies evaluating respiratory protection effectiveness, acute and chronic health risks, and mitigation strategies. (Directive to Take Action)</i>	
419	<ul style="list-style-type: none"> <li>• (Women Physicians Section)</li> <li>• American College of Lifestyle Medicine</li> </ul>	<p><b>Examining the Impact of Circadian Disruption from Shift Work During Pregnancy</b></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 RESOLVED, that our AMA encourages dissemination of evidence-informed approaches to scheduling and workplace accommodations for pregnant</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<i>individuals as appropriate based on the findings of a report on circadian disruption from shift work during pregnancy. (New HOD Policy)</i>	
425	<ul style="list-style-type: none"> <li>American College of Emergency Physicians</li> </ul>	<p><b>Prioritizing, Measuring, and Preventing Workplace Violence in Health Care</b></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> <p><i>RESOLVED, that our AMA support the aggregation and analysis of workplace violence data to inform research, benchmarking, and the development of</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>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>	
426	<ul style="list-style-type: none"> <li>American College of Cardiology</li> </ul>	<p><b>Integrating Nutrition into Health Care Delivery to Reduce Cardiovascular Risk and Food Insecurity (“Food is Medicine”)</b></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>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<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>	
<p><b>431</b></p>	<ul style="list-style-type: none"> <li>• (Medical Student Section)</li> <li>• American Association of Public Health Physicians</li> </ul>	<p><b>Supporting Transportation Infrastructure Reform for Public Health</b></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> <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><b>SUPPORT</b></p>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
432	<ul style="list-style-type: none"> <li>• (Medical Student Section)</li> <li>• American Psychiatric Association</li> <li>• American Academy of Child and Adolescent Psychiatry</li> <li>• American Academy of Addiction Psychiatry</li> <li>• American Academy of Psychiatry and the Law</li> </ul>	<p><b>Addressing Public Health Risks of Online Sports Betting</b></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>	<b>SUPPORT</b>
<b><u>REFERENCE COMMITTEE E</u></b>			
507	<ul style="list-style-type: none"> <li>• American College of Lifestyle Medicine</li> <li>• (Underrepresented in Medicine Advocacy Section)</li> </ul>	<p><b>Pairing Behavioral and Lifestyle Medicine Principles and Practice with Glucagon-like Peptide-1 (GLP-1) Receptor Agonists and Other Anti-obesity Medications</b></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</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>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>	
508	<ul style="list-style-type: none"> <li>American College of Lifestyle Medicine</li> </ul>	<p><b>Aligning Consistency and Credibility Of Direct-To-Consumer Gut Microbiome Testing Service</b></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</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>such consumers prognosticate informed decisions regarding their health status and subsequent health care (Directive to Take Action); and be it further RESOLVED, that our AMA advocate for review and graded recommendation by the United States Preventive Services Task Force on the use of Direct-to-Consumer Gut Microbiome Testing Services with regard to quality, reliability, reproducibility and validity (Directive to Take Action); and be it further</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>	
511	<ul style="list-style-type: none"> <li>• American Academy of Dermatology</li> <li>• American College of Mohs Surgery</li> <li>• Society for Investigative Dermatology</li> </ul>	<p><b>Preserving Specialty Access to Anti-Cancer Agents</b></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>	<b>SUPPORT</b>



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<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>	
515	<ul style="list-style-type: none"> <li>Association for Clinical Oncology</li> </ul>	<p><b>Transparency in AI-Driven Adverse Determinations &amp; Clinical Logic Disclosure</b></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>	
<b>REFERENCE COMMITTEE F</b>			
606	<ul style="list-style-type: none"> <li>American Society of Plastic Surgeons</li> <li>American Association for Hand Surgery</li> </ul>	<p><b>Further Enabling AMA BOT Expediency for Actions, Advocacy, and Responses During Urgent Situations</b></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>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
	<ul style="list-style-type: none"> <li>• American Society for Aesthetic Plastic Surgery</li> <li>• American Society for Maxillofacial Surgeons</li> <li>• (Michigan State Medical Society)</li> <li>• (Missouri State Medical Association)</li> </ul>	<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><u>a. the formal meetings and notable informal meetings with stakeholders and policymaking entities;</u></p> <p><u>b. the formal correspondence, comments, or testimony submitted by the AMA</u></p> <p><u>c. notable informal correspondence exchanged between AMA management and policymakers or other stakeholders;</u></p> <p><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><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 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</u></p>	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<i><u>impact more than half of all Medicare participating providers. (Modify Current HOD Policy)</u></i>	
608	<ul style="list-style-type: none"> <li>• American College of Occupational &amp; Environmental Medicine</li> <li>• (Iowa)</li> <li>• (Minnesota)</li> <li>• (Nebraska)</li> <li>• (North Dakota)</li> <li>• (South Dakota)</li> <li>• American Academy of Physical Medicine &amp; Rehabilitation</li> <li>• American Academy of Family Physicians</li> </ul>	<p><b>Reinstitution of AMA Guides Editorial Panel</b></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>	<b>SUPPORT</b>
614	<ul style="list-style-type: none"> <li>• American Geriatrics Society</li> </ul>	<p><b>Inclusive Policy Language for Older Adults</b></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</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<i>group of older adults (e.g., Native American elders), in order to avoid a connotation of discrimination and negative stereotypes. (New HOD Policy)</i>	
<b><u>REFERENCE COMMITTEE G</u></b>			
703	<ul style="list-style-type: none"> <li>Obesity Medicine Association</li> </ul>	<p><b>Parity in Pricing for Anti-Obesity Medications</b></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>	<b>SUPPORT</b>
705	<ul style="list-style-type: none"> <li>American Academy of Family Physicians</li> </ul>	<p><b>Recognizing Physicians as Sexual Assault Forensic Examiners</b></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>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<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><b>710</b></p>	<ul style="list-style-type: none"> <li>• American Society for Metabolic and Bariatric Surgery</li> <li>• Society of American Gastrointestinal and Endoscopic Surgeons</li> <li>• Obesity Medical Association</li> <li>• American Academy of Sleep Medicine</li> <li>• American Association of Clinical Endocrinology</li> <li>• (Medical Student Section)</li> </ul>	<p><b>Parity in Access to Evidence-Based Obesity Treatment</b></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 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><b>SUPPORT</b></p>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<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>	
712	<ul style="list-style-type: none"> <li>• American Academy of Dermatology</li> <li>• American College of Mohs Surgery</li> <li>• Society for Investigative Dermatology</li> </ul>	<p><b>Addressing the Commoditization of Medicine Through Recognition of the Full Scope of Physician Work and Contributions</b></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 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</i></p>	<b>SUPPORT</b>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>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"> <li>North American Neuromodulation Society</li> </ul>	<p><b>Reducing Prior Authorization Delays to Improve Access to Neuromodulation and Non-Opioid Pain Therapies</b></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> <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</i></p>	<p><b>NO POSITION</b></p> <p><b>(mostly concerned about the scope of the ask for such a specific therapy and the resulting fiscal note)</b></p>

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<p><i>treatments are evidence<sup>6</sup> 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>	
714	<ul style="list-style-type: none"> <li>American Academy of Emergency Medicine</li> </ul>	<p><b>American Academy of Emergency Medicine</b></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>	<b>SUPPORT</b>



Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommendation
		<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>	

**NON-SPECIALTY RESOLUTIONS (discussed during SSS Virtual Meeting - TBD)**

	•			
	•			
	•			
	•			