

Status Implementation of Resolutions and Report Recommendations AMA House of Delegates Meeting - June 2026

Report/Resolution	Title	House Action	Status
BOT Report 01-A-26	Annual Report	Filed.	
BOT Report 02-A-26	New Specialty Organizations Representation in the House of Delegates	Recommendations in BOT Report 02-A-26 Adopted, Remainder of Report Filed.	The Board of Trustees recommends that the American Association of Hip and Knee Surgeons, the American Epilepsy Society, and the American Society of Neuroimaging be granted representation in the AMA House of Delegates
BOT Report 03-A-26	2025 Grants and Donations	Filed.	
BOT Report 04-A-26	AMA 2027 Dues	Recommendation in BOT Report 04-A-26, Adopted, Remainder of Report Filed.	
BOT Report 05-A-26	Update on Corporate Relationships	Filed.	
BOT Report 06-A-26	AMA Performance, Activities and Status in 2025	Filed.	
BOT Report 07-A-26	Annual Update on Activities and Progress in Tobacco Control: March 2025 through February 2026	Filed.	
BOT Report 08-A-26	Council on Legislation Sunset Review of 2016 House Policies	Recommendations in BOT Report 08-A-26 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database updated.
BOT Report 09-A-26	American Medical Association Optimal Health Outcomes Annual Report	Referred with Report back at I-26.	Board of Trustees Report 2 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Informational)
BOT Report 10-A-26	AMA Efforts on Medicare Payment Reform	Filed.	
BOT Report 11-A-26	AMA Public Health Strategy Update	Filed.	
BOT Report 12-A-26	The Uniform Health-Care Decisions Act	Recommendations in BOT Report 12-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.

Report/Resolution	Title	House Action	Status
BOT Report 13-A-26	Reducing Risk of Federal Investigation or Prosecution for Prescribing Controlled Substances for Legitimate Medical Purposes	Recommendations in BOT Report 13-A-26 Adopted, Remainder of Report Filed.	The AMA sent a letter to the Administrator of Drug Enforcement Administration (DEA) urging the agency to provide clearer guidance for physicians and federal investigators about the factors used during investigations of physicians that involve enforcement of the Controlled Substances Act. The AMA encouraged the DEA to rely on state medical board definitions for “the practice of medicine” to guide investigations into whether a practitioner has acted without a legitimate medical purpose. Letter noted that a clear outline of physician practices that the DEA views as indicating illegal prescribing would strengthen enforcement against unlawful activity while reducing unnecessary fear among physicians who provide medically necessary care.
BOT Report 14-A-26	Binding Arbitration in Health Insurance Contracts	Recommendations in BOT Report 14-A-26 Adopted as Amended, Remainder of Report Filed.	The AMA is in the process of developing arbitration resources as directed.
BOT Report 15-A-26	Protecting the Prescriptive Authority of Plenary Licensed Physicians	Recommendations in BOT Report 15-A-26 Adopted as Amended, Remainder of Report Filed.	A Board of Trustees Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
BOT Report 16-A-26	Demographic Report of the House of Delegates and AMA Membership	Filed.	
BOT Report 17-A-26	Supporting the Integration of Blood Pressure Variability Data in Electronic Medical Records	Recommendations in BOT Report 17-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
BOT Report 18-A-26	Study of Grading Systems in AMA Board Reports	Filed.	
BOT Report 19-A-26	Root Cause Analysis of the Causes of the Decline of Private Medical Practice	Recommendations in BOT Report 19-A-26 Adopted as Amended, Remainder of Report Filed.	A Board of Trustees Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
BOT Report 20-A-26	Mitigating the Impact of Excessive Prior Authorization Processes	Recommendations in BOT Report 20, Adopted as Amended, Remainder of Report Filed.	AMA Policy Database updated.
BOT Report 21-A-26	Abolishing Venue Shopping	Recommendations in BOT Report 21-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
BOT Report 22-A-26	Comprehensive AMA Policy Publication Regarding Employed Physicians	Recommendations in BOT Report 22-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.

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BOT Report 23-A-26	Liberalized Remorse Period for Medicare Advantage Plan Insureds	Recommendations in BOT Report 23-A-26 Adopted, Remainder of Report Filed.	The AMA met with Medicare Payment Advisory Commission chair and staff to advocate that the commission consider adopting AMA policies on improving the information that people have when they choose between traditional Medicare and Medicare Advantage (MA) and allowing disenrollment within 12 months of enrollment in MA. The AMA developed a proposal for CMS Center for Medicare and Medicaid Innovation to test a model providing good information to people approaching age 65 about the Medicare enrollment choices. A letter was sent to the CMS Administrator advocating that CMS adopt this approach and extend 12 months disenrollment option to people joining MA who do not have Medigap policy.
BOT Report 24-A-26	AMA Advocacy to Mitigate Medicaid Cuts	Recommendations in BOT Report 24-A-26 Adopted as Amended, Remainder of Report Filed.	A Board of Trustees Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
BOT Report 25-A-26	Federal Legislation to Prohibit the Corporate Practice of Medicine	Recommendations in BOT Report 25-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
BOT Report 26-A-26	AMA Ethics Fellowships	Filed.	
BOT Report 27-A-26	Update the Status of Virtual Credit Card Policy, EFT Fees, and Lack of Enforcement of Administrative Simplification Requirements by CMS	Recommendations in BOT Report 27-A-26 Adopted, Remainder of Report Filed.	A Board of Trustees Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
BOT Report 28-A-26	Accountability in the Use of Augmented Intelligence for Prior Authorization	Recommendations in BOT Report 28-A-26 Adopted as Amended, Remainder of Report Filed.	The AMA incorporated its updated AI policies into its comments on the 2027 Physician Fee Schedule and Quality Payment Program. The comments urge CMS to require broad transparency around AI use and hold payers accountable for how they deploy AI. The AMA created an issue brief for state advocates and lawmakers to use to help advance legislation to govern the use of AI by payers and distributed the brief to national, state and national medical specialty societies. Notably, seven states enacted new laws this year related to the use of AI in prior authorization/coverage denials.
BOT Report 29-A-26	Educational Materials Regarding Ultra-processed Foods	Recommendations in BOT Report 29-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
BOT Report 30-A-26	AMA Reimbursement of Necessary HOD Business Expenses for Delegates and Alternates Report	Filed.	
BOT Report 31-A-26	Establishing an Advisory Committee on AI/AN Affairs	Filed.	

Report/Resolution	Title	House Action	Status
BOT Report 32-A-26	Disability Advisory Group Report	Filed.	
BOT Report 33-A-26	Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care is Banned or Restricted	Filed.	Board of Trustees Report 21 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee B)
BOT Report 34-A-26	Discontinuation of AMA Citation for Distinguished Service	Recommendations in BOT Report 34-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
BOT Report 35-A-26	Specialty Society Representation in the House of Delegates – Five-Year Review	Recommendations in BOT Report 35-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
BOT Report 36-A-26	Update on the Report of the TRHT Task Force to the AMA Board of Trustees	Adopted as Amended, Remainder of Report Filed.	<p>The Board received an update from Dr. John Whyte on the Task Force work which provided a brief history of the work of the Task Force and presented three options for consideration by the Board for approval. Each option presented the potential activities, advantages and limitations of each.</p> <p>The Board VOTED to APPROVE the acknowledgements reviewed in the TRHT report, with the following exceptions:</p> <ul style="list-style-type: none"> i. Not to acknowledge the one on midwifery ii. Adding an acknowledgement regarding DOs iii. Possibly consolidating acknowledgements and pivoting to a message of celebration and contextualization of progress <p>The Board VOTED to APPROVE further review of items 1, 2, 4, 6, 7, 11, 12, 14 in the TRHT report and have management return with an operational plan for review and approval.</p> <p>The Board VOTED to ACCET FOR INFORMATION the recommendations of the Task Force.</p>
BOT Report 37-A-26	AMA Policies on Gender Affirming Care	Filed.	
BOT Report 38-A-26	Project IMG Official Observer Status in the House of Delegates	Recommendations in BOT Report 38-A-26, Adopted, Remainder of Report Filed.	Implemented.

Report/Resolution	Title	House Action	Status
CCB Report 01-A-26	Introducing CCB Reports 2-7 concerning Bylaw 2, House of Delegates	Filed.	
CCB Report 02-A-26	HOD Representation and Composition	Recommendations in CCB Report 02-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CCB Report 03-A-26	Rights & Privileges of HOD Members	Recommendations in CCB Report 03-A-26 Adopted as Amended, Remainder of Report Filed.	AMA Bylaws Updated.
CCB Report 04-A-26	Credentialing of HOD Delegates and Alternate Delegates	Recommendations in CCB Report 04-A-26 Adopted, Remainder of Report Filed.	AMA Bylaws Updated.
CCB Report 05-A-26	Inclusion of Medical Students and Resident/Fellow Physicians in HOD Delegations	Recommendations in CCB Report 05-A-26 Adopted, Remainder of Report Filed.	AMA Bylaws Updated.
CCB Report 06-A-26	Medical Student Regional Delegates and Alternate Delegates and Resident and Fellow Sectional Delegates and Alternate Delegates in the HOD	Recommendations in CCB Report 06-A-26 Adopted, Remainder of Report Filed.	AMA Bylaws Updated.
CCB Report 07-A-26	HOD Delegate and Alternate Delegate Vacancies and Meeting Absences	Recommendations in CCB Report 07-A-26. Adopted, Remainder of Report Filed.	AMA Bylaws Updated.
CCB Report 08-A-26	Business Meetings of the AMA Sections	Recommendations in CCB Report 08-A-26. Adopted, Remainder of Report Filed.	AMA Bylaws Updated.
CCB Report 09-A-26	Continuity of AMA Resident and Fellow Section Governing Council Leadership	Recommendations in CCB Report 09-A-26. Adopted, Remainder of Report Filed.	AMA Bylaws Updated.
CEJA Opinion 01-A-26	Amendment to Opinion 1.1.1 "Patient-Physician Relationships"	Filed.	
CEJA Opinion 02-A-26	Research Involving Pregnant and Lactating Individuals	Filed.	

Report/Resolution	Title	House Action	Status
CEJA Report 01-A-26	Guidelines on Chaperones for Sensitive Exams	Referred.	Council on Ethical and Judicial Affairs Report 3 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee E&B)
CEJA Report 02-A-26	Managing Conflict of Interest Inherent in New Payment Models—Patient Disclosure	Recommendations in CEJA Report 02-A-26. Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CEJA Report 03-A-26	Supporting Efforts to Strengthen Medical Staffs Through Collective Actions and/or Unionization	Referred.	Council on Ethical and Judicial Affairs Report 4 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee E&B)
CEJA Report 04-A-26	Carceral Systems and Practices in Behavioral Health Emergency Care	Filed.	
CEJA Report 05-A-26	CEJA’s Sunset Review of 2016 House Policies	Recommendations in CEJA Report 05-A-26. Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CEJA Report 06-A-26	Judicial Function of the Council on Ethical and Judicial Affairs – Annual Report	Filed.	
CLRPD Report 01-A-26	Update on CLRPD Evaluation of the Structure of the House of Delegates	Filed.	
CME Report 01-A-26	Council on Medical Education Sunset Review of 2016 House of Delegates’ Policies	Recommendations in CME Report 01-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CME Report 02-A-26	Examining ABMS Processes for New Boards	Referred.	A Council on Medical Education Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
CME Report 03-A-26	Support for the Establishment of Indigenous-Led Medical Schools in the United States	Recommendations in CME Report 03-A-26 Adopted, Remainder of Report Filed.	

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CME Report 04-A-26	Reflecting the Values and Priorities of Tribal Communities in Indigenous-Led Medical Schools in the United States	Recommendations in CME Report 04-A-26 Adopted, Remainder of Report Filed.	<p>The recommendations from this report were appended to Policy H-350.960, Underrepresented Student Access to US Medical Schools.</p> <p>AMA has collaborated with indigenous physician leaders to elaborate the linkage between the Morrill Act of 1862 and necessity of an indigenous school of medicine. The collaboration produced a joint presentation in September 2026 at the annual meeting of the Association of American Indian Physicians (AAIP) by leadership from AMA and the Indigenous School of Medicine (ISOM), which is one of the chief champions of the establishment of an indigenous school of medicine. ISOM leadership also participates in the AMA BOT's AI/AN Advisory Committee. The presentation was attended by many national AI/AN leaders.</p> <p>Also, AMA is collaborating with AAIP to conduct a two-day meeting in October 2026 entitled "From the Morrill Act of 1862 to the Establishment of an Indigenous School of Medicine: How Can Organized Medicine Contribute to Healing the Wounds of Colonization". It will be attended by indigenous physician leaders as well as others from the medical education landscape including the AAMC.</p> <p>AMA attended a meeting of the Indian Health Board. Further, AMA is in communication with AAIP and two other indigenous organizations regarding physician education and training to improve health outcomes in underserved communities.</p>
CMS Report 01-A-26	Council on Medical Service Sunset Review of 2016 House Policies	Recommendations in CMS Report 01-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CMS Report 02-A-26	Study of the Federal Employees Health Benefits Program (FEHBP)	Filed.	
CMS Report 03-A-26	Improving Patient Access to Pharmacies and Medications in Pharmacy Deserts	Recommendations in CMS Report 03-A-26 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database updated.
CMS Report 04-A-26	Expanding Medicare Coverage of Medical Nutrition Therapy	Recommendations in CMS Report 04-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CMS Report 05-A-26	Inclusion of Discounted Prescription Medication in Patient Cost-Sharing	Recommendations in CMS Report 05-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CMS Report 06-A-26	Study of Practice Models for Physicians Performing Procedures Across State Lines	Recommendations in CMS Report 06-A-26 Referred.	Council on Medical Service Report 6 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee J)

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CMS Report 07-A-26	Private Insurance Coverage of Anti-Obesity Medications	Recommendations in CMS Report 07-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CMS Report 08-A-26	Rural Health Transformation Program Update & Workforce Challenges	Recommendations in CMS Report 08-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CMS Report 09-A-26	Nonprofit Status	Recommendations in CMS Report 09-A-26 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database updated.
CSAPH Report 01-A-26	Sunset Review of 2016 House Policies	Recommendations in CSAPH Report 01-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CSAPH Report 02-A-26	Setting Standards for Clinical Laboratory Improvement Ammedments (CLIA) - Exempt Toxicology Labratories Used in Litigation	Recommendations in CSAPH Report 02-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CSAPH Report 03-A-26	Public Health Implications of Food Subsidies	Recommendations in CSAPH Report 03-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CSAPH Report 04-A-26	Improving Public Awareness of Lung Cancer Screening and CAD in Chronic Smokers	Recommendations in CSAPH Report 04-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CSAPH Report 05-A-26	Removing Artificial Turf in Schools, Parks, and Public Places	Recommendations in CSAPH Report 05-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CSAPH Report 06-A-26	Mitigating Air and Noise Pollution from Aviation in Minority Communities Disproportionately Impacted and Vulnerable Communities	Recommendations in CSAPH Report 06-A-26 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database updated.
CSAPH Report 07-A-26	Framework to Convey Evidence-Based Medicine in AI Tools Used in Clinical Decision Making	Recommendations in CSAPH Report 07-A-26 Adopted, Remainder of Report Filed.	

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CSAPH Report 08-A-26	Increased Transparency Among Psychotropic Drug Administration in Prisons	Recommendations in CSAPH Report 08-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CSAPH Report 09-A-26	In Support of a National Drug Checking Registry	Recommendations in CSAPH Report 09-A-26 Adopted, Remainder of Report Filed.	AMA Policy Database updated.
CSAPH Report 10-A-26	Standardizing Safety Requirements for Traditional and Rideshare Based Non-Emergency Medical Transportation	Recommendations in CSAPH Report 10-A-26 Adopted, Remainder of Report Filed.	
Report of the HOD Com	Report of the House of Delegates Committee on the Compensation of the Officers	Adopted, Remainder of Report Filed.	
RES 001-A-26	Ethical Guidance on Postmortem Sample Collection for Genetic Testing	Adopted.	
RES 002-A-26	Physician Workload and Scheduling	Adopted as Amended.	AMA Policy Database updated.
RES 003-A-26	Artificial Intelligence to Bolster Physician-Led Team-Based Care	Adopted.	AMA Policy Database updated.
RES 004-A-26	Ethical Reproductive Care for Individuals with Intellectual and Developmental Disabilities	Adopted as Amended.	AMA Policy Database updated.
RES 005-A-26	Impersonation of a Physician	Adopted as Amended.	AMA Policy Database updated.
RES 006-A-26	Investigating Moral Injury Related to Organ Procurement Practices	Not Adopted.	
RES 007-A-26	Supporting Privacy in the Use of Artificial Intelligence Based Scribe Software	Adopted as Amended.	AMA Advocacy and the Center for Digital Health and AI have continued discussions with Congressional staff offices and task forces that are interested in pursuing legislative proposals that include, among other issues, addressing the impacts of AI scribe technology on patient and physician privacy.
RES 008-A-26	Senior Physicians Improving Patient Access	Adopted.	

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RES 009-A-26	Preserving Access to Care for Undocumented Individuals	Adopted.	A Council on Medical Service Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 010-A-26	Fatigue Mitigation: Supporting Fully-Funded Transportation for Trainee Physicians After Extended or Overnight Shifts	Alternate Resolution 010 Adopted.	AMA Policy Database updated.
RES 011-A-26	Physician Ability to Render Emergency Medical Aid During Immigration Enforcement	Adopted.	A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 012-A-26	Taking Action on Deaths in Custody	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 101-A-26	Payer Coverage of Non Stigmatizing Language in ICD-10-CM	Adopted as Amended with Change in Title.	AMA sent a letter to CMS urging the agency to treat patient-centered, neutral, and non-stigmatizing ICD-10-CM codes as equivalent to the codes they replace or parallel for payment, quality measurement, and risk adjustment, and to work with commercial and other payers to do the same. It uses obesity coding as an illustration, contrasting code E66.01, “morbid (severe) obesity due to excess calories,” with the newer obesity class codes.
RES 102-A-26	Study for EMTALA Relief in Psychiatric Facilities	Not Adopted.	
RES 103-A-26	Supporting Non-Insurance Directed Sales of Pharmaceuticals to Patients	Adopted as Amended.	<p>The AMA sent letters to AHIP and BCBSA on July 21, 2026, requesting that plans implement benefit designs and pricing policies that ensure patients receive the lowest publicly available price for prescribed medications and have access to clear, real-time information regarding all available purchasing options to align with this new policy.</p> <p>The AMA continues as a member of the “All Copays Count Coalition” focused on enacting state and federal rules that require health plans to “count” patients’ copay assistance toward their out-of-pocket maximums and deductibles.</p>
RES 104-A-26	Improving Choice, Competition, and Affordability in the ACA Marketplaces	Adopted.	AMA Policy Database updated.
RES 105-A-26	Oppose Medicare Advantage Auto Enrollment	Adopted.	AMA Policy Database updated.
RES 106-A-26	Insurance Coverage for Scalp Cooling (Cold Capping) Therapy	Alternate Resolution 106, Adopted in Lieu of Resolution 106 and 111.	AMA Policy Database updated.

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RES 107-A-26	Oversight of Medicare Advantage Plan	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 108-A-26	Ensuring Physician Input in the Development of CMMI Models	Adopted as Amended.	AMA comments responding to the Medicare physician payment proposed rule included a statement that the Center for Medicare and Medicaid Innovation (CMMI) should seek meaningful and transparent involvement of actively practicing physicians, nominated by relevant national specialty societies, throughout the model development process, prior to approval for testing or implementation. At AMA's urging, HR 9693, the Patients First Act, would require a formal notice and comment period for all mandatory models and if a model is being ended early or materially changed. AMA CEO also noted the importance of CMMI engaging physicians in model development in a presentation to the Physician-focused Payment Model Technical Advisory Committee in September 2026.
RES 109-A-26	Insurance Coverage for Pediatric Intracranial Neuromodulation for Drug-Resistant Epilepsy	Adopted.	The AMA sent letters to AHIP and BCBSA on July 21, 2026, requesting that plans adopt evidence-based coverage policies for pediatric neuromodulation therapies to align with this new policy.
RES 110-A-26	Medicaid Coverage for Incarcerated Individuals	Adopted as Amended.	The AMA communicated with national, state, and specialty medical societies about its willingness to work with interested partners to advocate that Medicaid programs ensure continued financial coverage for ongoing medications during incarceration.
RES 111-A-26	Advocating for Insurance Coverage of Scalp Cooling Therapy to Prevent Chemotherapy-Induced Alopecia	Alternate Resolution 106, Adopted in Lieu of Resolution 106 and 111.	See Resolution 106-A-26.
RES 112-A-26	Ensuring Coverage and Access to Adult Strabismus Surgery	Adopted.	The AMA sent letters to AHIP and BCBSA on July 21, 2026, requesting that plans recognize adult strabismus surgery as medically necessary when clinically indicated and eliminate policies that inappropriately classify such procedures as cosmetic to align with this new policy.
RES 113-A-26	Health Insurance Coverage of Hearing Devices and Related Services	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 114-A-26	Opposing Alternative Funding Programs	Adopted as Amended.	<p>The AMA provided informal feedback to Senate Finance Committee staff in response to its RFI on "Commonsense Policy Options to Lower Drug Prices for Patients." The response addressed Resolve 1 of this resolution.</p> <p>AMA state advocacy to address health insurance affordability includes addressing the use of AFPs and other carve outs of benefits and materials being developed for 2027 legislative session include calling for an end to these programs.</p>

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RES 115-A-26	Patient Continuity Protections During Payer, PBM Changes	Adopted as Amended.	<p>The AMA provided informal feedback to Senate Finance Committee staff in response to its RFI on “Commonsense Policy Options to Lower Drug Prices for Patients.” The response addressed Resolve 2 of this resolution.</p> <p>Existing AMA model legislation on both prior authorization and network adequacy requires 90-day transition periods for patients undergoing treatment or ongoing care. AMA will continue to work with states to enact language.</p> <p>The AMA communicated with national, state, and specialty medical societies about its willingness to work with interested partners to require a 90-day “transition-of-care” protection be applied to situations where the patient’s health plan or PBM undergoes structural changes in order to ensure continuity of care.</p>
RES 116-A-26	Study of Cost Implications of Medicaid Managed Care Organizations Compared with State-Administered Medicaid Programs	Adopted as Amended.	A Council on Medical Service Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 117-A-26	Universal Out of Network Benefits	AMA Policies (list from RC Dept) Reaffirm in Lieu of Resolution 117.	AMA Policy Database updated.
RES 118-A-26	Addressing Proposals to Implement International Reference Pricing for Physician-Administered Drugs	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 201-A-26	Prohibit and Regulate 7-Hydroxymitragynine (7-OH) Kratom Products to Protect Public Health and Youth Safety	Alternate Resolution 201 Adopted in Lieu of Resolutions 201 and 233.	The AMA updated its issue brief providing detailed and numerous examples of state legislation, regulations, age restrictions, and definitions governing classification and sale of kratom products and derivatives including 7-hydroxymitragynine (7-OH) and mitragynine. The AMA also sent a letter to Food and Drug Administration (FDA) in response to request for information on Advancing Development of Botanical Drug Products supporting an order by the Drug Enforcement Administration on three kratom-related compounds that it said, “pose an imminent hazard to public safety: mitragynine pseudoindoxyl, commonly known as MGPI, and two synthetic compounds known as MGM-15 and MGM-16.” The letter expressed AMA support to FDA for efforts to ban synthesized, purified or derivative products from kratom for marketing, distribution, promotion and sale including but not limited to the unregulated mitragynine along with the 7-OH and MGM-15 market. The AMA has also advised and provided technical assistance to multiple state medical associations on their respective legislative efforts to ban the manufacture, sale, and distribution of kratom.
RES 202-A-26	Using and Defining “Unsupervised Practice of Medicine”	Referred.	A Board Report on this subject will be prepared for consideration at the 2027 Annual Meeting.

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RES 203-A-26	Support for Evaluation of Outcomes Associated with Non Physician Practitioner Practice	Adopted as Amended with Change of Title.	Work on this is ongoing. The AMA has drafted a process to implement Resolution 203 which will be quickly finalized and implemented once the amount of funding is verified.
RES 204-A-26	D-400.982 Revision	Adopted as Amended.	A webinar/open forum for reporting on Medicare Payment Reform initiatives and advocacy on Medicaid is being planned prior to the Interim meeting for all AMA members.
RES 205-A-26	Repeal of the Merit-Based Incentive Payment System (MIPS)	Policies D-400.982, H-385.905, H-390.838, H-478.986, D-390.949 and D-395.999 Reaffirmed in Lieu of Resolution 205.	AMA Policy Database updated.
RES 206-A-26	Overall Hospital Quality Star Ratings / CMS Star Ratings	Referred.	A Board Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 207-A-26	Addressing Rural Care Deserts Through the Conrad 30 Waiver Program	Adopted as Amended with Change in Title.	AMA Policy Database updated.
RES 208-A-26	Incorporating Critical Medical Treatment Planning into Emergency/Disaster Preparedness	Adopted as Amended.	The AMA communicated with national, state, and specialty medical societies about its willingness to work with interested partners to advocate for the development of legislation and/or guidelines that incorporate critical medical treatment planning into emergency/disaster preparedness plans.
RES 209-A-26	Protecting Mental Health Treatment Privacy in Legal Proceedings	Referred.	A Board Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 210-A-26	Eliminating Prescription Drug Adherence (PDA) as a Quality Metric Tied to Physician Ratings or Compensation	Policies D.180.976 and D.450.958 Reaffirmed in Lieu of Resolution 210.	AMA Policy Database updated.
RES 211-A-26	Preventing Hospital-Based 340B Programs from Unfairly Competing with Independent Physicians	Referred.	A Board Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 212-A-26	Protecting Patient Access to Clinical Trials and Mitigating Administrative Disruptions to NIH Funding	Adopted as Amended.	The AMA submitted comments in response to NIH's RFI on Measuring and Rewarding Scientific Impact urging NIH to ensure timely distribution of congressionally appropriated research funds, oppose mandatory forward funding of multiyear grants, and strengthen safeguards for objective, merit-based peer review.

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RES 213-A-26	Prohibiting Pharmacy Benefit Managers from Owning Pharmacies	Adopted.	The AMA is closely monitoring legal challenges to the Tennessee and Arkansas laws that prohibit PBMs from owning pharmacies. Drafting model state legislation would be premature before those cases are decided, and as such, this work is on hold for the time being.
RES 214-A-26	Medical Student Loans Should Not Be Capped	Policies H-305.924 and H.305.925 Reaffirmed in Lieu of Resolution 214.	AMA Policy Database updated.
RES 215-A-26	Oppose Medicare Efficiency Adjustments	Policies H-400.972, H.390.849 and D.400.982, Reaffirmed in Lieu of Resolution 215.	AMA Policy Database updated.
RES 216-A-26	Protecting Healthcare as a Sensitive Location	Adopted as Amended.	
RES 217-A-26	Ensuring Proportional Accountability for Hospital Expenditures Attributed to Medicare ACOs	Policy H-160.915 Reaffirmed in Lieu of Resolution 217.	AMA Policy Database updated.
RES 218-A-26	Opposing the Practice of Jury Anchoring in Medical Liability Cases	Adopted.	AMA Policy Database updated.
RES 219-A-26	Incorporating Evidence-Based Lifestyle Medicine into Rural Health	Adopted as Amended.	AMA Policy Database updated.
RES 220-A-26	Reverse CMS Cuts to Facility-Based Practice Expense Payments for Physicians	Policies H-400.972, H-390.849, D-400.982, D-330.891, H-385.916, and D-405.965 Reaffirmed in Lieu of Resolution 220.	AMA Policy Database updated.
RES 221-A-26	Universal Newborn Congenital Cytomegalovirus Screening	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration at the 2027 Annual Meeting.

Report/Resolution	Title	House Action	Status
RES 222-A-26	Advocating for a Centralized Medicare Enrollment Platform to Preserve Patient Choice	Alternate Resolution 222 Adopted in Lieu of Resolution 222.	The AMA pursued several complementary efforts to improve Medicare enrollment decision-making and Medicare Plan Finder (MPF). The AMA met with the Medicare Payment Advisory Commission chair and staff to advocate for AMA policy calling for an official, CMS-administered Medicare enrollment platform that provides clear, neutral, accurate, and easily understandable comparisons of traditional Medicare, Medicare Advantage, and supplemental coverage, including information on provider networks, prior authorization requirements, benefits, and out-of-pocket costs. Separately, the AMA submitted a proposal to the Center for Medicare and Medicaid Innovation for a Medicare Informed Choice Model that would test earlier outreach to people approaching Medicare eligibility, standardized MA benefit designs and curated plan options, improved MPF information on costs and coverage restrictions, and expanded access to high-quality, neutral enrollment counseling. The model would evaluate whether these interventions improve coverage alignment and stability and ultimately improve quality of care and reduce Medicare spending. In September, the AMA met with Innovation Center staff to discuss the model proposal, and staff indicated that they are developing a similar model.
RES 223-A-26	Ensuring Due Process, Transparency, and Human Clinical Oversight in the Use of Artificial Intelligence for Health Insurance Coverage and Eligibility Determinations	Referred.	The AMA Advocacy Resource Center has drafted an Issue Brief on Payer Use of AI which was shared with state medical associations, national specialty societies. The ARC also continues to work directly with interested state medical associations on this topic—at least seven states enacted new legislation this year. All work done in close collaboration with the AMA Center on Digital Health and AI. A Board Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 224-A-26	Clarity of Signage: Distinguishing Urgent Cares From Emergency Rooms	Policy H-160.888 Reaffirmed in Lieu of Resolution 224.	AMA Policy Database updated.
RES 225-A-26	Requiring Periodic Face-to-Face Visits By Board-Certified Specialists Who Delegate Visits to Non-Physician Practitioners for Nursing Home Patients	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 226-A-26	Exemption of International Medical Graduates from Presidential Proclamations Restricting Entry into the United States	Alternate Resolution 226, Adopted in Lieu of Resolutions 226 and 230.	A Council on Medical Education Report on this subject will be prepared for consideration at the 2027 Annual Meeting. The recommendations from this report are now Policy D-255.965, Exemption of International Medical Graduates from Presidential Proclamations Restricting Entry into the United States. The AMA is in discussion with relevant external organizations, and a written resource is in development.

Report/Resolution	Title	House Action	Status
RES 227-A-26	Standby Capacity Payments and Health IT for Hospitals in Rural Areas	Policies D-290.970, H-290.951, D-305.967, H-480.937, H-478.980, H-350.937, D-478.994, D-478.996, H-465.972 and D-465.998 Reaffirmed in Lieu of Resolution 227.	AMA Policy Database updated.
RES 228-A-26	Department of Defense Health Care Investment at Military Bases in Maternity Care Health Professional Shortage Areas	Adopted.	<p>On September 10, 2026, the AMA sent a letter requesting that the Department of War institute comprehensive reproductive healthcare coverage, funding, and improved access to labor and delivery services for military personnel, military families, and non-military individuals working on military bases in maternity care health professional shortages areas.</p> <p>The AMA communicated with national, state, and specialty medical societies about its willingness to work with interested partners to distribute successful state and specialty society models that have improved access to comprehensive reproductive care and maternal care in rural areas and reduced maternal mortality rates.</p>
RES 229-A-26	Physicians are not Providers	Adopted as Amended.	The AMA prioritizes use of the term “physician” when discussing those with an MD or DO in its advocacy letters and documents.
RES 230-A-26	Exemption of International Medical Graduates from Presidential Proclamations Restricting Entry into the United States	Alternate Resolution 226, Adopted in Lieu of Resolutions 226 and 230.	See Resolution 226-A-26.
RES 231-A-26	Protecting and Promoting Long Term Care Workforce Amidst Immigration Challenges	Adopted.	AMA Policy Database updated.
RES 232-A-26	Banning Flavored Cannabis E-Cigarettes	Adopted as Amended.	The AMA communicated with national, state, and specialty medical societies about its willingness to work with interested partners to advocate and support a complete ban on the production, marketing, and sale of Cannabis based ECIG flavored devices and cartridges throughout all regulated cannabis dispensaries (medical and adult-use) along with any outlet selling intoxicating hemp products as well as the AMA’s willingness to work with interested parties to pursue legislative changes supporting a comprehensive ban on the production, marketing and sale of cannabis-based ECIG flavored devices and cartridges in the United States.
RES 233-A-26	Banning Synthesized, Purified or Derivative Products from Kratom	Alternate Resolution 201 Adopted in Lieu of Resolutions 201 and 233.	See Resolution 201-A-26.
RES 234-A-26	Physician Unity in Advocacy Regarding Physician Reimbursement	Referred.	A Board Report on this subject will be prepared for consideration at the 2027 Annual Meeting.

Report/Resolution	Title	House Action	Status
RES 235-A-26	Establishing Healthcare Monitoring and Accountability in Immigration Detention Facilities	Adopted.	AMA Policy Database updated.
RES 236-A-26	Extending and Expanding the AMA Task Force to Preserve the Patient/Physician Relationship to Ensure Access and Regulatory Clarity in Gender-Affirming Care	Resolve 2-Referred with Report back at I-26. Resolves 1, 3, 4, and 5 Adopted.	Board of Trustees Report 21 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee B)
RES 237-A-26	Guaranteed 30-Day Transition Fill of Currently Prescribed Insulin at the Beginning of Each Year Plan	Adopted.	AMA staff is drafting a letter to the ERISA Industry Council (ERIC) urging 30-day transition fills of insulin at the start of each plan year so that patients and prescribers have time to determine formulary preference.
RES 238-A-26	Prohibiting the Independent Practice of Medicine by Artificial Intelligence	Alternate Resolution 238, Adopted as Amended in Lieu of Resolution 238, 246 and 249.	The AMA Advocacy Resource Center (ARC) continues to assist the AMA Center for Digital Health and AI to implement this resolution. For example, the ARC provided comments to the Washington State Medical Commission on its draft proposal and policy statement on AI in medicine, drafted an issue brief outlining AMA concerns with the Cicero Institute Model Bill on AI licensure, and worked in close collaboration with the AMA Center for Digital Health and AI on convening an AMA and FSMB multi-stakeholder symposium on AI in medicine.
RES 239-A-26	Medicare Administrative Contractor Policy Modification	Adopted as Amended.	AMA staff are consulting with the specialty societies affected by the five MACs' final LCDs restricting peripheral nerve injections and procedures for chronic pain, including resolution sponsor AAPM&R. We plan to send CMS a letter on the LCDs, which take effect October 25 and November 1, 2026. As appropriate, the letter will also raise MAC coverage-process concerns consistent with this policy, such as comment period length and timely reconsideration.
RES 240-A-26	Ending Private Equity Dividend Recapitalization in Healthcare	Adopted as Amended.	Model state legislation to prohibit the practice of Dividend Recapitalization when healthcare enterprises are acquired by PE and other corporations will be drafted for AMA Council on Legislation review in April 2027 and AMA Board of Trustees review at the 2027 Annual Meeting.
RES 241-A-26	Strengthening Our AMA Efforts Toward CPOM Prohibition	Adopted.	AMA Policy Database updated.
RES 242-A-26	Reducing Emergency Department Boarding through Payment Reform	Referred.	Board of Trustees Report 17 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee B). A Board of Trustees report was submitted within a follow-up report on BOT Report 04-I-25. The AMA also commented on the issue within our 2027 IPSP and OPSP/ASC proposed rule comments.

Report/Resolution	Title	House Action	Status
RES 243-A-26	Standardizing Medical Frailty to Streamline Medicaid Community Engagement & Work Exemptions	Adopted as Amended.	The AMA's comments on the community engagement/work requirements rule, including medical frailty standards, were submitted to CMS on July 29, 2026. More efforts are ongoing, including the filing of an amicus brief on behalf of 26 states suing CMS over medical frailty provision of the interim final rule. The AMA has provided extensive support to state medical associations in advocating for effective implementation of medical frailty exemptions, including technical assistance and multiple educational resources and strategy sessions.
RES 244-A-26	Eliminate Administrative Barriers to Appeal Wrongful Denials	Adopted as Amended.	On September 8, 2026, the AMA sent a letter to Assistant Secretary Aronowitz supporting efforts to reduce administrative barriers that impede patients' access to care and physicians' ability to advocate on their behalf. Consistent with this goal, we noted that the AMA believes that health plans should honor patients' signed designations authorizing physicians to submit claims and appeals without requiring plan-specific forms. The AMA also noted that physician practices should not be required to obtain additional, separate consent from a patient in order to file a complaint with the U.S. Department of Labor regarding a self-funded ERISA plan, once the patient has assigned benefits to the physician.
RES 245-A-26	State Regulation of Non-Preempted "Non-Central Matters" of ERISA Plans—Rutledge v. PCMA	Not Adopted.	
RES 246-A-26	Artificial Intelligence	Alternate Resolution 238, Adopted as Amended in Lieu of Resolution 238, 246 and 249.	See Resolution 238-A-26.
RES 247-A-26	Comprehensive ERISA Reform	Adopted as Amended.	A Board of Trustees Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 248-A-26	Medical Staff Oversight of Hospital Augmented Intelligence	Adopted as Amended.	
RES 249-A-26	Bringing Physicians' Voices to the Implementation of AI Prescribers	Alternate Resolution 238, Adopted as Amended in Lieu of Resolution 238, 246 and 249.	See Resolution 238-A-26.
RES 250-A-26	Protecting Resident Physicians with Pending Immigration Status and Ensuring Safe Participation in Professional Activities	Adopted as Amended.	On June 22, 2026, the AMA signed onto a letter regarding barriers preventing internationally-born physicians and international medical graduates (IMGs), including medical students, resident physicians, researchers, fellows, and practicing physicians, from entering the United States or remaining lawfully in the country to continue their training and practice. The letter spanned multiple requests including establishing a formal medical national interest exemption, implementing mandatory expedited processing for physician cases, providing clear guidance to adjudicators and consular officers, and improving transparency and communication for impacted cases. The AMA also met with the Department of State to discuss J-1 physician visa issues.

Report/Resolution	Title	House Action	Status
RES 251-A-26	Minimum Standards for Public Health Leaders	Referred.	A Board of Trustees Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 252-A-26	Immediate Action to Prevent Further Immigrant Deaths	Adopted as Amended.	AMA Policy Database updated.
RES 253-A-26	Protection of Medicaid Beneficiaries from Federal Funding Deferrals	Alternate Resolution 253, Adopted in Lieu of Resolution 253.	The AMA raised opposition to CMS proposal to depart from existing procedures for purpose of enforcing state compliance with Medicaid provider tax rules in September 2026 comments to CMS on Medicaid provider tax proposed rule. Advocated that “Consistent with AMA policy...financial consequences should be proportionate to the nature and extent of the noncompliance and structured to minimize disruption to patient care and state Medicaid operation.”
RES 254-A-26	OMB Proposed Rule: Regulation for Federal Financial Assistance	Adopted as Amended.	The AMA submitted comments to OMB on the proposed rule on July 10, 2026.
RES 301-A-26	Expanding Resident and Fellow Exposure to Diverse Healthcare Practice Models to Fulfill ACGME Core Competencies	Policy H-295.864 Reaffirmed in Lieu of Resolution 301.	AMA Policy Database updated.
RES 302-A-26	Excessive Cost of Multi-State DEA Licensure	Adopted.	AMA Policy Database updated.
RES 303-A-26	Allowing Options for Certification Maintenance	Not Adopted.	
RES 304-A-26	Increasing the Use of Retired Physicians in Teaching Students and Residents	Adopted as Amended.	The recommendations from this report are now Policy D-295.295, Increasing the Use of Retired Physicians in Teaching Students and Residents. Plans are underway to create a resource document for retired physicians on how to engage with medical education community.
RES 305-A-26	Leadership by Physicians for Physicians in Graduate Medical Education (GME)	Adopted as Amended.	<p>The recommendations from this report are now Policy H-310.894, Leadership by Physicians for Physicians in Graduate Medical Education (GME).</p> <p>A letter was sent to the senior leadership of ACGME encouraging them to examine minimum qualifications for Designated Institutional Officials to ensure physician leadership in the oversight of graduate medical education programs.</p>

Report/Resolution	Title	House Action	Status
RES 306-A-26	Competency-Based Portfolio Assessment of Medical Students, Interns, Residents, and Fellows	Adopted.	<p>This resolution amended two existing policies: D-295.318, Competency-Based Portfolio Assessment of Medical Students, and H-65.951, Healthcare and Organizational Policies and Cultural Changes to Prevent and Address Racism, Discrimination, Bias and Microaggressions.</p> <p>Letters were sent to the senior leadership of AAMC, AACOM, ACGME, AOA, and NRMP to encourage them to (a) examine new and emerging approaches to medical student and trainee evaluations, including competency-based portfolio assessment, and (b) develop pilot projects to study the impact of competency-based frameworks on student graduation, the residency and fellowship match process and transitions across the UME-GME practice continuum; including off-cycle entry pathway.</p>
RES 307-A-26	Recognizing Advocacy as a Component of Faculty Appointment and Promotion in Academic Medicine	Adopted.	<p>The new resolves from this resolution were appended to Policy G-615.103, Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine and Legislative Advocacy.</p> <p>Letters were sent to the senior leadership of AAMC and AACOM encouraging them to promote best practices for incorporating advocacy efforts into protected non-clinical faculty effort and academic productivity models.</p>
RES 308-A-26	Impact of Federal and State Restrictive Actions on Gender-Affirming Care on Medical Education and Physician Workforce Development	Adopted.	AMA staff continues to monitor and assess the impact of federal actions and funding conditions on academic medical centers and training programs that provide or teach gender-affirming care, and to communicate identified risks and emerging developments to relevant leadership to inform advocacy strategy and engagement.
RES 309-A-26	Osteoporosis Education, Awareness, and Musculoskeletal Health Optimization	Alternate Resolution 309, Adopted in Lieu of Resolution 309.	The AMA sent letters to AHIP and BCBSA on July 21, 2026, requesting that plans provide coverage for osteoporosis screening services and treatments consistent with current clinical guidelines and best available evidence to align with this new policy.
RES 310-A-26	Increasing Capacity and Access to Maternal Health Services in Rural Areas	Adopted as Amended.	AMA Policy Database updated.
RES 311-A-26	Changing the Paradigm of Medical Student Debt to address the Geriatric Physician Shortfall	Not Adopted.	
RES 312-A-26	Advocating for Equitable Application Review in a Single Match System	Adopted as Amended.	A Council on Medical Education Report on this subject will be prepared for consideration at the 2028 Annual Meeting.
RES 313-A-26	Evaluation of Situational Judgement Tests in Medical School Admissions	Adopted as Amended.	AMA Policy Database updated.

Report/Resolution	Title	House Action	Status
RES 314-A-26	Promoting Sex- and Gender-Inclusive Diagnostic Practices, Language, and Patient Education	Adopted.	AMA Policy Database updated.
RES 315-A-26	Expanding the Native Hawaiian Health Scholarship Program Eligibility	Adopted as Amended.	AMA Policy Database updated.
RES 316-A-26	Addressing Transitions Within GME Regarding Orientation Standards	Adopted.	The Council on Medical Education is studying this issue and a Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 317-A-26	Support for Intern, Resident, and Fellow Jeopardy Pay and Additional Compensation for Gaps in Trainee Coverage	Alternate Resolution 317, Adopted, in Lieu of Resolution 317.	The Council on Medical Education is studying this issue and a Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 401-A-26	Partnership with the Administration to Reduce Harmful Chemicals in Food	Adopted as Amended with Change in Title.	The AMA is drafting comments in response to Federal Register Substances Generally Recognized as Safe – due Dec. 19th.
RES 402-A-26	Strengthening Public Health Protections Against Raw Milk–Associated Illness	Adopted as Amended.	The AMA communicated with national, state, and specialty medical societies about our willingness to work with them at the state level to support and advocate for, in jurisdictions where the sale or distribution of unpasteurized raw milk products cannot be prohibited, the implementation of labeling requirements that clearly warn consumers of the specific health risks associated with consumption of raw milk products, for the general public and for members of vulnerable populations, including children and those who are pregnant.
RES 403-A-26	AMA’s continued support for COVID-19 vaccination in pregnant individuals	Adopted as Amended.	AMA Policy Database updated.
RES 404-A-26	Develop Climate-Conscious Resources for Physicians	Adopted.	AMA Policy Database updated.
RES 405-A-26	Studying the Environmental Impact of Ambient Clinical Intelligence Use	Adopted as Amended.	The AMA communicated with national, state, and specialty medical societies about our willingness to work with them, at the state level, on offering specific tax incentives to ambient clinical intelligence vendors to work toward using 100% sustainable energy sources.
RES 406-A-26	Reduce Environmental Impact of Medical Journals	Referred.	Board of Trustees Report 3 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee K)

Report/Resolution	Title	House Action	Status
RES 407-A-26	Colorectal Cancer in Alaska Native Patients	Adopted as Amended with Change in Title	The AMA communicated with national, state, and specialty medical societies about our willingness to work with them 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 public and private payers.
RES 408-A-26	Addressing Rural Maternal Morbidity and Mortality through Collaboration and Intersectionality	Adopted as Amended.	The AMA communicated with national, state, and specialty medical societies about our willingness to work with them to collaborate with specialty societies, academic medical institutions, and public health stakeholders, at the state level, 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.
RES 409-A-26	Eliminate PFAS and Glyphosate in our Food and Environment	Adopted as Amended.	AMA Policy Database updated.
RES 410-A-26	Light Pollution	Referred for Decision.	<p>The Board considered a report from management that provided background on outdoor lighting and light pollution, prior AMA policy, and an assessment of potential risk to the Association and deemed that risk to be minimal.</p> <p>The Board VOTED to APPROVE that existing AMA Policy H-135.927, “Human and Environmental Effects of Light Emitting Diode (LED) Community Lighting” be amended to read as follows:</p> <ol style="list-style-type: none"> 1. Our American Medical Association supports the proper conversion to community-based Light Emitting Diode ((LED)) lighting, which reduces energy consumption and decreases the use of fossil fuels. 2. Our AMA encourages minimizing and controlling blue-rich environmental lighting by using the lowest emission of blue light possible to reduce glare. 3. Our AMA encourages the use of 3000K or lower lighting for outdoor installations such as roadways with recognition that implementation should be based on local conditions and community preferences, with consideration being made for even lower color temperature of lights in more rural and residential areas. 4. All (LED) lighting should be properly shielded to minimize glare and detrimental human and environmental effects. 5. Our AMA encourages the appropriate use of streetlight dimming technology at off-peak times for further energy savings. (Modify HOD Policy)

Report/Resolution	Title	House Action	Status
RES 411-A-26	Addressing the Myopia Epidemic, Public Education, and Insurance Coverage for Evidence-Based Myopia Control	Adopted.	AMA Policy Database updated.
RES 412-A-26	Guiding Principles of Pandemic Prevention, Preparedness and Response; Support for the World Health Organization Pandemic Agreement	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 413-A-26	Erosion of the Public Evidence Base for Health Policy	Adopted.	
RES 414-A-26	Restoring Balanced Scientific Perspective within the ACIP	Adopted as Amended.	
RES 415-A-26	Advocacy for Restoration of the Endangerment Finding Regarding Greenhouse Gas Emissions	Adopted.	Litigation Center staff has been and will continue to monitor lawsuits involving the rescission of the endangerment finding, including the consolidated action American Public Health Association v. EPA (D.C. Cir.). The court has not yet set a schedule for amicus briefs on the merits of the case, as there are many parties involved in the litigation and a number of preliminary administrative matters that must first be considered. Litigation Center staff has discussed the case and preparation of an amicus brief on behalf of physician groups with other Federation members, and staff will continue those discussions as the case proceeds.
RES 416-A-26	Clinical Laboratory Workforce Shortage and Sustainability	Adopted.	
RES 417-A-26	Respiratory Protection for Wildland Firefighters	Adopted as Amended.	The AMA communicated with national, state, and specialty medical societies about our willingness to join the American College of Occupational and Environmental Medicine (ACOEM) in advocating for relevant state fire agencies, forestry departments, and occupational safety organizations to research, develop, and field test lightweight, low-breathing-resistance (≤ 80 mm H ₂ O at 150 L/min) respirators and related controls better suited for prolonged wildland use (8 or more hours).
RES 418-A-26	Ensuring Access to Full HIV Post-Exposure Prophylaxis (PEP) Courses for Survivors of Sexual Assault	Adopted as Amended.	AMA Policy Database updated.
RES 419-A-26	Examining the Impact of Circadian Disruption from Shift Work During Pregnancy	Adopted as Amended.	A Council on Science and Public Health Report on this subject will be prepared for consideration at the 2027 Annual Meeting.

Report/Resolution	Title	House Action	Status
RES 420-A-26	Expanding Support for Women Experiencing Homelessness	Adopted as Amended.	AMA Policy Database updated.
RES 421-A-26	Improving Access to Care and Support for Patients with Inflammatory Bowel Disease in the United States	Adopted.	AMA Policy Database updated.
RES 422-A-26	Expanding Access to High Resolution Anoscopy	Adopted.	<p>On September 18, 2026, the AMA sent a letter to CMS and HRSA requesting that they support funding mechanisms and demonstration programs that expand clinic capacity to provide high-resolution anoscopy (HRA) for the treatment of anal cancer in HIV care settings, federally qualified health centers, and underserved communities.</p> <p>The AMA communicated with national, state, and specialty medical societies about its willingness to work with interested partners on advocating at the state level for policies that expand equitable access to HRA for high-risk populations, including ensuring adequate reimbursement, reducing geographic disparities, and supporting workforce development.</p>
RES 423-A-26	Expanding Access to HIV Pre-Exposure Prophylaxis (PrEP)	Adopted.	AMA Policy Database updated.
RES 424-A-26	Supporting Education and Access to Postexposure Doxycycline (DoxyPEP)	Adopted.	AMA Policy Database updated.
RES 425-A-26	Prioritizing, Measuring, and Preventing Workplace Violence in Health Care	Adopted as Amended.	<p>The AMA reviewed relevant federal legislation introduced in the 119th Congress: S. 1232 and H.R. 2531 (Workplace Violence Prevention for Health Care and Social Service Workers Act), S. 1600 (Save Healthcare Workers Act), and H.R. 8541 (Long-Term Care Workforce Support Act). These bills either do not fully satisfy the criteria set out by Res 425-A-26 or are otherwise inappropriate for AMA to support. AMA staff will continue to monitor legislation introduced in this issue area.</p> <p>The AMA communicated with national, state, and specialty medical societies about our willingness to work with them to seek state legislation calling for civil and/or criminal penalties to be established for any healthcare institution or administrator that tries to discourage, or in any way disincentivize, the reporting of workplace violence. The AMA is in the process of updating its State Legislative Workplace Violence Template, and the AMA continues to participate in workplace violence in health care coalitions to advocate for state and federal legislation.</p>
RES 426-A-26	Integrating Nutrition into Health Care Delivery to Reduce Cardiovascular Risk and Food Insecurity (“Food is Medicine”)	Adopted as Amended.	AMA Policy Database updated.

Report/Resolution	Title	House Action	Status
RES 427-A-26	Infant Feeding Options for HIV-Seropositive Individuals	Adopted as Amended.	AMA Policy Database updated.
RES 428-A-26	Protecting Environmental Health Before, During, and After War	Adopted as Amended.	AMA Policy Database updated.
RES 429-A-26	Adolescent Dating Violence Comprehensive Screening Tool Development	Adopted.	AMA Policy Database updated.
RES 430-A-26	Support Heavy Metal and Toxic Exposure Testing for Residents Affected by Wildfires	Adopted.	AMA Policy Database updated.
RES 431-A-26	Supporting Transportation Infrastructure Reform for Public Health	Adopted as Amended.	AMA Policy Database updated.
RES 432-A-26	Addressing Public Health Risks of Online Gambling	Adopted as Amended with Change in Title.	AMA Policy Database updated.
RES 433-A-26	Addressing the Epidemic of Fragility Fractures Through Improved Osteoporosis Screening and Treatment	Adopted.	The AMA communicated with national, state, and specialty medical societies about its willingness to work with interested partners on state legislation or regulation to improve insurance coverage and payment policies for osteoporosis screening, diagnosis, pharmacologic treatment, and follow-up care.
RES 434-A-26	Vaccinations in Physician Offices	Policy H-440.860 Reaffirmed in Lieu of Resolution 434.	AMA Policy Database updated.
RES 435-A-26	Supporting Regulations for More Stringent Safety Measures for Micromobility	Adopted.	The AMA communicated with national, state, and specialty medical societies about its willingness to work with interested partners to advocate for standardized injury surveillance and reporting of micromobility-related injuries at the state level, including integration into existing trauma registries and public health reporting systems.
RES 436-A-26	Protecting Children from Potential Harms of Caffeinated Products	Adopted as Amended. Policy H-150.988 Reaffirmed.	AMA Policy Database updated.
RES 437-A-26	Addressing Housing Needs of the Native Hawaiian and their Diaspora	Adopted.	AMA Policy Database updated.

Report/Resolution	Title	House Action	Status
RES 438-A-26	Preserving and Strengthening Maternal Mortality Review Committees (MMRCs)	Alternate Resolution 438, Adopted, in Lieu of Resolution 438.	<p>The AMA has communicated with national, state, and specialty medical societies about its willingness to work with interested partners to monitor state MMRC activities for signs of interference or funding threats and support MMRC recommendations that lead to quality improvement, reduction in preventable deaths, and address non-medical drivers of health.</p> <p>AMA staff conducted outreach to Senate and House Appropriations staff to understand the appetite for and advocate for more robust funding for MMRA to encourage greater utilization and require reporting findings and recommendations. Staff are also continuing conversations with Congressional offices as the House and Senate look to pass appropriation bills by the end of the year and identify possible legislative solutions in line with the resolution.</p>
RES 439-A-26	Age Verification and ENDS Products	Adopted as Amended.	The AMA sent a letter to Dr. Bret Koplow, Director of the FD's Center for Tobacco Products providing AMA's recommendations with respect to the authorization of ENDS products and preventing youth access to ENDS.
RES 501-A-26	Preregistration in Medical Research	Adopted as Amended.	AMA Policy Database updated.
RES 502-A-26	Support for Rapid Inpatient Stabilization and Linkage to Care for Pregnant Patients with Opioid Use Disorder	Adopted as Amended with Change in Title.	
RES 503-A-26	Expansion of Psychedelic Assisted Therapy (PAT)	Policies H-120.917 and H.100.943 Reaffirm in Lieu of Resolution 503.	AMA Policy Database updated.
RES 504-A-26	Strengthening U.S. Rubber Glove Production and Purchase While Reducing Foreign Forced-Labor Dependence	Policies H-440.847 and H.100.956 Reaffirmed in Lieu of Resolution 504.	AMA Policy Database updated.
RES 505-A-26	Avoiding misuse of artificial intelligence (AI) in clinical practice	Adopted as Amended.	AMA Policy Database updated.
RES 506-A-26	Gender Affirming Healthcare and Research	Alternate Resolution 506, Adopted in Lieu of Resolution 506 and 509.	AMA Policy Database updated.

Report/Resolution	Title	House Action	Status
RES 507-A-26	Pairing Behavioral and Lifestyle Medicine Principles and Practice with Glucagon-like Peptide-1 (GLP-1) Receptor Agonists and Other Antiobesity Medications	Adopted as Amended.	<p>The AMA provided informal feedback to Senate Finance Committee staff in response to its RFI on “Commonsense Policy Options to Lower Drug Prices for Patients.” The response addressed Resolve 1 and Resolve 2 of this resolution.</p> <p>The AMA communicated with national, state, and specialty medical societies our willingness to work with them to advocate for state-level policy that public and private health insurers provide GLP-1 receptor agonists for the treatment of type 2 diabetes and obesity at affordable formulary pricing and for pricing transparency and cost containment strategies among manufacturers, payers, and policymakers to improve affordability and access.</p>
RES 508-A-26	Aligning Consistency and Credibility Of Direct-To-Consumer Gut Microbiome Testing Services	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 509-A-26	Preserving Gender-Affirming Surgical Care Access	Alternate Resolution 506, Adopted in Lieu of Resolution 509 and 506.	See Resolution 506-A-26.
RES 510-A-26	Exosome and Peptide Use in Healthcare	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 511-A-26	Preserving Specialty Access to Anti-Cancer Agents	Alternate Resolution 511, Adopted in Lieu of Resolution 511.	AMA Policy Database updated.
RES 512-A-26	Cannabis Use in Older Adults	Adopted as Amended with Change in Title.	
RES 513-A-26	Access, Affordability, and Safety of GLP-1 Receptor Agonists	Adopted as Amended.	
RES 514-A-26	Obstructive Sleep Apnea During Pregnancy	Alternate Resolution 514, Adopted in Lieu of Resolution 514.	AMA Policy Database updated.
RES 515-A-26	Transparency in AI-Driven Adverse Determinations & Clinical Logic Disclosure	Adopted as Amended.	AMA released an issue brief on payer use of AI, which provides legislative goals and guardrails, including transparency, specific to the use of AI in adverse determinations. This issue brief was shared with our national, state, and specialty medical society partners.
RES 516-A-26	FDA Regulation of Unapproved Synthetic Peptides	Resolve 1 Adopted as Amended; Resolve 2 Referred.	AMA Policy Database updated.
RES 601-A-26	Board Chair Term Limits	Adopted as Amended in Lieu of Resolution 609.	A Board of Trustees Report on this subject will be prepared for consideration at the 2027 Annual Meeting.

Report/Resolution	Title	House Action	Status
RES 602-A-26	Protection of Healthcare and Humanitarian Aid Personnel in Conflict Zones	Adopted as Amended.	AMA Policy Database updated.
RES 603-A-26	Establish AMA Policy and Project to Compile and Distribute JAMA Patient Pages to Enhance Public Medical Literacy	Adopted as Amended.	
RES 604-A-26	Annual Scorecard to Evaluate the AMA's Impact	Adopted as Amended.	A Board Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 605-A-26	Review of Past Resolutions	Referred with report back at A-27.	A Board Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 606-A-26	Further Enabling AMA BOT Expediency for Actions, Advocacy, and Responses During Urgent Situations	Not Adopted.	
RES 607-A-26	Shortening the AMA House of Delegates Endorsement Process and Timeline	Adopted.	AMA Policy Database updated.
RES 608-A-26	Reinstitution of AMA Guides Editorial Panel	Alternate Resolution 608, Adopted.	A Board Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 609-A-26	American Medical Association Board Chair Term Limits	Resolution 601, Adopted as Amended in Lieu of Resolution 609.	See Resolution 601-A-26.
RES 610-A-26	Plant-Based Diets at AMA meetings	Adopted as Amended.	AMA Policy Database updated.
RES 611-A-26	Publicizing, Supporting, and Promoting (Appropriate) AMA Member Physicians and Physician Spouses as Candidates for Local and State Offices	Resolves 1 & 2 Referred, New Resolve 3.	Regional Political Directors are working with states to help gather information on 2026 races that will be compiled as part of a Board Report and will be prepared for consideration at the 2027 Annual Meeting.
RES 612-A-26	Increasing Expert Guidance in AMA Statements	Adopted as Amended.	
RES 613-A-26	Preserving Institutional Equity and Inclusivity Efforts	Alternate Resolution Adopted.	

Report/Resolution	Title	House Action	Status
RES 614-A-26	Inclusive Policy Language for Older Adults	Not Adopted.	
RES 615-A-26	Protection of Non-Combatant Health Care Workers and Facilities in Conflict Areas	Adopted as Amended with Change in Title.	AMA Policy Database updated.
RES 616-A-26	Humanitarian and Medical Aid Support to Palestine	Referred.	A Board Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 617-A-26	Reevaluation of AMA Policy Regarding Support for Specific National Medical Associations in the World Medical Association	Not Adopted.	
RES 618-A-26	Ending AMA Investment in Weapons Manufacturers	Referred for Decision.	<p>The Board considered a report on this subject that provided a history of previous requests to divest from specific entities and the subsequent financial and outside legal analysis. It noted that outside legal counsel review determined that investment restrictions would unduly interfere with the Board's fiduciary duty to manage organizational assets responsibly. Key concerns included the complexity and operational challenges of divesting from a narrow set of investments within diversified funds, the risk of negatively impacting financial returns and increasing portfolio risk, the possibility of breaching the Board's fiduciary duty by allowing non-financial motives to influence investment decisions, and the practical difficulty of consistently defining and applying terms such as "majority of revenue," "key component," and the concern that the term "weapons" has broad implications to its inclusivity beyond conventional firearms.</p> <p>The report noted that adopting this resolution and implementing a divestment requirement would limit AMA's diversification and flexibility and result in unnecessary transaction costs. This could negatively impact financial returns while increasing portfolio risk.</p> <p>The Board VOTED that Resolution 618-A-26 not be adopted and reinforces that our AMA will choose for its commercial relationships, when fiscally responsible, investments in companies that do not derive a majority of their revenue from weapons manufacturing</p>
RES 619-A-26	Opposing Federal Immigration Operations at AMA Events and Harm to Lawful Non-Target Individuals	Adopted as Amended.	AMA Policy Database updated.
RES 620-A-26	Survey of Medical Staffs	Adopted.	

Report/Resolution	Title	House Action	Status
RES 701-A-26	Participation of Small Practices in Value-Based Payment (VBP) Models	Adopted as Amended, with Change in Title.	In comments on the Ambulatory Specialty Model (ASM) as part of AMA response to 2027 Medicare physician payment proposed rule, advocated that physician practices be exempt from mandatory participation in ASM when they meet certain criteria indicating limited capacity to participate, including but not limited to small practice size, lower Medicare revenue, low attributed patient volume, or practice location in rural or Health Professional Shortage Areas, unless they voluntarily elect to participate. Also, at AMA's urging, HR 9693, the Patients First Act, requires notice and comment rulemaking for all mandatory models and if a model is being ended early or materially changed. AMA successfully lobbied for CMS to raise the low volume threshold for transplant surgeons in the mandatory Improving Organ Transplant Access Model.
RES 702-A-26	Physicians Who Do Not Practice in Hospital Setting	Adopted as Amended.	<p>The AMA continues to convene state medical associations impacted by Anthem's hospital policy to support their engagement with state policymakers.</p> <p>Supported by AMA, two states (IA and IN) enacted legislation in 2026 to prevent payers from penalizing hospitals when OON physicians provide care. Collaborating with our litigation center to collect examples of harm and monitor opportunities for legal action to address hospital penalties for permitting OON physicians to provider care.</p> <p>The AMA engaged with Congressional members/influenced a bipartisan letter from GOP and Democratic Doc Caucuses to HHS, Treasury, and Labor in Dec. outlining concerns that policy circumvents the NSA, pressures hospitals and independent physicians into unsustainable contract arrangements and threatens patient access to hospital-based emergency and specialty care. A letter was sent that urged the agencies to investigate the legality and impact of this policy.</p>
RES 703-A-26	Medication Pricing Parity	Adopted with Change in Title.	The AMA communicated with our national, state, and specialty medical society partners about our willingness to work with them to oppose preferential pricing strategies by drug manufacturers to telehealth or online providers.
RES 704-A-26	Advocating Against Automatic Refill Requests	Adopted.	The AMA engaged and shared policy with National Association of Chain Drug Stores (NACDS), encouraging their retail pharmacy members to align with the policy. Staff met with NACDS virtually on September 3, 2026, and shared AMA perspective and physician concerns re: automatic opt-in refill programs with NACDS representatives. During the call, NACDS agreed to discuss this resolution with their members at an upcoming member event in order to assess the frequency of automatic opt-in programs at large pharmacy chains. NACDS agreed to share their findings with the AMA for future planning regarding future advocacy and education efforts.
RES 705-A-26	Recognizing Physicians as Sexual Assault Forensic Examiners	Adopted as Amended.	AMA Policy Database updated.

Report/Resolution	Title	House Action	Status
RES 706-A-26	Discharge Summaries from Skilled Nursing Facilities	Adopted as Amended.	The AMA is asking CMS to improve its policy on enforcement of its existing regulations on timely and comprehensive discharge summaries as part of its 2028 skilled nursing facility (SNF) rulemaking process and is educating physicians about SNF's responsibility to create and timely deliver a comprehensive patient discharge summary to a patient's outpatient primary care physician through AMA Advocacy Update.
RES 707-A-26	Malpractice Insurance for Employed Physicians	Referred.	A Board Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 708-A-26	Oppose Imposition of Fees on Physicians for Electronic Payment Transfers	Adopted.	The AMA continues to build community-wide support for legally binding rules, consistent with the direction set by Resolution 708, which calls on the AMA to advocate that CMS issue legally binding regulation prohibiting the use of virtual credit cards and the imposition of EFT fees on HIPAA standard transactions. A letter to CMS is in process urging the agency to issue a proposed rule that prevents the use of virtual credit cards or the imposition of electronic funds transfer (EFT) fees, or any fees, on Health Insurance Portability and Accountability Act (HIPAA) standard electronic transactions. AMA staff also participated in the NACHA Healthcare Payments Advisory Group (HPAG) discussion on the ACH EFT transaction and submitted survey feedback prioritizing EFT fees and enrollment challenges, including the disenrollment problems physicians continue to raise. That feedback also called for legally binding rules, issued through notice and comment, to prevent VCC and EFT fees on HIPAA standard transactions, and to prohibit vendors and clearinghouses from imposing duplicative, payer-specific enrollment mechanisms.
RES 709-A-26	Requiring Transparency and Accountability When Insurers and Third-Party Administrators Require Utilization Review, Thereby Practicing Medicine	Adopted as Amended.	AMA model prior authorization legislation has been amended by the AMA Council on Legislation and the AMA Board of Trustees to reflect this policy. This model legislation specifically requires health plan reviewers to provide their information and NPI and continues to require that the reviewer be licensed as a physician in the same state and therefore subject to state regulation.
RES 710-A-26	Parity in Access to Evidence-Based Obesity Treatment	Adopted as Amended.	AMA Policy Database updated.
RES 711-A-26	Oppose Denials Based on Origin of Referral	Adopted.	The AMA sent letters to AHIP and BCBSA on July 21, 2026, requesting that plans eliminate policies that deny coverage or authorization solely because the referring or ordering clinician differs from the physician designated by the patient as their primary care physician to align with this new policy.

Report/Resolution	Title	House Action	Status
RES 712-A-26	Addressing the Commoditization of Medicine Through Recognition of the Full Scope of Physician Work and Contributions	Adopted.	The AMA closely tracks and assists state medical societies with proposed state legislation/regulation that seeks to protect physician and their practices from corporate control and to ensure physician independence and fair treatment for physicians in difference practice settings. The AMA also has developed resources to help state medical societies enact state legislation to protect physicians from commoditization concerns and has communicated to our national, state and specialty medical society partners that it is available to assist in further implementation of Resolution 712.
RES 713-A-26	Reducing Prior Authorization Delays to Improve Access to Neuromodulation and Non-Opioid Pain Therapies	Adopted as Amended.	The AMA sent letters to AHIP and BCBSA on July 21, 2026, requesting that plans reduce prior authorization requirements for neuromodulation and other clinically appropriate therapies; adopt consistent, evidence-based coverage policies; and eliminate unnecessary administrative barriers that delay patient care to align with this new policy.
RES 714-A-26	Physician Case Log Portability	Adopted as Amended.	The AMA communicated with our national, state, and specialty medical society partners about our willingness to work with them to advocate for 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.
RES 715-A-26	Oppose the Legal Position that Virtual Credit Cards are a Legal Method of Payment under HIPAA	Adopted.	The AMA actively participates in electronic standards development organizations and related groups, then routinely advocates that health plans and their vendors use streamlined, uniform enrollment processes for HIPAA-mandated electronic transactions to reduce administrative burdens for physicians and practice staff.
RES 716-A-26	Equal Opportunity for Payment for “On Call” Duty	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration at the 2027 Annual Meeting.
RES 717-A-26	Advocacy for a Failure-Proof National Centralized Electronic Transaction Clearinghouse	Referred with Report Back at A-27.	A Council on Medical Service Report on this subject will be prepared for consideration at the 2027 Annual Meeting.