

AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Report of the AMA-YPS Reference Committee

Jennifer Nordhauser, MD, MPH, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:
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3 **RECOMMENDED FOR ADOPTION**
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- 5 1. Report B — State Medical Society Representation in the AMA-YPS Assembly
6
7 2. Report C — Specialty Society Representation
8

9 **RECOMMEND FOR NOT ADOPTION**
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- 11 4. Resolution 1— Adjusting Reimbursement Rates to Reduce Financial Incentives to
12 Replace Physicians with Non-Physician Practitioners
13
14 5. Resolution 2 — Planning for the Results of the Digital Health and AI Taskforce
15 Report
16
17 6. ASPS Resolution 606 — Further Enabling AMA BOT Expediency for Actions,
18 Advocacy, and Responses During Urgent Situations
19

20 **RECOMMENDED FOR FILING**
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- 22 7. Report A — Governing Council Activities/Action Plan Update
23
24 8. Report D — YPS Endorsements of Elected Candidates

RECOMMENDED FOR ADOPTION

(1) REPORT B — STATE MEDICAL SOCIETY REPRESENTATION IN THE AMA-YPS ASSEMBLY

RECOMMENDATION:

Recommendations in Report B be adopted and the remainder of the Report be filed.

The Governing Council recommends that the following statements be adopted and that the remainder of the report be filed.

1. The YPS Governing Council will continue to monitor progress toward filling available representative slots and identify additional engagement opportunities as appropriate.
2. The YPS Governing Council will continue to reach out to eligible state societies that have not sent a representative or designated less than the allotted number of representatives for the AMA-YPS Assembly.
3. The YPS Governing Council will continue to communicate with YPS representatives and members to highlight the work accomplished during the Assembly meetings and facilitate dialogue about increasing representation in the AMA-YPS.

Report B provides the AMA Bylaws pertaining to state medical society allocation and the 2026 YPS state apportionments. The report outlines the ways in which the Governing Council intends to continue outreach to state medical societies to gain representatives in the AMA-YPS Assembly.

There was no online testimony for Report B. Your Reference Committee recommends that Report B be adopted and the remainder of the report be filed.

(2) REPORT C — SPECIALTY SOCIETY REPRESENTATION

RECOMMENDATION:

Recommendations in Report C be adopted and the remainder of the Report be filed.

The Governing Council recommends that the following statements be adopted and that the remainder of the report be filed.

1. The YPS Governing Council will continue to monitor progress toward filling available representative slots and identify additional engagement opportunities as appropriate.
2. The YPS Governing Council will continue to reach out to specialty societies that are eligible for representation in the AMA-YPS Assembly that have not sent a representative or designated less than the allotted number of representatives.
3. The YPS Governing Council will continue to communicate with YPS representatives and members to highlight the work accomplished during Section Assembly meetings and facilitate dialogue about increasing representation in the AMA-YPS.

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2 Report C provides the AMA Bylaws pertaining to specialty society allocation and the 2026
3 YPS specialty society apportionments. The report outlines the ways in which the
4 Governing Council intends to continue outreach to specialty societies to gain
5 representatives in the AMA-YPS Assembly.
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7 There was no online testimony for Report C. Your Reference Committee recommends
8 that Report C be adopted and the remainder of the report be filed.

RECOMMENDED FOR NOT ADOPTION

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3 (3) RESOLUTION 1 — ADJUSTING REIMBURSEMENT RATES TO REDUCE
4 FINANCIAL INCENTIVES TO REPLACE PHYSICIANS WITH NON-PHYSICIAN
5 PRACTITIONERS
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7 **RECOMMENDATION:**
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9 **Resolution 1 not be adopted.**

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11 RESOLVED, that our American Medical Association advocates that CMS decrease the
12 reimbursement rate for non-physician practitioners to better reflect their overall lower level
13 of medical training, clinical responsibility, and efficiency compared to physicians.
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15 Online forum testimony was mixed. Overall, members support the intent of this resolution
16 to fight scope creep but expressed concern with the wording. Online forum comments
17 included an amendment for further study, concerns about the unintended consequences
18 of decreasing reimbursement rates, and the overall feasibility of a study. Your Reference
19 Committee noted the concern for decreasing reimbursement rates in general due to
20 unintended consequences and the lack of consensus on the online forum.
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22 Therefore, your Reference Committee recommends Resolution 1 not be adopted.
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- 24 (4) RESOLUTION 2 — PLANNING FOR THE RESULTS OF THE DIGITAL HEALTH
25 AND AI TASKFORCE REPORT
26

27 **RECOMMENDATION:**
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29 **Resolution 2 not be adopted.**
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31 RESOLVED, that our American Medical Association create a robust advisory committee
32 or other HOD entity that promotes health policy input and guidance from the HOD on
33 matters related to digital health, AI, and their intersection with medical practice and
34 education; and be it further
35

36 RESOLVED, that our AMA ensure any advisory committee or other HOD entity focused
37 on digital health and AI be representative of the membership of the AMA.
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39 Online forum commentary was overall supportive of this resolution. Your Reference
40 Committee received staff notes which explained that the formation of an advisory
41 committee or other HOD entity are separate requests that require different actions. The
42 creation of an advisory committee is under the purview of the Board of Trustees. A “special
43 committee” can be established under Bylaws 2.13.6 but a detailed structure,
44 responsibilities, and all other details of this committee must be described in the resolution.
45 Since advisory committees are responsible to and established by the Board of Trustees
46 and this resolution does not include a detailed charter of a special committee and, your
47 Reference Committee did not feel it was appropriate to draft language for a special
48 committee. Your Reference Committee acknowledges the support for the intent of the
49 resolution but given these logistical issues, we urge the author to reword their resolution
50 prior to Assembly to accommodate for this.
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52 Therefore, your Reference Committee recommends that Resolution 2 not be adopted.
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2 (5) ASPS RESOLUTION 606 — FURTHER ENABLING AMA BOT EXPEDIENCY
3 FOR ACTIONS, ADVOCACY, AND RESPONSES DURING URGENT
4 SITUATIONS

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6 **RECOMMENDATION:**

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8 **ASPS Resolution 606 not be adopted.**

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10 RESOLVED, that our American Medical Association amend G.600.071, “Actions and
11 Decisions by the AMA House and Policy Implementation” to read as follows:
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- 13 8. Our AMA shall develop such processes as the BOT deems appropriate to ensure
14 the BOT is apprised on a weekly basis of AMA activity related to the policy actions
15 and directives adopted by the House of Delegates that occurred through:
16 a. the formal meetings and notable informal meetings with stakeholders and
17 polymaking entities;
18 b. the formal correspondence, comments, or testimony submitted by the AMA;
19 c. notable informal correspondence exchanged between AMA management and
20 polymakers or other stakeholders;
21 d. the relevant correspondence received from the leadership of entities in organized
22 medicine, the federal government, or any other relevant sector; and
23 e. any developments with respect to new or existing policy concepts, policy
24 negotiations, or policy proposals on transformational national health policies
25 9. Our AMA BOT will be directly informed and consulted prior to the onset of and
26 throughout the course of any negotiations between AMA management and federal
27 polymakers on transformational changes to national health policies, such as
28 alteration of the methodology for reimbursing physicians under any component of
29 the public sector payer apparatus or the sunseting or creation of any program that
30 is likely to impact more than half of all Medicare participating providers. (Modify
31 Current HOD Policy)
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33 Online forum comments were limited and mixed. Given the lack of testimony and
34 precedent for the co-sponsorship process of a delegation’s resolution, your Reference
35 Committee does not recommend formal co-sponsorship of this item.
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37 Therefore, your Reference Committee recommends that ASPS Resolution 606 not be
38 adopted.

RECOMMENDED FOR FILING

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3 (6) REPORT A — GOVERNING COUNCIL ACTIVITIES/ACTION PLAN UPDATE
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5 **RECOMMENDATION:**
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7 **Report A be filed.**
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9 Report A includes the 2025-2026 YPS Section objectives, education sessions, standing
10 committee goals, report and resolution summaries, and YPS member highlights. This is
11 an informational report that provides an overview of activities by the Governing Council
12 within the past year.
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14 There was no online testimony for Report A. Your Reference Committee recommends that
15 Report A be filed.
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17 (7) REPORT D — YPS ENDORSEMENTS OF ELECTED CANDIDATES
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19 **RECOMMENDATION:**
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21 **Report D be filed.**
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23 Report D informs the YPS Assembly of the Governing Council's endorsements, on behalf
24 of YPS, of candidates for election by the House of Delegates at the 2027 Annual Meeting.
25 This is an informational report and does not include recommendations.
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27 There was no online testimony for Report D. Your Reference Committee recommends
28 that Report D be filed.

This concludes the report of the AMA-YPS Reference Committee. I would like to thank Diana Alsbrook, MD; Neil Datta, MD; Karen Dionesotes, MD, MPH; and Kathleen Doo, MD, MHPE, and all those who testified before the Committee.

Diana Alsbrook, MD

Neil Datta, MD
Representative, Massachusetts Medical
Society

Karen Dionesotes, MD, MPH
Representative, American Psychiatric
Association

Kathleen Doo, MD, MHPE
Representative, Society of Critical Care
Medicine

Jennifer Nordhauser, MD, MPH
Representative, Texas Medical
Association
Chair