MEMORIAL RESOLUTIONS
ADOPTED UNANIMOUSLY

Hazel S. Konerding, MD
Introduced by Medical Society of Virginia

Whereas, an extraordinary wife, mother, grandmother, dermatologist, physician leader, advisor, and mentor to many, Hazel S. Konerding, MD, passed away on June 17, 2024; and

Whereas, Dr. Konerding was a Fairbanks, Alaska native, graduating from Choctawhatchee High School and pursuing her undergraduate degree at Northwestern University in Evanston, Illinois before completing her medical degree at the University of Miami School of Medicine, graduating with honors. She interned at the Florida Hospital in Orlando and completed her Dermatology residency at the Medical College of Virginia in Richmond. It was here Dr. Konerding began her career in academia, joining the faculty in the Department of Dermatology. Finally, she established her own private practice in Richmond as a Founding Partner and President of Commonwealth Dermatology until her retirement in 2021; and

Whereas, Hazel's career was distinguished by her active service to the profession for more than four decades. She was a valued member of the Medical Society of Virginia having served as the society's second female president. She later served on the MSV's Board of Directors, Executive Committee, Nominating Committee, MSVIA Board, and the MSV Foundation Board. MSV recognized her with both the Clancy Holland Award for advocacy and the Salute to Service Award for service to the profession. She served her profession regionally as the past president of the Richmond Academy of Medicine, Virginia Dermatological Society, and Richmond Dermatological Society. Additionally, she served on the Board of Directors for Bon Secours Richmond Health System, Access Now, and the Henricus Foundation. Dr. Konerding proudly served Virginia on its AMA Delegation for a decade; and

Whereas, Dr. Konerding became a physician in an era when few women chose to enter medicine, much less seek leadership positions. She was an inspiration and showed her daughters that a woman did not have to choose between motherhood and professional success, nor take a back-row seat when told that girls just didn't belong in leadership. Hazel will remain an inspiration to succeeding generations even in her absence; and

Whereas, Dr. Konerding is survived by her husband of 55 years, Karsten F. Konerding, M.D., her daughters Julia and Linda., her grandchildren Vaden, Anna, Caroline, and Charles, and her brothers-in-law, Erhard, Achim, and Jurgen; therefore be it

RESOLVED, in memoriam, that our American Medical Association recognizes the many contributions made by Dr. Hazel Konerding to the medical profession and the Commonwealth of Virginia, and extend our deepest condolences to her colleagues and loved ones.

RESOLUTIONS

Note: Testimony on each item is summarized in the reference committee reports.

Alternate resolutions are considered to have been introduced by the reference committee.

REFERENCE COMMITTEE ON AMENDMENTS TO CONSTITUTION & BYLAWS

1. ADDRESSING GENDER-BASED PRICING DISPARITIES
Introduced by Women's Physician Section

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-155.953

RESOLVED, that our American Medical Association support federal and state efforts to minimize gender-based pricing disparities, especially in healthcare services and products.

2. ANTI-DOXXING DATA PRIVACY PROTECTION
Introduced by Women's Physician Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution & Bylaws.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-80.990

RESOLVED, that our American Medical Association support all physicians and medical students who experience doxxing, support nondiscrimination and privacy protection for employees, and availability of resources on doxxing; and be it further

RESOLVED, that our AMA work with partners to support data privacy and anti-doxxing laws to prevent harassment, threats, and non-consensual publishing of information for all physicians and medical students; and be it further

RESOLVED, that our AMA encourage institutions, employers, and state medical societies to provide educational and legal resources as well as support for all physicians and medical students who are affected by doxing; and be it further

RESOLVED, that our AMA encourage institutions, employers, and medical societies to provide training and education on the issue of doxxing.

3. ON THE ETHICS OF HUMAN LIFESPAN PROLONGATION
Introduced by Senior Physicians Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution & Bylaws.

HOD ACTION: **ADOPTED**
See Policy D-140.947

RESOLVED, that our American Medical Association undertake an evaluation of the ethics of extension of the human lifespan, currently considered to be 120 years, with the goal of providing guidance and/or guidelines for clinical practice, research and potential regulatory challenges.

4. IMPROVING USABILITY OF ELECTRONIC HEALTH RECORDS FOR TRANSGENDER AND GENDER DIVERSE PATIENTS
Introduced by LGBTQ+ Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution & Bylaws.

HOD ACTION: REFERRED

RESOLVED, that our American Medical Association amend policy H-315.967 "Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation" by addition and deletion to read as follows:

Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation, H315.967

Our AMA: (1) supports the voluntary inclusion of a patient's ~~biological sex~~current clinical sex, sex assigned at birth, current gender identity, legal sex on identification documents, sexual orientation, ~~preferred~~ gender pronoun(s), ~~preferred~~ chosen name, and clinically relevant, sex specific anatomy in medical documentation, and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner, with efforts to improve visibility and awareness of transgender and gender diverse patients' chosen name and pronouns in all relevant EHR screens and to de-emphasize or conceal legal name except when required for insurance and billing purposes; (2) Will advocate for the inclusion of an organ inventory encompassing medical transition history and a list of current present organs in EHRs, with efforts to link organ-specific examinations and cancer screenings to the current organ inventory rather than sex or gender identity; (~~2~~3). Will advocate for collection of patient data in medical documentation and in medical research studies, according to current best practices, that is inclusive of sexual orientation, gender identity, and other sexual and gender minority traits for the purposes of research into patient and population health; (~~3~~4) Will research the problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; (~~4~~5) Will investigate the use of personal health records to reduce physician burden in maintaining accurate patient information instead of having to query each patient regarding sexual orientation and gender identity at each encounter; and (~~5~~6) Will advocate for the incorporation of recommended best practices into electronic health records and other HIT products at no additional cost to physicians automatically. (7) Will advocate for patient informed consent regarding how gender identity and related data will be used with the ability to opt out of recording aforementioned data without compromising patient care; (Modify Current HOD Policy); and be it further

RESOLVED, that our AMA supports the use of the term "chosen name" over "preferred name," recognizing the value of the term "chosen name" to transgender and gender-diverse patients.

5. UPDATING THE AMA DEFINITION OF INFERTILITY
Introduced by American Society for Reproductive Medicine

Reference committee hearing: see report of Reference Committee on Amendments to Constitution & Bylaws.

HOD ACTION: ADOPTED AS FOLLOWS
See Policies D-65.972, H-420.952 and H-510.984

RESOLVED, that our American Medical Association amend policy H-420.952 "Recognition of Infertility as a Disease" by addition, to state:

1. Our AMA supports the World Health Organization's designation of infertility as a disease state with multiple etiologies requiring a range of interventions to advance fertility treatment and prevention.
2. Our AMA also supports the American Society for Reproductive Medicine's definition of infertility as (a) the inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors; (b) the need for medical intervention, including, but not limited to, the use of donor gametes or

donor embryos in order to achieve a successful pregnancy either as an individual or with a partner; and (c) in patients having regular unprotected intercourse and without any known etiology for either partner suggestive of impaired reproductive ability, evaluation should be evaluated at 12 months when the female partner is under 35 years of age and at 6 months when the female partner is 35 years of age or older. Nothing in this definition shall be used to deny or delay treatment to any individual, regardless of relationship status or sexual orientation.

3. Our AMA affirms that nothing in this definition shall be used to deny or delay treatment to any individual, regardless of relationship status, sexual orientation, or gender identity.

RESOLVED, that our American Medical Association work with state societies and other interested organizations to encourage all states to recognize the American Society for Reproductive Medicine's definition of infertility, and further communicate with third-party payers that discrimination in coverage of fertility services on the basis of marital status, sexual orientation, or gender identity cannot be justified; and be it further

RESOLVED, that our AMA work with other interested organizations to communicate with third-party payers that discrimination in coverage of fertility services on the basis of marital status or sexual orientation cannot be justified; and be it further

RESOLVED, that our AMA reaffirm policy H-510.984 "Infertility Benefits for Veterans,"; and be it further

RESOLVED, that our AMA report back on this issue at I-25.

6. OPPOSITION TO THE DECEPTIVE RELOCATION OF MIGRANTS AND ASYLUM SEEKERS
Introduced by Minority Affairs Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution & Bylaws.

HOD ACTION: **ADOPTED**
See Policy H-65.934

RESOLVED, that our American Medical Association oppose the relocation of migrants and asylum-seekers by state or federal authorities without timely and appropriate resources to meet travelers' needs, especially when deceptive or coercive practices are used; and be it further

RESOLVED, that our AMA support state and federal efforts to protect the health and safety of traveling migrants and asylum-seekers and investigate possible abuse and human rights violations.

7. SUPPORTING DIVERSITY IN RESEARCH
Introduced by Minority Affairs Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution & Bylaws.

HOD ACTION: **REFERRED**

RESOLVED, that our American Medical Association support the use of language interpreters and translators in clinical and medical research participation to promote equitable data collection and outcomes; and be it further

RESOLVED, that our AMA encourage all Institutional and Research Review Boards (IRBs) to develop and publish transparent guidelines for interpreter services to ensure appropriate enrollment and ongoing participation of medical and clinical research participants with Limited English Proficiency and Deaf or Hard of Hearing people; and be it further

RESOLVED, that our AMA advocate for the Department of Health and Human Services and Office for Human Research Protections (OHRP) to update their guidance on "Informed Consent of Subjects Who Do Not Speak English (1995)"; and be it further

RESOLVED, that our AMA support the creation of a federal standard upon which individual Institutional Review Boards (IRBs) may base their recommendations.

8. MISSING AND MURDERED BLACK WOMEN AND GIRLS
Introduced by American Psychiatric Association

Reference committee hearing: see report of Reference Committee on Amendments to Constitution & Bylaws.

HOD ACTION: **ADOPTED**
See Policies D-80.996 and H-80.989

RESOLVED, that our American Medical Association advocate that the United States Department of Justice collect data on missing persons and homicide cases involving Black women and girls, including the total number of cases, the rate at which the cases are solved, the length of time the cases remain open, and a comparison to similar cases involving different demographic groups; and be it further

RESOLVED, that our AMA advocate for the United States Department of Justice, legislators, and other stakeholders to collect data on Amber Alerts, including the total number of Amber Alerts issued, aggregated by the child's race and sex; and be it further

RESOLVED, that our AMA encourage state medical societies to work with legislators, advocates, and other stakeholders to establish equity in policy and practices related to missing and murdered black women and girls.

9. OPPOSITION TO CREATION OR ENFORCEMENT OF CIVIL LITIGATION, COMMONLY REFERRED TO AS CIVIL CAUSES OF ACTION
Introduced by Kansas

Reference committee hearing: see report of Reference Committee on Amendments to Constitution & Bylaws.

HOD ACTION: **REFERRED FOR DECISION**

RESOLVED, that our American Medical Association affirms that civil causes of action in healthcare should be limited to causes of action that address alleged violations of a physician’s duty to meet the standard of care in the treatment of patients.

10. DEVELOPMENT OF RESOURCES FOR MEDICAL STAFFS TO ENGAGE IN COLLECTIVE NEGOTIATION WITH HOSPITAL AND HEALTH SYSTEMS
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution & Bylaws.

HOD ACTION: **ADOPTED**
See Policy D-200.967

RESOLVED, that our American Medical Association develop and distribute comprehensive materials to enable medical staffs to become effective agents for collective negotiation with hospitals and health systems; and be it further

RESOLVED, that our AMA allocate appropriate resources and support to assist medical staffs in understanding their rights, the negotiation process, and strategies for successful collective action; and be it further

RESOLVED, that our AMA advocate for policies at the state and federal levels that support the rights of medical staffs to engage in collective negotiation with hospital systems.

11. AMERICAN KIDNEY DONATION LEGISLATION
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution & Bylaws.

HOD ACTION: NOT ADOPTED

RESOLVED, that our American Medical Association support federal legislation for pilot studies of non-monetary or monetary incentives, including delayed tax credits, to increase living kidney donations

REFERENCE COMMITTEE B

201. ADDRESSING AND REDUCING PATIENT BOARDING IN EMERGENCY DEPARTMENTS

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: ALTERNATE RESOLUTION 201 ADOPTED
IN LIEU OF RESOLUTION 201 AND 230
See Policy D-130.957

RESOLVED, that our American Medical Association (AMA) collaborate with interested parties, such as hospitals, insurance companies, the Centers for Medicare & Medicaid Services (CMS), and accrediting bodies such as the Joint Commission, to address and reduce emergency department boarding and overcrowding; and be it further

RESOLVED, that our AMA support appropriate staffing and standards of care for all patients admitted to the hospital or awaiting transfer, including emergency department patients and admitted patients physically located in the emergency department, to mitigate patient harm and physician burnout; and be it further

RESOLVED, that our AMA advocate for increased state and federal assistance to address the systemic factors contributing to emergency department boarding; and be it further

RESOLVED, that our AMA support other medical societies, hospital associations, accrediting organizations, and patient advocacy groups to raise awareness of the impacts of emergency department boarding and to identify and propose solutions; and be it further

RESOLVED, that our AMA will continue to monitor the development of CMS quality measures related to patient boarding and work in collaboration with relevant medical specialty associations to support improvements in quality standards related to emergency department care; and be it further

RESOLVED, that our AMA will report back to the House of Delegates at the 2025 Interim Meeting on progress addressing and reducing patient boarding in emergency departments.

202. CALLING FOR A MULTIFACETED APPROACH TO THE ILLICIT FENTANYL CRISIS
Introduced by North American Spine Society

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: RESOLVE ONE ADOPTED AS FOLLOWS
RESOLVE TWO REFERRED
TITLE CHANGED
See Policy H-95.896

RESOLVED, that our American Medical Association continue to support public education and awareness about the rapidly evolving US illicit drug epidemic due to dangers of illegally made fentanyl and other toxic substances.

[Editor's Note: Resolve two was referred]
RESOLVED, that our AMA advocate that federal, state and local government officials and agencies implement measures to curb and/or stop the manufacturing, importation, and distribution of illicit drugs and related chemical compounds (Directive to Take Action); and be it further

203. ALTERNATIVE PATHWAYS FOR INTERNATIONAL MEDICAL GRADUATES
Introduced by International Medical Graduates Section

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy D-255.971

RESOLVED, that our American Medical Association provides an informational report about the ongoing work around alternate licensing pathways and currently introduced laws and regulations being introduced around the country and their status during the I-25 meeting; and be it further

RESOLVED, that, following the conclusion of the work of the Advisory Commission on Alternate Licensing Models, our AMA develop educational resources related to alternate licensing models for the AMA HOD and other interested parties; and be it further

RESOLVED, that our AMA widely distribute the Commission's report and relevant educational content to all AMA members.

204. SUPPORT FOR PHYSICIAN-SUPERVISED COMMUNITY PARAMEDICINE PROGRAMS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-200.945

RESOLVED, that our American Medical Association support federal and state efforts to strengthen and provide coverage for community paramedicine programs, especially in rural or underserved areas, so long as these programs do not decrease funding for physician payment.

RESOLVED, that our American Medical Association only support community paramedicine programs that preserve physician-led team-based care.

205. NATIVE AMERICAN MEDICAL DEBT
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED**
See Policy H-350.936

RESOLVED, that our American Medical Association support federal legislation requiring credit reporting agencies to remove information on the credit reports of Indian Health Service (IHS) beneficiaries that relate to debts or collections activities for medical services that should have been paid by the IHS.

206. PROTECT INFANT AND YOUNG CHILD FEEDING
Introduced by Women's Physician Section

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy D-245.993

RESOLVED, that our American Medical Association support public and private payer coverage of medically necessary donor human breast milk; and be it further

RESOLVED, that our AMA advocate for an adequate supply and consistent sources of infant milk formula.

207. ACCOUNTABILITY FOR G-605.009: REQUESTING A TASK FORCE TO PRESERVE THE PATIENT-PHYSICIAN RELATIONSHIP TASK FORCE UPDATE AND GUIDANCE
Introduced by Women's Physician Section

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policies D-605.982 and G-605.009

RESOLVED, that our American Medical Association's Task Force to Preserve the Patient-Physician Relationship will present annual updates on their findings at AMA Annual Meetings until the objectives have been completed; and be it further

RESOLVED, that our AMA amend G-605.009 with the addition of text as follows:

2h. Work with interested parties to encourage the development of institution-level guidance and protection for physicians practicing in states with restrictions potentially interfering with the patient-physician relationship.

208. MEDICARE PART B ENROLLMENT AND PENALTY AWARENESS
Introduced by Senior Physicians Section

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy D-330.890

RESOLVED, that our American Medical Association review the current penalties for declining Medicare Part B coverage with the Centers for Medicare and Medicaid Services (CMS), and advocate for changes to improve awareness of the risk and financial burdens associated with discontinuing coverage before reaching age 65; and be it further

RESOLVED, that our AMA advocate to CMS for the creation of a comprehensive checklist for seniors approaching age 65 to facilitate Medicare enrollment and avoid gaps in insurance coverage or permanent increases in Part B premiums; and be it further

RESOLVED, that our AMA advocate for enhanced public awareness regarding the risks of not enrolling in Medicare Part B, and support making information about these risks more accessible and widely available to prevent lifetime penalties.

RESOLUTION 209 WAS NOT CONSIDERED

210. LASER SURGERY
Introduced by American Academy of Ophthalmology and American College of Surgeons

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: REFERRED

RESOLVED, that our American Medical Association amend policy H-475.989, "Laser Surgery" to read that laser surgery should be performed only by individuals licensed to practice medicine and surgery or by those categories of practitioners appropriately trained and currently licensed by the state to perform surgical services; and be it further

RESOLVED**,** that our AMA amend policy H-475.980 Addressing Surgery Performed by Optometrists to read:

1. Our AMA will support legislation prohibiting optometrists from performing surgical procedures as defined by AMA policies H-475.983, "Definition of Surgery," and H-475.989~~H-475.988~~, "Laser Surgery."
2. Our AMA encourages state medical associations to support state legislation and rulemaking prohibiting optometrists from performing surgical procedures as defined by AMA policies H-475.983, "Definition of Surgery," and H-475.989~~H-475.988~~, "Laser Surgery".

211. WATER BEAD INJURIES
Introduced by American Academy of Ophthalmology and American Academy of Otolaryngology-Head and Neck Surgery

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: ADOPTED AS FOLLOWS
See Policy D-440.909

RESOLVED**,** that our American Medical Association urge the U.S. Consumer Product Safety Commission (CPSC) to promptly promulgate and enforce stringent performance and labeling requirements for water bead toys and toys containing water beads to effectively mitigate associated health hazards; and be it further

RESOLVED**,** that our AMA urge Congress to enact legislation to classify water bead products as banned hazardous items to protect consumers, particularly children, from associated risks; and be it further

RESOLVED**,** that our AMA encourage businesses that sell gel blasters to make appropriate and safe protective eye wear available and encourage its use to their customers and to distribute educational materials on the safe use of gel guns; and be it further

RESOLVED, that our AMA advocate for the development of national safety standards for gel blasters that include requirements for product design modifications such as lower velocity limits, safer projectile designs, or integrated safety mechanisms to reduce the risk of eye injuries.

212. ADDRESSING THE UNREGULATED BODY BROKERAGE INDUSTRY
Introduced by Michigan

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: REFERRED

RESOLVED, that our American Medical Association amend existing policy H-460.890, "Improving Body Donation Regulation," by addition to read as follows:

Our AMA:
(1) recognizes the need for ethical, transparent, and consistent body and body part donation regulations.;
(2) will collaborate with interested organizations to actively advocate for the passage of federal legislation to provide necessary minimum standards, oversight, and authority over body broker entities that receive donated human bodies and body parts for education and research;
(3) will develop model state legislation to provide necessary minimum standards, oversight, and authority over body broker entities that receive donated human bodies and body parts for education and research; and (4) encourages state medical societies to advocate legislation or regulations in their state that are consistent with the AMA model state legislation.

213. SUSTAINABLE LONG-TERM FUNDING FOR CHILD PSYCHIATRY ACCESS PROGRAMS
Introduced by American Academy of Child and Adolescent Psychiatry

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy D-345.971

RESOLVED, that our American Medical Association advocate that the federal government work to achieve adequate and sustained funding for access to child psychiatry consultation programs.

214. ADVOCATING FOR EVIDENCE-BASED STRATEGIES TO IMPROVE RURAL OBSTETRIC HEALTH CARE AND ACCESS
Introduced by American College of Obstetricians and Gynecologists

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-420.946

RESOLVED, that our American Medical Association strongly supports federal legislation that provides funding for the creation and implementation of a national obstetric emergency training program for rural health care facilities with and without a dedicated labor and delivery unit; and be it further

RESOLVED, that our AMA supports the expansion and implementation of innovative obstetric telementoring/teleconsultation models to address perinatal health disparities and improve access to evidence-informed perinatal care in rural communities; and be it further

RESOLVED, that our AMA encourages academic medical centers and health systems to actively participate in obstetric telementoring/teleconsultation models to support rural physicians and nonphysician practitioners who provide obstetric care as part of a physician-led team and improve perinatal health outcomes in rural communities; and be it further

RESOLVED, that our AMA supports ongoing research to evaluate the effectiveness of national implementation of obstetric telementoring/teleconsultation models to improve rural perinatal health outcomes and reduce rural-urban health disparities.

215. ADVOCATING FOR FEDERAL AND STATE INCENTIVES FOR RECRUITMENT AND RETENTION OF PHYSICIANS TO PRACTICE IN RURAL AREAS
Introduced by American College of Obstetricians and Gynecologists

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: POLICIES D-305.958, H-305.925, H-465.981 AND H-465-988 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, that our American Medical Association advocate for increased federal and state funding for loan forgiveness for physicians who commit to practice and reside in rural and underserved areas for a meaningful period of time; and be it further

RESOLVED, that our AMA urge Congress and State legislatures to establish retention bonus programs for physicians who maintain practice in rural areas for extended periods, with increasing bonuses for longer commitments; and be it further

RESOLVED, that our AMA advocate for the expansion and sustainable funding of residency and graduate medical education slots in rural areas, as well as opportunities for exposure to rural health care such as through clinical rotations in rural areas, to increase the likelihood of physicians practicing in these communities after training.

216. CLEARING FEDERAL OBSTACLES FOR OVERDOSE PREVENTION SITES
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: ADOPTED AS FOLLOWS
TITLE CHANGED
See Policy D-95.953

RESOLVED, that our American Medical Association advocate for elimination of federal obstacles to the development of overdose prevention sites.

217. EXPAND ACCESS TO SKILLED NURSING FACILITY SERVICES FOR PATIENTS WITH OPIOID USE DISORDER
Introduced by Post-Acute and Long-Term Care Medical Association

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: POLICY D-95.955
REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, that our American Medical Association advocate for legislative and regulatory action to ensure patients are not being denied appropriate admission to skilled nursing facilities based on practices of denying admission solely on the diagnosis of opioid use disorder or prescriptions for active medications for opioid use disorder; and be it further

RESOLVED, that our AMA advocate for and support legislation and regulatory action to ensure adequate reimbursement of skilled nursing facilities that recognizes the complexity of care, treatment and resources required for opioid use disorder treatment; and be it further

RESOLVED, that our AMA advocate for increased access to medications for opioid use disorder in long-term care pharmacies and address the barriers to access to methadone in long-term care for use in the treatment of opioid use disorder.

218. TIME SENSITIVE CREDENTIALING OF NEW PROVIDERS WITH AN INSURANCE CARRIER
Introduced by New Jersey

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED**
See Policy D-285.956

RESOLVED, that our American Medical Association urge the US Department of Labor to establish uniform provider credentialing standards for Third Party Administrator's (TPA's) serving ERISA Plans to include the following : that when a credentialing application is submitted, the insurance carrier must respond in writing within five business days whether the application is complete and acceptable, and if incomplete the carrier must send notice to the provider indicating what additional information is needed for completion of the process, and acknowledge the completion of a successfully completed application within ten business; and be it further

RESOLVED, that our AMA urge the US Department of Labor to require Third Party Administrators to send a written notice to applicants within 45 days, regarding their credentialing decision and after 45 days, an applicant is deemed to have been automatically credentialled and enrolled to be eligible for payment of services, even if the payer fails to acknowledge the applicant.

219. ADVOCATE TO CONTINUE REIMBURSEMENT FOR TELEHEALTH / TELEMEDICINE VISITS PERMANENTLY
Introduced by New York

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **POLICIES D-480.963 AND D-480.965 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, that our American Medical Association advocate for making telehealth reimbursement permanent for Medicare and for all health insurance providers.

220. MIPS REFORM
Introduced by New York

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **POLICIES D-395.999, D-400.982 AND H-385.905 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, that our American Medical Association advocate for the repeal of the Medicare Merit-Based Incentive Payment System (MIPS) and replacement with 1) a practicing physician-designed program that has far less administrative burdens and 2) only adopts measures that have been shown to measurably improve patient outcomes.

221. MEDICARE COVERAGE FOR NON-PAR PHYSICIANS
Introduced by New York

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **NOT ADOPTED**

RESOLVED, that our American Medical Association support federal legislation that would provide Medicare enrollees with the ability to receive partial reimbursement towards the cost of receiving treatment from the physician of their choice, regardless of whether that physician participates in Medicare.

222. ROLLBACK ON PHYSICIAN PERFORMANCE MEASURES
Introduced by New York

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy D-450.949

RESOLVED, that our American Medical Association will continue to advocate for a removal of any/all unproven outcomes measures and associated mandates placed on physicians, practices, licensed clinics, nursing homes, hospitals and other places of healthcare; and be it further

RESOLVED**,** that our AMA will support legislation or regulation removing any/all unproven outcomes measures and associated mandates placed on physicians, practices, licensed clinics, nursing homes, hospitals and other places of healthcare.

223. MANDATED ECONOMIC ESCALATORS IN INSURANCE CONTRACTS
Introduced by New York

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **POLICY D-400.990**
REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, that our American Medical Association advocates through legislation or regulation for the mandatory insertion of an economic escalator provision in all commercial insurance contracts to account for economic inflation or a decline in Medicare Physician Fee Schedule (PFS).

RESOLUTION 224 WAS NOT CONSIDERED

225. ELIMINATION OF MEDICARE 14-DAY RULE
Introduced by Association for Clinical Oncology

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED**
See Policy D-330.889

RESOLVED, that our American Medical Association actively lobby the federal government to readdress and change laboratory date of service rules under Medicare, e.g. the Medicare 14-Day Laboratory Date of Service Rule (Medicare 14-Day Rule), such that complex laboratory services performed on pathologic specimens collected from an inpatient hospital procedure be paid separately from inpatient bundled payments, consistent with Outpatient rules.

226. INFORMATION BLOCKING RULE
Introduced by Association for Clinical Oncology

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **REFERRED**

RESOLVED, that our American Medical Association supports the use of short-term embargo of reports or results and individual tailoring of preferences for release of information as part of the harm exception to the Information Blocking Rule; and be it further

RESOLVED, that our AMA supports the requirement of review of report and result information by the ordering physician or physician surrogate prior to release of medical information to the patient; and be it further

RESOLVED, that our AMA supports expansion of the harm exception to the Information Blocking Rule to include harassment or potential harm of medical staff or others; and be it further

RESOLVED, that our AMA advocates for expansions to the harm exception to the Information Blocking Rule and for the requirement of review by the ordering physician or surrogate prior to the application of the Information Blocking Rule provisions.

227. MEDICARE PAYMENT PARITY FOR TELEMEDICINE SERVICES
Introduced by American College of Rheumatology

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: POLICIES D-480.965 AND D-480.969 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, that our American Medical Association advocate for Medicare to reimburse providers for telemedicine-provided services at an equal rate as if the services were provided in-person.

228. CODIFICATION OF THE CHEVRON DEFERENCE DOCTRINE
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: REFERRED

RESOLVED, that our American Medical Association support codification of the Chevron deference doctrine at the federal and state levels, which would:

a. generally leave reasonable interpretation of ambiguous regulatory statutes to the purview of the executive branch, including agencies comprised of scientific and medical experts evaluating robust evidence and

b. generally prioritize legislative oversight and modification of ambiguous regulatory statutes and agency rules, instead of deferring to the judicial branch for this function.

229. SUPPORTING PENALTIES ON INSURERS WHO FAIL TO PAY DOCTORS
Introduced by Private Practice Physicians Section

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: ADOPTED AS FOLLOWS
See Policy D-285.955

RESOLVED, that our American Medical Association will advocate for passage of legislation that imposes penalties on insurers that fail to pay doctors within 30 days when doctors win for a claim brought to the federal Independent Dispute Resolution (IDR) process.

230. ADDRESSING AND REDUCING PATIENT BOARDING IN EMERGENCY DEPARTMENTS
Introduced by Organized Medical Staff Section

Resolution 230 was considered with Resolution 201.
See Resolution 201.

RESOLVED, that our American Medical Association strongly advocate that hospitals and health systems prioritize strategies to reduce emergency department boarding; and be it further

RESOLVED, that our AMA advocate for increased state and federal funding to address the underlying causes of emergency department boarding; and be it further

RESOLVED, that our AMA collaborate with other medical societies, hospital associations, accrediting organizations, and patient advocacy groups to raise awareness about the negative impacts of emergency department boarding and propose solutions; and be it further

RESOLVED, that our AMA encourage the inclusion of emergency department boarding metrics in hospital quality measures and accreditation standards; and be it further

RESOLVED, that our AMA will report back to the House of Delegates at the 2025 Annual Meeting on progress addressing and reducing patient boarding in emergency departments.

231. ESTABLISH PREGNANCY AS A FEDERAL QUALIFYING LIFE EVENT TRIGGERING A SPECIAL ENROLLMENT PERIOD
Introduced by American Academy of Family Physicians

Reference committee hearing: see report of Reference Committee B.

HOD ACTION: **ADOPTED**
See Policy D-165.931

RESOLVED, that our American Medical Association actively advocate that the United States Department of Health and Human Services and Congress establish pregnancy as a qualifying life event for a Special Enrollment Period in the Affordable Care Act Marketplace.

REFERENCE COMMITTEE C

RESOLUTION 301 WAS NOT CONSIDERED

302. STRENGTHENING PARENTAL LEAVE POLICIES FOR MEDICAL TRAINEES AND RECENT GRADUATES
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee C.

HOD ACTION: **ADOPTED**
See Policy H-405.960

RESOLVED, that our American Medical Association (AMA) amend "Increasing Practice Viability For Physicians Through Increased Employer And Employee Awareness Of Protected Leave Policies" H-405.960 by addition and deletion to read as follows:

4. Our AMA recommends that medical practices, departments and training programs strive to provide 12 weeks of paid parental, family and medical necessity leave in a 12-month period for their attending and trainee physicians as needed, with the understanding that no parent be required to take a minimum leave~~.~~, and with eligibility beginning at the start of employment without a waiting period.

RESOLUTION 303 WAS NOT CONSIDERED

304. COMPENSATION PARITY FOR RESIDENTS AND FELLOWS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee C.

HOD ACTION: **ADOPTED AS FOLLOWS**
TITLE CHANGED
See Policy H-310.912

RESOLVED, that our American Medical Association amend Residents and Fellows' Bill of Rights H-310.912 by addition to read as follows:

5. Our AMA will partner with ACGME and other relevant stakeholders to encourage training programs to reduce financial burdens on residents and fellows by providing employee benefits including, but not limited to, on-call meal allowances, transportation support, relocation stipends, and childcare services.

8. Our AMA adopts the following "Residents and Fellows' Bill of Rights" as applicable to all residents and fellow physicians in ACGME-accredited training programs:
   E. Adequate compensation and benefits that provide for resident well-being and health.
      2. With regard to compensation, residents and fellows should receive:
         a. Compensation for time at orientation.
         b. ~~Salaries~~ Compensation, including salary and benefits, commensurate with their level of training and experience. Compensation should reflect cost of living differences based on local economic factors, such as housing, transportation, and energy costs (which affect the purchasing power of wages), and include appropriate adjustments for changes in the cost of living.

305. REMOVING BOARD CERTIFICATION AS A REQUIREMENT FOR BILLING FOR HOME SLEEP STUDIES
Introduced by New York

Reference committee hearing: see report of Reference Committee C.

HOD ACTION: REFERRED FOR DECISION

RESOLVED, that our American Medical Association advocate that the appropriate bodies in United States government to remove Sleep Board Certification and facility accreditation as a requirement for the approval of and payment for home sleep studies.

306. STREAMLINING CONTINUING MEDICAL EDUCATION ACROSS STATES AND MEDICAL SPECIALTIES
Introduced by American College of Surgeons

Reference committee hearing: see report of Reference Committee C.

HOD ACTION: ADOPTED AS FOLLOWS
See Policy H-300.943

RESOLVED, that our American Medical Association work with relevant stakeholders to minimize the financial and time burden of reporting continuing medical education, including but not limited to participation in a common reporting standard; and be it further

RESOLVED, that our AMA advocate for medical specialty and state medical boards to continue to allow manual entry of continuing medical education until all boards and continuing medical education providers participate in a common reporting standard; and be it further

RESOLVED, our AMA advocate that all entities, including licensing and specialty boards, should recognize all AMA PRA credit equally.

RESOLUTION 307 WAS NOT CONSIDERED

REFERENCE COMMITTEE F

601. EXPANDING AMA MEETING VENUE OPTIONS
Introduced by Texas

Reference committee hearing: see report of Reference Committee F.

HOD ACTION: NOT ADOPTED

RESOLVED, that our American Medical Association rescind Policy G-630.140 Item 4.

602. DELAYING THE ETF ENDORSEMENT TIMELINE REVISION FOR SECTION IOP REVISIONS
Introduced by New England

Reference committee hearing: see report of Reference Committee F.

HOD ACTION: NOT ADOPTED

RESOLVED, that our American Medical Association House of Delegates candidate endorsement process revisions that were to be implemented for the 2026 election cycle be delayed to allow a thorough evaluation of unintended consequences and for revised State and Society bylaws and Section internal operating procedures to be duly ratified; and be it further

RESOLVED, that our AMA Board of Trustees expedite the approval of amendments to Section internal operating procedures as necessary to allow for their nomination and endorsement processes to align with impending changes to AMA House of Delegates procedure for nominations and endorsements.

RESOLUTION 603 WAS NOT CONSIDERED

604. OPPOSING DISCRIMINATION AND PROTECTING FREE SPEECH AMONG MEMBER ORGANIZATIONS OF ORGANIZED MEDICAL ASSOCIATIONS
Introduced by New York

Reference committee hearing: see report of Reference Committee F.

HOD ACTION: POLICIES H-65.951, H-65.961 AND H-140.837 REAFFIRMED IN LIEU OF RESOLUTION 604

RESOLVED, that our American Medical Association supports that organized medical societies should not discriminate against, suspend, or otherwise punish member societies for the political views or actions of their host city, state, or national governments; and be it further

RESOLVED, that our AMA supports that members of organized medical societies should not engage in harassment of other members, threats towards other members, or hate speech; and be it further

RESOLVED, that our AMA support these principles on an international level among international medical organizations.

605. AMA HOUSE OF DELEGATES EXPENSES
Introduced by New York

Resolution 605 was considered with Board of Trustees Report 16 and Resolution 609.
See Board of Trustees Report 16 which was adopted in lieu of Resolution 605 and 609.

RESOLVED, that our American Medical Association provide $1000, in 2024 dollars, per designated delegate and alternate delegate that attends the Annual and/or Interim meetings of our AMA; and be it further

RESOLVED, that our AMA give the meeting stipend to the delegate or alternate delegate themselves, rather than to the state or subspecialty society that they represent.

606. PROTECTING FREE SPEECH AND ENCOURAGING RESPECTFUL DISCOURSE AMONG MEMBER ORGANIZATIONS OF ORGANIZED MEDICAL ASSOCIATIONS
Introduced by New York

Reference committee hearing: see report of Reference Committee F.

HOD ACTION: POLICIES H-65.951, H-65.961 AND H-140.837 REAFFIRMED IN LIEU OF RESOLUTION 606

RESOLVED, that our American Medical Association believes that organized medical societies should not suspend or otherwise punish member societies for the political views or military actions of their host governments; and be it further

RESOLVED, that our AMA believes that members of organized medical societies should not engage in harassment of other members, threats towards other members, or hate speech.

607. AMA HOUSE OF DELEGATES VENUES
Introduced by New York

Reference committee hearing: see report of Reference Committee F.

HOD ACTION: NOT ADOPTED

RESOLVED, that our American Medical Association retain the ability to choose any location within the continental United States to hold the Annual Meeting; and be it further

RESOLVED, that our AMA Policy G630.140 Item 4 be rescinded; and be it further

RESOLVED, that our AMA Board of Trustees will employ or contract any services that may reduce or alleviate concerns about risk factors related to a particular location venue; and be it further

RESOLVED, that our AMA Board of Trustees re-examine previously used and explore potentially new venues for future Interim meetings.

608. DIRECT ELECTION OF RESIDENT/FELLOW MEMBERS OF THE AMA BOARD OF TRUSTEES AND VARIOUS AMA COUNCILS

Reference committee hearing: see report of Reference Committee F.

HOD ACTION: ALTERNATE RESOLUTION 608 ADOPTED IN LIEU OF RESOLUTION 608
See Policy D-610.994

RESOLVED, that our American Medical Association amend existing policy and election rules to permit an exception to the endorsement timeline for the Resident and Fellow Section, allowing endorsements to be obtained no later than six months before the election, applicable only to candidates for resident- and fellow-designated seats on the Board of Trustees and AMA Councils.

609. DIRECT ELECTION OF RESIDENT/FELLOW MEMBERS OF THE AMA BOARD OF TRUSTEES AND VARIOUS AMA COUNCILS

Resolution 609 was considered with Board of Trustees Report 16 and Resolution 605.
See Board of Trustees Report 16 which was adopted in lieu of Resolution 605 and 609.

RESOLVED, that our American Medical Association Board of Trustees restore the length of the Regular Meetings (Annual and Interim) of the House of Delegates to the length that occurred in 2024, and shall do so at the Annual Meeting of the House of Delegates in 2025 and continuing.

RESOLVED, that any proposed changes to the structure or format of the Regular Meetings of the House of Delegates, including but not limited to duration, composition, or apportionment, be brought before the House for open discussion and approval by vote prior to implementation.

REFERENCE COMMITTEE J

801. REIMBURSEMENT FOR MANAGING PORTAL MESSAGES
Introduced by Tennessee

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: POLICIES H-270.962, H-385.919 AND H-385.951 REAFFIRMED IN LIEU OF RESOLUTION 801

RESOLVED, that our American Medical Association immediately collaborate with payers to seek adequate reimbursement for professional time spent answering questions on the patient portal not related to a recent visit; and be it further

RESOLVED, that our AMA continue to advocate for physicians to receive adequate compensation or seek relief from overreaching administrative tasks that take physicians' time away from direct patient care during our present climate of ever-increasing unpaid and unfunded mandates on their time.

802. ADDRESS PHYSICIAN BURNOUT WITH INBOX MANAGEMENT RESOURCES AND INCREASED PAYMENT
Introduced by Texas

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: POLICIES D-310.968, D-405.972, D-450.980, D-478.976, D-478.995, H-270.962, H-400.972 AND H-400.991 REAFFIRMED IN LIEU OF RESOLUTION 802

RESOLVED, that our American Medical Association develop additional inbox management resources; and be it further

RESOLVED, that our AMA advocate for increasing the relative value unit for inbox management recognizing that it is asynchronous care that provides value and reduces overall health care costs; and be it further

RESOLVED, that our AMA advocate for electronic health record tools that calculate physician time spent in the inbox.

803. HEALTHCARE SAVINGS ACCOUNT REFORM
Introduced by New England

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: REFERRED

RESOLVED, that our American Medical Association advocate for revision of Health Savings Accounts to:

1. Permit contributions from family members, employers, or other designated individuals, not limiting contributions to only those on high deductible health insurance plans;
2. Permit contributions to the accounts of dependents, including children and spouses;
3. Permit contributions from Medicare and Medicaid enrollees;
4. Permit the payment of health, dental, and vision insurance premiums from Health Savings Accounts;
5. Permit the money spent by an employer on health insurance to be directed, in part, into an employee HSA, at the employee's discretion;
6. Prioritize permitting the transfer of funds between HSAs, including between spouses and family members; and
7. Ensure that the expansion of the role and functions of Health Savings Accounts is complementary to, and does not replace, health insurance.

804. IMPROVING PUBLIC ASSISTANCE FOR PEOPLE WITH DISABILITIES
Introduced by New England

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED**
See Policy H-90.960

RESOLVED, that our American Medical Association support appropriate increased asset limits, income cutoffs, and benefits that are indexed to increase at least by inflation for public assistance programs such as Supplemental Security Income (SSI); and be it further

RESOLVED, that our AMA support eliminating the marriage penalty for SSI benefits, such that married couples do not receive fewer benefits or have more restrictive eligibility requirements than they would have as individuals.

805. COVERAGE FOR CARE FOR SEXUAL ASSAULT SURVIVORS
Introduced by Women's Physician Section

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policies H-80.991 and H-80.999

RESOLVED, that our American Medical Association amend policy H-80.999 "Sexual Assault Survivors" by addition as follows:

1. Our AMA supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing ~~physicians~~ clinicians involved in providing care to sexual assault survivors.
2. Our AMA advocates for the legal protection of sexual assault survivors' rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (a) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing, drug testing for drug-facilitated assault, treatment of injuries, and collection of forensic evidence; (b) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (c) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (d) be informed of these rights and the policies governing the sexual assault evidence kit; and (e) access to emergency contraception information and treatment for pregnancy prevention free of charge.
3. Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016.
4. Our AMA will advocate for increased ~~post-pubertal~~ patient access to Sexual Assault Nurse Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations.
5. Our AMA will advocate at the state and federal level for (a) the timely processing of all sexual examination kits upon patient consent; (b) timely processing of "backlogged" sexual assault examination kits with patient consent; and (c) additional funding to facilitate the timely testing of sexual assault evidence kits.
6. Our AMA supports the implementation of a national database of Sexual Assault Nurse Examiner and Sexual Assault Forensic Examiner providers; and be it further

RESOLVED, that our AMA advocate for federal and state efforts to reduce financial barriers that limit sexual assault survivors' ability to seek physical and mental health care and social services after sexual assault, including funds to cover emergency, acute inpatient, and follow up services including testing, medications, and counseling without out-of-pocket costs for any patient.

RESOLUTION 806 WAS NOT CONSIDERED

807. EXPANDED PLURALISM IN MEDICAID
Introduced by Louisiana

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: NOT ADOPTED

RESOLVED, that our American Medical Association suggest Medicaid reform that introduces more pluralism for Medicaid beneficiaries; and be it further

RESOLVED, that our AMA advocate for inclusion of choices of plan that allow Medicaid beneficiaries to directly benefit financially from using our healthcare system in a more cost-effective way; and be it further

RESOLVED, that our AMA investigate whether the Health Savings Account (HSA) model could be adapted as one option in an expanded pluralistic system that would enable Medicaid beneficiaries to directly benefit from utilizing the healthcare system in a more cost-effective manner and, in doing so, offer Medicaid beneficiaries an opportunity to create generational wealth.

808. REQUIREMENT TO COMMUNICATE COVERED ALTERNATIVES FOR DENIED MEDICATIONS
Introduced by MISSISSIPPI

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: ADOPTED
See Policy H-110.960

RESOLVED, that our American Medical Association advocate that Medicare, Medicaid, and all other insurers provide covered alternatives to the patient and the patient's prescribing physician at the time that coverage for a medication is denied.

809. MINIMUM REQUIREMENTS FOR MEDICATION FORMULARIES
Introduced by Mississippi

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: REFERRED

RESOLVED, that our American Medical Association advocate that Medicare, Medicaid, and all other insurers create, maintain, and enforce a minimum formulary for all beneficiaries, regardless of their specific plan, that includes all commonly prescribed, inexpensive, generic medications unless there are reasonable safety or economic concerns regarding the medication.

810. IMMEDIATE DIGITAL ACCESS TO UPDATED MEDICATION FORMULARY FOR PATIENTS AND THEIR PHYSICIANS WAS NOT CONSIDERED
Introduced by Mississippi

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-120.914

RESOLVED, that our American Medical Association advocate for and support efforts for payers to provide (or cause their associated carriers to provide) a digital, well-organized, and searchable formulary, including anticipated cost-sharing amounts and prior authorization requirements, that the patient or physician can easily access, with access instructions clearly included on the beneficiary's insurance card and/or online account webpage.

811. AMA PRACTICE EXPENSE SURVEY GEOGRAPHIC ANALYSIS
Introduced by Iowa

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-465.975

RESOLVED, that our AMA in advocating for health equity for all Americans, point out that Medicare payment policies have played a role in the shortage of rural physicians and the poorer health outcomes in rural America; and be it further

RESOLVED, that our AMA review the results from its 2023-2024 Physician Practice Information Survey to determine whether the data can be used to generate statistically valid estimates of differences in physician practice expenses across practice geography (e.g., urban vs. rural, or region); and be it further

RESOLVED, that our American Medical Association promote payment accuracy in the Medicare Geographic Practice Cost Index (GPCI).

RESOLVED, that our AMA continue to strongly advocate for legislation to immediately improve physician shortages and access to care in rural areas, as long as the new funding is provided outside the budget neutrality limits in the Medicare Fee Schedule.

812. ADVOCATE FOR THERAPY CAP EXCEPTION PROCESS
Introduced by Michigan, American Academy of Physical Medicine and Rehabilitation, American Academy of Orthopaedic Surgeons, American College of Rheumatology

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED**
See Policy D-185.908

RESOLVED, that our American Medical Association actively advocate for all health plans with therapy caps or thresholds to include an exception process. This process should, at a minimum, follow the Medicare standard for therapy cap exceptions, ensuring that patients can access the necessary services to restore functional abilities and enhance quality of life.

813. INSURANCE COVERAGE FOR PEDIATRIC POSITIONING CHAIRS
Introduced by American Academy of Physical Medicine & Rehabilitation

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED**
See Policy H-185.907

RESOLVED, that our American Medical Association advocate that private and public insurance companies pay for a physician prescribed positioning chair for children who need support for sitting for daily activities in the home, in addition to the wheelchair that the patient uses for all mobility in the home and community.

814. LEGISLATION FOR PHYSICIAN PAYMENT FOR PRIOR AUTHORIZATION
Introduced by American Association of Clinical Urologists

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **REFERRED FOR DECISION**

RESOLVED, that our American Medical Association initiates prior authorization legislation aimed at Medicare Advantage plans, state Medicaid programs as well as commercial payers, via model legislation, that allows for fair reimbursement for physician's time and that of their office staff when dealing with prior authorization.

815. ADDRESSING THE CRISIS OF PEDIATRIC HOSPITAL CLOSURES AND IMPACT ON CARE
Introduced by Society of Critical Care Medicine

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy D-60.963

RESOLVED, that our American Medical Association recognize the closure of pediatric hospitals and units, including pediatric inpatient psychiatry units and hospitals, as a critical threat to children's health care access and quality; and be it further

RESOLVED, that our AMA support federal and state policies to support the financial viability and access to pediatric care delivery organizations, particularly inpatient care units; and be it further

RESOLVED, that our AMA work with interested organizations to improve access to care and reduce health disparities arising from pediatric hospital and unit closures; and be it further

RESOLVED, that our AMA work with interested organizations to increase awareness on the issue of pediatric hospital closures and to develop strategies to preserve access to high-quality pediatric emergency, inpatient, and critical care.

RESOLUTION 816 WAS NOT CONSIDERED

817. ACA SUBSIDIES FOR UNDOCUMENTED IMMIGRANTS
Introduced by Minority Affairs Section

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED**
See Policy H-165.823

RESOLVED, that our American Medical Association support federal and state efforts to provide subsidies for undocumented immigrants to purchase health insurance, including by extending eligibility for premium tax credits and cost-sharing reductions to purchase Affordable Care Act (ACA) plans.

818. PAYMENT FOR PRE-CERTIFIED/PREAUTHORIZED PROCEDURES
Introduced by New York

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-385.900

RESOLVED, that our American Medical Association support the position that the practice of retrospective denial of payment or payment recoupment for care which has been pre-certified by an insurer should be prohibited under federal statute, except when materially false or fraudulent information has knowingly been given to the insurer by the physician, hospital or ancillary service provider to obtain pre-certification; and be it further

RESOLVED, that our AMA continue to advocate for legislation, regulation, or other appropriate means to ensure that all health plans including those regulated by ERISA, pay for services that are pre-authorized, or pre-certified by such health plan, including services that are deemed pre-authorized or pre-certified because the physician participates in a "Gold Card" program operated by that health plan.

RESOLVED, that our AMA encourages legal action against health plans that engage in inappropriate post-service payment denials and payment recoupment.

819. ESTABLISHING A NEW OFFICE-BASED FACILITY SETTING TO PAY SEPARATELY FROM THE MEDICARE PHYSICIAN FEE SCHEDULE FOR THE TECHNICAL REIMBURSEMENT OF PHYSICIAN SERVICES USING HIGH-COST SUPPLIES
Introduced by Society for Cardiovascular Angiography and Interventions

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **POLICY H-400.957 REAFFIRMED**
IN LIEU OF RESOLUTION 819

RESOLVED, that our American Medical Association study options to reform the Medicare Physician Fee Schedule by (1) removing high-cost supplies from the Medicare Physician Fee Schedule by establishing a new office-based facility setting to pay separately for the technical reimbursement of physician services using high-cost supplies (2) removing high-cost radiation therapy equipment from the Medicare Physician Fee Schedule by establishing a new case rate model for radiation oncology.

820. STATE MEDICAID COVERAGE OF HOME SLEEP TESTING
Introduced by American Thoracic Society

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED**
See Policy H-290.953

RESOLVED, that our American Medical Association support efforts to expand access to and insurance coverage of home sleep testing, including for Medicaid beneficiaries, for the purpose of identifying sleep apnea and related sleep conditions.

821. PATIENT ACCESS TO ASTHMA MEDICATIONS
Introduced by American Thoracic Society

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-185.906

RESOLVED, that our American Medical Association supports efforts to ensure access to and insurance coverage, including Medicaid coverage, and reduce cost-sharing for metered-dose inhaler formulations for children and others who require it for optimal medication administration.

822. RESOLUTION ON MEDICARE COVERAGE FOR NON-EMERGENT DIALYSIS TRANSPORT
Introduced by Renal Physicians Association

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED**
See Policy D-330.893

RESOLVED, that our American Medical Association advocate for Medicare coverage of non-emergent medical transportation specifically for patients requiring dialysis treatment; and be it further

RESOLVED, that our AMA partner with Center for Medicare and Medicaid Services (CMS) to develop policies to ensure financial assistance for non-emergent medical transportation for dialysis treatments and to transplant centers for kidney transplant evaluation and related care for Medicare beneficiaries.

823. REIGNING IN MEDICARE ADVANTAGE - INSTITUTIONAL SPECIAL NEEDS PLANS
Introduced by Louisiana

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy D-330.892

RESOLVED, that our American Medical Association add I-SNPs to its advocacy efforts related to Medicare Advantage plans; and be it further

RESOLVED, that our AMA advocate for increased policies, rules, and general oversight over I-SNPs.

824. OPHTHALMOLOGISTS REQUIRED TO BE AVAILABLE FOR LEVEL I & II TRAUMA CENTERS
Introduced by American Academy of Ophthalmology

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: POLICY H-130.948 REAFFIRMED
IN LIEU OF RESOLUTION 824

RESOLVED, that our American Medical Association work with the American College of Surgeons and the American Trauma Society to specifically name Ophthalmology as a requirement for Level I & II Trauma Centers; and be it further

RESOLVED, that our AMA work with the American College of Surgeons and the American Trauma Society to ensure that during the verification process it has to be insisted that there is availability of Ophthalmology Trauma coverage.

825. TRANSPARENCY OF FACILITY FEES FOR HOSPITAL OUTPATIENT DEPARTMENT VISITS
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: ADOPTED
See Policy D-330.891

RESOLVED, that our American Medical Association advocate for legislation or regulation that mandates the proactive transparency of the added costs to the consumer for health care services rendered at hospital outpatient department designated clinics; and be it further

RESOLVED, that our AMA advocate the additional costs of facility fees over professional services be stated upon scheduling of such services, noting the two are separate and additive charges, as well as prominently displayed at the point of service.

826. RENEWING THE EXPANSION OF PREMIUM TAX CREDITS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee J.

HOD ACTION: POLICY H-165.824, H-165.904 AND H-185.948 REAFFIRMED
IN LIEU OF RESOLVED 1
POLICIES H-165.828 AND H-165.838 REAFFIRMED
IN LIEU OF RESOLVED 2
RESOLVED 3 ADOPTED AS FOLLOWS
See Policy H-165.820

RESOLVED, that our American Medical Association (AMA) reaffirm that expanding coverage and protecting access to care is a top AMA priority; and be it further

RESOLVED, that our AMA will monitor and oppose efforts to rollback affordable and quality health insurance coverage at the federal level; and be it further

RESOLVED, that our AMA support extending Affordable Care Act tax credit enhancement from the American Rescue Plan Act and the Inflation Reduction Act.

REFERENCE COMMITTEE K

901. HEAT ALERTS AND RESPONSE PLANS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-135.904

RESOLVED, that our American Medical Association supports federal, state, and local efforts to use the most updated and evidence-based heat index formulas and other relevant factors to accurately estimate heat-related morbidity and mortality, proactively issue heat alerts, and improve implementation of response plans; and be it further

RESOLVED, that our AMA supports efforts to implement and fund comprehensive heat response plans and encourages all relevant government agencies to develop greater capacity to better respond to the consequences of heat emergencies, especially when high temperatures are combined with other emergencies or utility disruptions.

902. ADVANCING MENOPAUSE RESEARCH AND CARE
Introduced by Women's Physician Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policies H-525.971

RESOLVED, that our American Medical Association advocate for increased funding for biomedical, behavioral, and public health research on perimenopause, menopause, and related chronic conditions; and be it further

RESOLVED, that our AMA support expanded training opportunities for medical students, residents, and other health professions trainees to improve care, treatment, and management services for perimenopause, menopause, and related chronic conditions; and be it further

RESOLVED, that our AMA support efforts to increase awareness and education to the public, health care professionals, patients, and other relevant communities related to menopause, mid-life women's health and related conditions, treatment, and preventive services

903. IMPROVING THE IDENTIFICATION OF INTIMATE PARTNER VIOLENCE (IPV) IN PEOPLE WITH DISABILITIES
Introduced by Women's Physician Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED**
See Policies D-515.974

RESOLVED, that our American Medical Association advocate for increased research on the prevalence of intimate partner violence (IPV) in people with disabilities and the unique IPV-related issues faced by people with disabilities; and be it further

RESOLVED, that our AMA advocated for increased research on the efficacy of population-specific intimate partner violence (IPV) screening tools that address the specific manifestations of abuse faced by people with disabilities.

904. REGULATION OF IONIZING RADIATION EXPOSURE FOR HEALTH CARE WORKERS
Introduced by Women's Physician Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
TITLE CHANGED
See Policy H-455.975 and H-440.810

RESOLVED, that our American Medical Association encourage public and private healthcare institutions to ensure more comprehensive coverage of different body types by providing readily available PPE that reduces exposure to as low as reasonably achievable for employees of all genders and pregnancy statuses.

RESOLVED, that our AMA work with the appropriate and interested parties to study how best to accomplish comprehensive protection from ionizing radiation for employees, taking into account variation in body types, pregnancy status, specifics of procedures being performed, as well as how exposure can be limited beyond PPE (personal protected equipment), with report back at I-25.

RESOLVED, that Policy H-440.810, "Availability of Personal Protective Equipment (PPE)," be reaffirmed.

905. RESEARCH AND TRANSPARENCY OF INGREDIENTS IN MENSTRUAL HYGIENE PRODUCTS
Introduced by Women's Physician Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-525.970

RESOLVED, that our American Medical Association support more comprehensive research on ingredients in menstrual hygiene products (MHP), including but not limited to tampons, other MHPs, and vaginal wipes, and the absorption of toxins into systemic circulation in an effort to better understand their effects on health.

RESOLUTION 906 WAS NOT CONSIDERED

907. SUPPORTING SUSTAINABLE HEALTHCARE CERTIFICATION

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ALTERNATE RESOLUTION 907 ADOPTED**
IN LIEU OF RESOLUTION 907
See Policy H-135.923

RESOLVED, that our AMA supports the Joint Commission's Sustainable Healthcare Certification, which supports health systems in pursuing decarbonization by establishing greenhouse gas (GHG) baseline emissions as well as measuring and documenting GHG reductions.

908. SUPPORT FOR DOULA CARE PROGRAMS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **REFERRED**

RESOLVED, that our American Medical Association support access to continuous one-to-one emotional support provided by nonmedical support personnel, such as doulas, including for patients who are incarcerated or detained.

909. SUPPORT OF UNIVERSAL SCHOOL MEALS FOR SCHOOL AGE CHILDREN
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED**
See Policy D-150.972

RESOLVED, that our American Medical Association advocate for federal and state efforts to adopt, fund, and implement universal school meal programs that include the provision of breakfast and lunch to all school-aged children, free of charge to families, regardless of income.

910. FOOD INSECURITY AMONG PATIENTS WITH CELIAC DISEASE, FOOD ALLERGIES, AND FOOD INTOLERANCE
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED**
See Policy H-425.963

RESOLVED, that our American Medical Association support federal and state efforts to increase the affordability and quality of food alternatives for people with celiac disease, food allergies, and food intolerance; and be it further

RESOLVED, that our AMA support federal and state efforts to extend requirements for mandatory nutrient fortification to food alternatives for people with celiac disease, food allergies, and food intolerance; and be it further

RESOLVED, that our AMA support efforts to expand nutrition assistance eligibility and benefits to equitably meet the needs of households affected by celiac disease, food allergies, and food intolerance and increase access to food alternatives for people with celiac disease, food allergies, and food intolerance, including, but not limited to, efforts by food banks and pantries, food delivery systems, and prescription produce programs.

911. PREVENTING HEALTH CARE RELATED TRANSMISSION OF HPV

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ALTERNATE RESOLUTION 911 ADOPTED**
IN LIEU OF RESOLUTION 911
See Policy D-405.967

RESOLVED, that our American Medical Association advocate for improved protection for all health care workers and patients who have potential exposure to HPV.

RESOLVED, that Policy D-405.967, “HPV Vaccination to Protect Healthcare Workers over Age 45,” be reaffirmed.

912. ASSURING REPRESENTATION OF OLDER AGE ADULTS IN CLINICAL TRIALS
Introduced by Senior Physicians Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-460.911

RESOLVED, that our American Medical Association specifically advocate for inclusion of older patients (both men and women) by amending H-460.911 as follows:

H-460.911 Increasing ~~Minority, Female, and other Underrepresented Group~~ Participation in Clinical Research of People Identifying with Minoritized and Marginalized Groups

1. Our American Medical Association advocates that:
    a. The Food and Drug Administration (FDA) and National Institutes of Health (NIH) conduct annual surveillance of clinical trials by gender, race, age, ~~and~~ ethnicity, ~~including consideration of pediatric and elderly populations,~~ and disability status to determine if proportionate representation of people identifying with minoritized and marginalized groups, including by sex, gender, race, ethnicity, age, ~~women and minorities~~ and disability status is maintained in terms of enrollment and retention. This surveillance effort should be modeled after National Institute of Health guidelines on the inclusion of women and minority populations.
    b. The FDA have a page on its web site that details the prevalence of people identifying with minoritized and marginalized groups, including sex, gender, race, ethnicity, age, ~~minorities and women~~ and disability status in its clinical trials and its efforts to increase their enrollment and participation in this research.
    c. Resources be provided to community level agencies that work with people identifying with minoritized and marginalized groups, including by sex, gender, race, ethnicity, age, ~~those minorities, females~~, and disability status and other underrepresented groups who are not proportionately represented in clinical trials to address issues of lack of access, distrust, and lack of patient awareness of the benefits of trials in healthcare. These ethnic groups may ~~minorities~~ include Black Individuals/African Americans, Hispanic or Latino, Asians, Pacific Islanders/Native Hawaiians, and American Indian or Alaskan Natives ~~Native Americans~~.

RESOLVED, that our AMA collaborate with AHRQ, FDA, NIH and other interested parties to increase public and physician awareness and education on the topic of inclusivity in clinical trial participation.

913. SEXUALLY TRANSMITTED INFECTIONS ARE ON THE RISE IN THE OLDER ADULT POPULATION
Introduced by Senior Physicians Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
TITLE CHANGED
See Policy D-440.908

RESOLVED, that our American Medical Association advocate and promote the U.S. Preventive Services Task Force (USPSTF) recommendations for STI screening through interested older adult advocates, specifically targeting chlamydia, gonorrhea, human immunodeficiency virus (HIV), HPV and syphilis, for the older adult population who are not regularly screened; and be it further

RESOLVED, that our AMA continue to promote discussion, collaboration, and consensus among expert groups and medical specialty societies involved in the development of practice guidelines for sexually transmitted diseases in the older adult population; and be it further

RESOLVED, that our AMA offer CME education regarding best practices for reducing sexually transmitted disease (including oral cancer risks) in the older adult population through the AMA's Ed Hub as a resource to guide the delivery of clinical preventative services.

914. PROTECTING THE HEALTH CARE SUPPLY CHAIN FROM THE IMPACTS OF DISASTER
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
TITLE CHANGED
See Policies H-135.923

RESOLVED, that our American Medical Association support the development of strategies and technologies to strengthen supply chain networks, including economic incentives for building climate and disaster resiliency and redundancy into new or updated facilities, increasing emergency stockpiles of key products, and incentivizing the innovation and adoption of reusable medical products to resist the impact of supply chain disturbances.

915. REDUCING BARRIERS IN SPORTS PARTICIPATION FOR LGBTQIA+ PEOPLE
Introduced by LGBTQ+ Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED**
See Policies D-65.971

RESOLVED, that our American Medical Association will educate physicians on benefits and barriers to sports participation affecting LGBTQIA+ communities; and be it further

RESOLVED, that our AMA will support legislative and regulatory protections to ensure access to participation in sports inclusive of LGBTQIA+ persons.

916. ACCESS TO HEALTHCARE FOR TRANSGENDER AND GENDER DIVERSE PEOPLE IN THE CARCERAL SYSTEM
Introduced by LGBTQ+ Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED**
See Policy H-430.986

RESOLVED, that our American Medical Association advocate for readily accessible gender-affirming care to meet the distinct healthcare needs of transgender and gender diverse people in the carceral system, including but not limited to gender-affirming surgical procedures and the continuation or initiation of hormone therapy without disruption or delay.

917. MPOX GLOBAL HEALTH EMERGENCY RECOGNITION AND RESPONSE
Introduced by LGBTQ+ Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy D-440.907

RESOLVED, that our American Medical Association promotes the recognition of mpox as a public health threat and the need for ongoing surveillance, preparedness, and resource allocation to prevent future outbreaks; and be it further

RESOLVED, that our AMA strongly urges federal, state, and local agencies, in collaboration with public health organizations and medical associations, to develop and implement effective strategies for the prevention, control, and management of mpox, with particular focus on marginalized populations such as LGBTQ+ communities and those living with HIV; and be it further

RESOLVED, that our AMA supports increased public and private funding for mpox research, education, vaccination distribution, and long-term patient care, ensuring equitable access and addressing barriers to healthcare for at-risk populations; and be it further

RESOLVED, that our AMA encourages coordinated national and international efforts to address mpox, including global surveillance, resource sharing, research, and outreach programs that enhance public knowledge of mpox transmission, prevention, and vaccine effectiveness, particularly in resource-constrained settings; and be it further

RESOLVED, that our AMA calls for improved response by the Department of Health and Human Services (HHS) to mpox outbreaks, addressing the failures identified in the Government Accountability Office (GAO) report, including enhanced communication, distribution of vaccines and testing, and collaboration with local leaders; and be it further

RESOLVED, that our AMA advocates for the inclusion of community-driven, culturally competent prevention efforts and educational campaigns to reduce stigma, improve quality of life, and promote health equity for those disproportionately affected by mpox.

918. HEALTHCARE IN TRIBAL JAILS
Introduced by American Association of Public Health Physicians

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-430.986

RESOLVED, that our American Medical Association strongly supports carceral facilities and youth detention centers managed by the Bureau of Indian Affairs Division of Corrections be eligible for designation as Health Professional Shortage Areas and the assignment of U.S. Public Health Service Commissioned Corps officers to these facilities; and be it further

RESOLVED, that our AMA will advocate for the development, staffing, and operation of sustainable, on-site medical and behavioral health services, including evidence-based and culturally-appropriate addiction treatment, for incarcerated American Indian and Alaska Native persons; and be it further

RESOLVED, that our AMA strongly supports routine audits and inspection of facilities managed by the Bureau of Indian Affairs Division of Correction, ensuring that these facilities abide by all standards and guidelines outlined by the National Commission on Correctional Health Care.

919. IMPROVING RURAL ACCESS TO COMPREHENSIVE CANCER CARE SERVICES
Introduced by American College of Obstetricians and Gynecologists

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
TITLE CHANGED
See Policy H-465.994

RESOLVED, that our American Medical Association work with relevant stakeholders to develop a national strategy to eliminate rural cancer disparities in screening, treatment, and outcomes and achieve health equity in cancer outcomes across all geographic regions; and be it further

RESOLVED, that our AMA call for increased federal and state funding to support research on rural cancer disparities and equity in care, access, and outcomes and development of interventions to address those disparities; and be it further

RESOLVED, that our AMA advocate for evidence-based collaborative models for innovative telementoring/teleconsultation between health care systems, academic medical centers, and community physicians to improve access to cancer screening, diagnosis, treatment, rehabilitation, and patient services in rural areas.

920. REVISE FAA REGULATIONS TO INCLUDE NALOXONE (NARCAN) IN THE ON-BOARD MEDICAL KIT FOR COMMERCIAL AIRLINES FLYING WITHIN THE CONTINENTAL UNITED STATES
Introduced by Mississippi

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: POLICY H-45.981 BE REAFFIRMED
IN LIEU OF RESOLUTION 920

RESOLVED, that our American Medical Association work with the FAA and any other appropriate Federal Agency to require Naloxone (Narcan) or any other FDA approved opioid antagonist to be a component of the medical kit of any commercial airline that flies within the Continental United States; and be it further

RESOLVED, that existing house policy "US Airlines Aircraft Emergency Kits" H-45.981 be modified as follows:

2. Our AMA will:
    a. support the addition of ~~naloxone,~~ epinephrine auto injector and glucagon to the airline medical kit.
    b. encourage airlines to voluntarily include ~~naloxone,~~ epinephrine auto injector and glucagon in their airline medical kits.
    c. encourage the addition of ~~naloxone,~~ epinephrine auto injector and glucagon to the emergency medical kits of all US airlines (14CFR Appendix A to Part 121 - First Aid Kits and Emergency Medical Kits); and
    d. Work with the FAA and any other appropriate Federal Agency to require Naloxone (Narcan) or any other FDA approved opioid antagonist to be a component of the medical kit of any commercial airline that flies within the Continental United States.

RESOLUTION 921 WAS NOT CONSIDERED

922. ADVOCATING FOR FURTHER RESEARCH OF PINK PEPPERCORN ALLERGY
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: ADOPT AS FOLLOWS
TITLE CHANGED
See Policy D-440.906

RESOLVED, that our American Medical Association ask interested parties to develop skin antigen testing for pink peppercorn to further develop research and clinical application; and be it further

RESOLVED, that our AMA ask interested parties to conduct adequate and well-controlled studies to determine the cross-reactivity of pink peppercorn as a tree nut and the prevalence of this allergy, with subsequent regulation, reporting, and public education as appropriate.

923. UPDATED RECOMMENDATIONS FOR CHILD SAFETY SEATS

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: ALTERNATE RESOLUTION 923 ADOPTED IN LIEU OF RESOLUTION 923
See Policy H-15.948

RESOLVED, that our American Medical Association supports the following evidence-based principles on proper child safety seat use:

1. All infants and toddlers should ride in a rear-facing car safety seat as long as possible, until they reach the highest weight or height allowed by the seat's manufacturer.
2. All children who have outgrown the rear-facing weight or height limit for their car safety seat should use a forward-facing car safety seat with a harness for as long as possible, up to the highest weight or height allowed by the seat's manufacturer.
3. All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle lap and shoulder seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.
4. When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap and shoulder seat belts for optimal protection.
5. All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.

RESOLVED, that our AMA rescind policy 15.950, "Child Safety Seats – Public Education and Awareness

RESOLUTION 924 WAS NOT CONSIDERED

RESOLUTION 925 WAS NOT CONSIDERED

RESOLUTION 926 WAS WITHDRAWN

RESOLUTION 927 WAS NOT CONSIDERED

928. PUBLIC SAFETY AGENCIES DATA COLLECTION ENHANCEMENT
Introduced by New York

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: NOT ADOPTED

RESOLVED, that our American Medical Association shall actively collaborate with the National Emergency Medical Services Information System (NEMSIS) to promote a listing of necessary data points and variables to be added to the currently available information collection systems, in a mandatory and searchable fashion, to facilitate the required research; and be it further

RESOLVED, that our AMA shall actively collaborate with the American College of Surgeons to promote addition of these variable fields to data collection systems of the National Trauma Data Bank (NTDB) and the Trauma Quality Improvement Program (TQIP), in a mandatory and searchable fashion, to facilitate the required research; and be it further

RESOLVED, that our AMA shall advocate to the US Congress to mandate the collection of these data and fund the transition to and the ongoing collection of these data.

929. SAFETY CONCERNS REGARDING INADEQUATE LABELING OF FOOD PRODUCTS UPON INGREDIENT CHANGES WITH KNOWN MAJOR FOOD ALLERGENS
Introduced by New York

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED**
See Policy H-440.794

RESOLVED, that our American Medical Association support legislation or regulation that any repackaging entity verify with the food manufacturer/distributor as an ordinary and routine transaction of commerce that no major food allergen ingredient changes have occurred; and be it further

RESOLVED, that our AMA support legislation or regulation requiring major food allergen ingredient changes be labeled and packaged with accentuated, obvious warning labeling identifying such change.

930. ECONOMIC FACTORS TO PROMOTE RELIABILITY OF PHARMACEUTICAL SUPPLY
Introduced by Association for Clinical Oncology

Resolution 930 was considered with Council on Scientific Affairs and Public Health Report 2.
See Council on Scientific Affairs and Public Health Report 2.

RESOLVED, that our American Medical Association amend H-100.956 "National Drug Shortages" by addition of a new Resolve:

Our AMA support federal drug shortage prevention and mitigation programs that create payer incentives to enable practitioners and participating entities to voluntarily enter contracts directly with manufacturers that will pay more than prevailing market price for generic sterile injectable drugs at high risk of shortage to promote stable manufacturing and reliability of these products.

931. MASS DEPORTATION AS A PUBLIC HEALTH ISSUE
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
See Policy H-440.793

RESOLVED, that our American Medical Association (AMA) recognizes mass deportation of immigrants, asylum seekers, refugees, and others with or seeking an immigration benefit as a public health issue, and recognizes the long-term mental and physical health implications of deportation on individuals, families, and communities; and be it further

RESOLVED, that our AMA oppose deportation of health care workers and medically vulnerable patients solely based on their documentation status; and be it further

RESOLVED, that our AMA oppose the large-scale internment of individuals targeted for deportation efforts.

932. WAIVING QUALITY METRICS IN TIMES OF EMERGENCY
Introduced by Society of Critical Care Medicine

Reference committee hearing: see report of Reference Committee K.

HOD ACTION: **ADOPTED AS FOLLOWS**
TITLE CHANGED
See Policy D-100.961

RESOLVED, that our AMA urges the Centers for Medicare & Medicaid Services to implement policies to temporarily halt financial and other penalties for affected quality metrics during periods of documented medication and IV fluid shortages as well as in other emergencies in order to prevent physicians and hospitals from being penalized for circumstances beyond their control.