



SPECIALTY AND SERVICE SOCIETY (SSS)
2024 Interim Meeting of the House of Delegates

Schedule subject to change

Saturday, November 9

10:00 am-12 pm ET	SSS Assembly Meeting <i>Refreshments provided</i>		Northern Hemisphere Salon C (Dolphin)
10:00 am	Welcome/Call to Order	Stuart Glassman, MD	
10:05 am	AMA Foundation Update	Shilpen Patel, MD	
10:15 am	AMA Advocacy Update	Todd Askew Senior Vice President, Advocacy	
10:30 am	<p>Presentation of Candidates Seeking SSS Endorsement for A25 Elections</p> <p>President</p> <ul style="list-style-type: none"> Sandra Adamson Fryhofer, MD Willie Underwood, III, MD, MSc, MPH <p>Vice Speaker</p> <ul style="list-style-type: none"> John Armstrong, MD <p>Board of Trustees</p> <ul style="list-style-type: none"> Heather Smith, MD, MPH Marta Van Beek, MD, MPH <p>Council on Legislation <i>(Appointed Position)</i></p> <ul style="list-style-type: none"> Hilary Fairbrother, MD <p>Council on Long Range Planning and Development <i>(Appointed Position)</i></p> <ul style="list-style-type: none"> Jim Caruso, MD Bill Golden, MD Jessica Krant, MD Sam Lin, MD 	Stuart Glassman, MD	

	<p>Council on Medical Education (Elected Position)</p> <ul style="list-style-type: none"> • Scott Pasichow, MD <p>Council on Medical Service (Elected Position)</p> <ul style="list-style-type: none"> • Laura Faye Gephart, MD, MBA <p>Council on Science and Public Health (Elected Position)</p> <ul style="list-style-type: none"> • Kavita Shah Arora, MD, MBE, MS 		
10:50 am	Distribution of Ballots for SSS Endorsement		
11 am	House Business	Michael Simon, MD	
11:15 am	Board of Trustees Update	Michael Suk, MD	
12 pm	Adjourn	Stuart Glassman, MD	
12:30 pm	House of Delegates Second Opening		
Monday, November 11			
7 am-9 am ET	SSS Assembly Meeting <i>Refreshments provided</i>		Southern Hemisphere Salon IV/V (Dolphin)
7 am	Call to Order	Stuart Glassman, MD	
	Council Reports		
7:05-7:10 am	Council on Medical Service	Stephen Epstein, MD, MPP Chair	
7:10-7:15 am	Council on Long Range Planning and Development	Michelle Berger, MD Chair	
7:15-7:20 am	Council on Science and Public Health	John Carlo, MD Chair	
7:20-7:25 am	Council on Ethical and Judicial Affairs	Rebecca Brendel, MD Vice-Chair	
7:25-7:30 am	Council on Medical Education	Krystal Tomei, MD Chair	

7:30-7:35 am	Council on Legislation	Marta Van Beek, MD Chair	
7:35-7:40 am	Council on Constitution and Bylaws	Jerry P. Abraham, MD Chair	
7:45-9 am	House Business	Michael Simon, MD	
9 am	Adjourn	Stuart Glassman, MD	
10 am	House of Delegates Business Session		



Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Action
CONSTITUTION & BYLAWS			
005	<ul style="list-style-type: none"> American Society for Reproductive Medicine 	<p>Updating the American Medical Association Definition of Infertility</p> <p>RESOLVED, that our American Medical Association amend policy H-420.952 “Recognition of Infertility as a Disease” by addition, to state:</p> <ol style="list-style-type: none"> 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. 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 	SUPPORT



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		<p>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. (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, that our AMA work with other interested organizations to communicate with third5 party payers that discrimination in coverage of fertility services on the basis of marital status or sexual orientation cannot be justified (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA reaffirm policy H-510.984 “Infertility Benefits for Veterans,” (Reaffirm HOD Policy); and be it further</p> <p>RESOLVED, that our AMA report back on this issue at I-25. (Directive to Take Action)</p>	
008	<ul style="list-style-type: none"> • American Psychiatric Association • (Minority Affairs Section) • (Oklahoma) 	<p>Missing and Murdered Black Women and Girls <i>RESOLVED, that our American Medical Association advocate that the United States Department of Justice</i></p>	SUPPORT



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		<p><i>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 (Directive to Take Action); and be it further</i></p> <p><i>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 (Directive to Take Action); and be it further</i></p> <p><i>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. (New HOD Policy)</i></p>	



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<p><u>REFERENCE COMMITTEE B</u></p>			
<p>202</p>	<ul style="list-style-type: none"> North American Spine Society 	<p>Illicit Drugs: Calling for a Multifaceted Approach to the “Fentanyl” Crisis</p> <p><i>RESOLVED, that our American Medical Association advocate for public education and 20 awareness about the rapidly evolving US illicit drug crisis due to dangers of fentanyl and carfentanil-laced products (Directive to Take Action); and be it further</i></p> <p><i>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</i></p> <p><i>RESOLVED, that our AMA support federal legislation that would help Customs and Border Protection (CBP) stop the flow of illicit goods, including fentanyl and counterfeit medications (New HOD Policy); and be it further</i></p>	<p>SUPPORT</p>



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		<p><i>RESOLVED, that our AMA, based on the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (which criminalizes the use of a biological agents to cause death, disease, or other harm), request our government to determine if expansion should include illicit chemicals and drugs such as fentanyl, carfentanil, 3-methylfentanyl, Xylazine, etc. (Directive to 36 Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA encourage our government to clarify if, and in what circumstances, these types of illicit drugs (e.g. fentanyl, carfentanil, etc.), or their precursors, should be considered chemical weapons as defined by The Chemical Weapons Convention and/or a WMD as defined by the DHS (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA assess the likelihood that illicit drugs such as carfentanil may be used as a WMD and what steps healthcare workers, hospital systems and first-responders should take to prepare for such an event. (Directive to Take Action)</i></p>	
204	<ul style="list-style-type: none"> (Medical Student Section) 	<p>Support for Physician-Supervised Community Paramedicine Programs</p>	<p>SUPPORT</p>



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	<ul style="list-style-type: none"> American College of Emergency Physicians 	<p><i>RESOLVED, that our American Medical Association support federal and state efforts to establish, expand, and provide coverage for community paramedicine programs supervised by physicians, especially in rural areas. (New HOD Policy)</i></p>	
<p>210</p>	<ul style="list-style-type: none"> American Academy of Ophthalmology 	<p>Laser Surgery</p> <p><i>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 (Modify Current HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA amend policy H-475.980 Addressing Surgery Performed by Optometrists to read:</i></p> <p><i>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-475.989H-475.988, “Laser Surgery.”</i></p>	<p>SUPPORT</p>



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		<p><i>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-475.989H-475.988, "Laser Surgery". (Modify Current HOD Policy)</i></p>	
<p>211</p>	<ul style="list-style-type: none"> American Academy of Ophthalmology 	<p>Water Bead Injuries <i>RESOLVED, that our AMA continue to urge Congress to enact legislation to classify water bead products as banned hazardous items to protect consumers, particularly children, from associated risks (New HOD Policy); and be it further</i></p> <p><i>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 (New HOD Policy); and be it further</i></p> <p><i>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</i></p>	<p>SUPPORT</p>



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		<i>integrated safety mechanisms to reduce the risk of eye injuries. (Directive to Take Action)</i>	
213	<ul style="list-style-type: none"> American Academy of Child and Adolescent Psychiatry 	<p>Sustainable Long-term Funding for Child Psychiatry Access Programs <i>RESOLVED, that our American Medical Association advocate that the federal government work to achieve adequate sustained funding of child psychiatry consultation programs, such as Child Psychiatry Access Programs and Pediatric Mental Health Care Access Program. (Directive to Take Action)</i></p>	SUPPORT
214	<ul style="list-style-type: none"> American College of Obstetricians and Gynecologists (South Dakota) 	<p>Advocating for Evidence-Based Strategies to Improve Rural Obstetric Health Care and Access <i>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 (New HOD Policy); and be it further</i> <i>RESOLVED, that our AMA supports the expansion and implementation of innovative obstetric telementoring/teleconsultation models to address</i></p>	SUPPORT



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		<p><i>perinatal health disparities and improve access to evidence-informed perinatal care in rural communities (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA encourages academic medical centers and health systems to actively participate in obstetric telementoring/teleconsultation models to support rural physicians and advanced practice providers and improve perinatal health outcomes in rural communities (New HOD Policy); and be it further</i></p> <p><i>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 (New HOD Policy).</i></p>	
<p>215</p>	<ul style="list-style-type: none"> • American College of Obstetricians and Gynecologists (South Dakota) • American Academy of Dermatology Association 	<p>Advocating for Federal and State Incentives for Recruitment and Retention of Physicians to Practice in Rural Areas</p> <p><i>RESOLVED, that our American Medical Association advocate for increased federal and state funding for loan forgiveness for physicians who commit to practice and</i></p>	<p>SUPPORT</p>



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	<ul style="list-style-type: none"> American Society for Dermatologic Surgery Association 	<p><i>reside in rural and underserved areas for a meaningful period of time (Directive to Take Action); and be it further</i></p> <p><i>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 (Directive to Take Action); and be it further</i></p> <p><i>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. (Directive to Take Action)</i></p>	
<p>216</p>	<ul style="list-style-type: none"> (Resident and Fellow Section) American Academy of Addiction Psychiatry 	<p>Clearing Federal Obstacles for Supervised Injection Sites</p> <p><i>RESOLVED, that our American Medical Association advocate for federal policies that empower states to determine the legality of supervised injection facilities (SIFs). (Directive to Take Action)</i></p>	<p>SUPPORT</p>
<p>217</p>	<ul style="list-style-type: none"> Post-Acute and Long-Term Care Medical Association 	<p>Expand Access to Skilled Nursing Facility Services for Patients with Opioid Use Disorder</p>	<p>SUPPORT</p>



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		<p><i>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 (Directive to Take Action); and be it further</i></p> <p><i>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 (Directive to Take Action); and be it further</i></p> <p><i>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. (Directive to Take Action)</i></p>	
225	<ul style="list-style-type: none"> Association for Clinical Oncology 	Elimination of Medicare 14-Day Rule	SUPPORT



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		<p><i>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. (Directive to Take Action)</i></p>	
<p>226</p>	<ul style="list-style-type: none"> • Association for Clinical Oncology • American Society of Hematology 	<p>Information Blocking Rule</p> <p><i>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 (New HOD Policy); and be it further</i></p> <p><i>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</i></p>	<p>SUPPORT</p>



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		<p><i>medical information to the patient (New HOD Policy); and be it further</i> <i>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 (New HOD Policy); and be it further</i></p> <p><i>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. (Directive to Take Action).</i></p>	
227	<ul style="list-style-type: none"> American College of Rheumatology 	<p>Medicare Payment Parity for Telemedicine Services</p> <p><i>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. (Directive to Take Action)</i></p>	SUPPORT
<p><u>REFERENCE COMMITTEE</u> <u>C</u></p>			



Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Action
306	<ul style="list-style-type: none"> American College of Surgeons 	<p>Streamlining Continuing Medical Education Across States and Medical Specialties</p> <p><i>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 (Directive to Take Action); and be it further</i></p> <p><i>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 (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA work with relevant stakeholders to examine the feasibility of a single common continuing medical education requirement for maintaining state licensure (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate any continuing medical education that requires answering questions to</i></p>	SUPPORT



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		<i>be categorized as "Self-Assessment continuing medical education." (Directive to Take Action)</i>	
<u>REFERENCE COMMITTEE</u> <u>F</u>			
No specialty resolutions	<ul style="list-style-type: none"> B of T Report 16-I-24 	<p>AMA Reimbursement of Necessary HOD Business Meeting Expenses for Delegates and Alternates (Res. 606-A-23)</p> <p><i>Emergency Assistance Program: In the near term, your Board of Trustees will establish an emergency assistance program that will be funded at no more than \$1 million per year for two years, to be discontinued after I-26. The purpose of this temporary assistance program will be to offer financial relief to Federation organizations to support the funding of delegates and alternates to attend the AMA Annual and Interim HOD meetings. The funding will be made available as a grant to societies who are deemed to spend a greater percentage of their annual revenue to support their AMA delegation than the AMA spends on the Annual and Interim meetings (based on an average cost estimate per delegate for all societies and using the most recent Form 990 available).</i></p>	NO POSITION



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		<p><i>The AMA will provide the society \$300 per day per delegate and alternate delegate that will be required to be used for expenses related to the AMA HOD meetings. This amount was based on Internal Revenue Service guidelines for allowable per diem amounts to eliminate the need for documentation of expenses and avoid any tax issues. Each society that is deemed eligible to receive assistance will need to provide a formal request to the AMA to receive funding. The funds will be paid directly to the society, not to the individual delegates and alternates, but will be limited to use for defraying the costs for delegates and alternate delegates to attend the AMA HOD meetings.</i></p> <p><i>Shorter Meetings: Additionally, to defray costs, the AMA will compress the schedule of both the Annual and Interim Meetings by eliminating one day from each meeting, thereby ending each meeting a day earlier. This schedule will be implemented at the Annual 2025 meeting of the HOD. It is estimated that this will reduce the cost to societies by a minimum of \$1.4 million per year and benefit many delegates and alternates by requiring less time away from their practices.</i></p>	



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		<p><i>Ongoing Efforts to Mitigate Costs: Finally, the Board of Trustees will continue to examine all aspects of our policy-making process to determine efficiencies, which will result in cost mitigations for all who participate. As part of this examination, the Board ad hoc committee will evaluate meeting venues, locations, options for methods of participation, economies of scale related to food and beverage and audio-visual costs, and all other aspects that contribute to the cost of the meetings and report back at I-25 and I-26 at the conclusion of the program.</i></p>	
<p><u>REFERENCE COMMITTEE</u> ↓</p>			
<p>812</p>	<ul style="list-style-type: none"> • (Michigan) • American Academy of Physical Medicine and Rehabilitation • American Academy of Orthopaedic Surgeons 	<p>Advocate for Therapy Cap Exception Process</p> <p><i>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</i></p>	<p>SUPPORT</p>



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		<i>therapy cap exceptions, ensuring that patients can access the necessary services to restore functional abilities and enhance quality of life. (Directive to Take Action)</i>	
813	<ul style="list-style-type: none"> American Academy of Physical Medicine & Rehabilitation American Association of Neuromuscular & Electrodiagnostic Medicine Association of Academic Physiatrists 	<p>Insurance Coverage for Pediatric Positioning Chairs</p> <p><i>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. (Directive to Take Action)</i></p>	SUPPORT
814	<ul style="list-style-type: none"> American Association of Clinical Urologists 	<p>Legislation for Physician Payment for Prior Authorization</p> <p><i>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. (Directive to Take Action)</i></p>	SUPPORT



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815	<ul style="list-style-type: none"> • Society of Critical Care Medicine • American Academy of Pediatrics 	<p>Addressing the Crisis of Pediatric Hospital Closures and Impact on Care</p> <p><i>RESOLVED, that our American Medical Association recognize the closure of pediatric hospitals and units as a critical threat to children's health care access and quality (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for federal and state policies to support the financial viability and access to pediatric care delivery organizations, particularly inpatient care units (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA work with relevant organizations, for example the American Academy of Pediatrics, American Hospital Association, Children's Hospital Association, and National Rural Health Association, to study the current and future projected impact of pediatric hospital and unit closures on health outcomes, access to care, and health disparities (Directive to Take Action); and be it further</i></p>	SUPPORT



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		<p><i>RESOLVED, that our AMA build a national coalition with the American Hospital Association and other like-minded organizations to increase awareness on the issue of pediatric hospital closures and to develop strategies to preserve access to high-quality pediatric inpatient and critical care. (Directive to Take Action)</i></p>	
<p>819</p>	<ul style="list-style-type: none"> • Society for Cardiovascular Angiography and Interventions • Outpatient Endovascular and Interventional Society • American College of Radiation Oncology 	<p>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.</p> <p><i>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 48 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. (Directive to Take Action)</i></p>	<p>SUPPORT</p>
<p>820</p>	<ul style="list-style-type: none"> • American Thoracic Society 	<p>State Medicaid Coverage of Home Sleep Testing</p>	<p>SUPPORT</p>



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		<p><i>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. (New HOD Policy)</i></p>	
<p>821</p>	<ul style="list-style-type: none"> American Thoracic Society American Academy of Allergy Asthma and Immunology 	<p>Patient Access to Asthma Medications</p> <p><i>RESOLVED, that our American Medical Association supports efforts to ensure access to and insurance coverage, including Medicaid coverage, for metered-dose inhaler formulations for children and others who require it for optimal medication administration. (New HOD Policy)</i></p>	<p>SUPPORT</p>
<p>822</p>	<ul style="list-style-type: none"> Renal Physicians Association 	<p>Resolution on Medicare Coverage for Non-Emergent Dialysis Transport</p> <p><i>RESOLVED, that our American Medical Association advocate for Medicare coverage of non emergent medical transportation specifically for patients requiring dialysis treatment (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA partner with Center for Medicare and Medicaid Services (CMS) to develop policies</i></p>	<p>NO POSITION</p>



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Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Action
		<i>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. (Directive to Take Action)</i>	
824	<ul style="list-style-type: none"> American Academy of Ophthalmology 	<p>Ophthalmologists Required to Be Available for Level I & II Trauma Centers</p> <p><i>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 (Directive to Take Action); and be it further</i></p> <p><i>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. (Directive to Take Action)</i></p>	SUPPORT
REFERENCE COMMITTEE <u>K</u>			
918	<ul style="list-style-type: none"> American Association of Public Health Physicians 	Healthcare in Tribal Jails	SUPPORT



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Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Action
		<p><i>RESOLVED, that our American Medical Association strongly supports carceral facilities and youth detention centers managed by the Bureau of Indian Affairs Division of Corrections being designated as Health Professional Shortage Areas and the assignment of U.S. Public Health Service Commissioned Corps officers to these facilities (New HOD Policy); and be it further</i></p> <p><i>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 (Directive to Take Action); and be it further</i></p> <p><i>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. (New HOD Policy)</i></p>	
919	<ul style="list-style-type: none"> American College of Obstetricians and Gynecologists 	Improving Rural Access to Comprehensive Cancer Care Services	SUPPORT



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Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Action
	<ul style="list-style-type: none"> • Association for Clinical Oncology • (South Dakota) 	<p><i>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 (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA call for increased federal and state funding to support research on rural cancer disparities in care, access, and outcomes and development of interventions to address those disparities (Directive to Take Action); and be it further</i></p> <p><i>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, treatment, and patient services in rural areas. (Directive to Take Action)</i></p>	
930	<ul style="list-style-type: none"> • Association for Clinical Oncology • American Society of Hematology 	Economic Factors to Promote Reliability of Pharmaceutical Supply	NO POSITION



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Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Action
		<p><i>RESOLVED, that our American Medical Association amend H-100.956 “National Drug Shortages” by addition of a new Resolve:</i></p> <p><i>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. (Modify Current HOD Policy)</i></p>	
<p><u>RESOLUTIONS NOT FOR CONSIDERATION</u></p>			
<p>921</p>	<ul style="list-style-type: none"> • (Resident and Fellow Section) • American Academy of Addiction Psychiatry 	<p>In Support of a National Drug Checking Registry</p> <p><i>RESOLVED, that our American Medical Association study the creation of a national drug checking registry that would provide a mechanism whereby community-run drug-checking services may communicate their results. (Directive to Take Action)</i></p>	<p>NO POSITION</p>
<p>924</p>	<ul style="list-style-type: none"> • (Resident and Fellow Section) 	<p>Public Health Implications of US Food Subsidies</p>	<p>NO POSITION</p>



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Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Action
	<ul style="list-style-type: none"> American Association of Public Health Physicians (LGBTQ+ Section) (Minority Affairs Section) 	<p><i>RESOLVED, that our American Medical Association study the public health implications of United States Food Subsidies, focusing on:</i></p> <p><i>(1) how these subsidies influence the affordability, availability, and consumption of various food types across different demographics;</i></p> <p><i>(2) potential for restructuring food subsidies to support the production and consumption of more healthful foods, thereby contributing to better health outcomes and reduced healthcare costs related to diet-related diseases;</i></p> <p><i>and</i></p> <p><i>(3) avenues to advocate for policies that align food subsidies with the nutritional needs and health of the American public, ensuring that all segments of the population benefit from equitable access to healthful, affordable food. (Directive to Take Action)</i></p>	
<p>925</p>	<ul style="list-style-type: none"> American College of Cardiology Society of Cardiovascular Computed Tomography 	<p>Improving Public Awareness of Lung Cancer Screening and CAD in Chronic Smokers</p> <p><i>RESOLVED, that our American Medical Association will partner with other professional and public health organizations as well as key stakeholders in cardiology,</i></p>	<p>NO POSITION</p>



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Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Action
		<p><i>pulmonology, oncology, and imaging specialties to increase awareness amongst chronic smokers (who would benefit from appropriate lung cancer screening) regarding their risk for both lung cancer and coronary artery disease and encourage their participation in screening programs through a joint public campaign effort (Directive to Take Action); and be if further</i></p> <p><i>RESOLVED, that our American Medical Association promote physician education and awareness regarding the value of chest CT in detecting both lung cancer and calcified atherosclerotic plaque and encourage reporting the extent of coronary artery calcification in non contrast chest studies performed as a part of lung cancer screening program. (Directive to Take Action)</i></p>	

NON SPECIALTY RESOLUTIONS (discussed during SSS Virtual Meeting)

Non-Specialty			
002	<ul style="list-style-type: none"> (Women Physician Section) 	<p>Anti-Doxxing Data Privacy Protection</p> <p>RESOLVED, that our American Medical Association support physicians and healthcare providers that provide</p>	SUPPORT



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		<p>reproductive and gender-affirming care who experience doxxing, support nondiscrimination and privacy protection for employees, and availability of resources on doxxing (New HOD Policy); and be it further</p> <p>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 physicians who provide reproductive and gender-affirming care (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA encourage institutions, employers, and state medical societies to provide legal resources and support for physicians who provide reproductive and gender affirming care who are affected by doxxing (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA encourage institutions, employers, and medical societies to provide training and education on the issue of doxxing. (New HOD Policy)</p>	
009	<ul style="list-style-type: none"> (Kansas) 	<p>Opposition to Creation or Enforcement of Civil Litigation, Commonly Referred to as Civil Causes of Action</p> <p>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</p>	SUPPORT



SPECIALTY SOCIETY RESOLUTIONS

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		physician’s duty to meet the standard of care in the treatment of patients. (New HOD Policy)	
207	<ul style="list-style-type: none"> (Women Physicians Section) 	<p>Accountability for G-605.009: Requesting A Task Force to Preserve the Patient-Physician Relationship Task Force Update and Guidance</p> <p>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 (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA’s work on the Task Force continues for a minimum of three years with reevaluation of need and relevance at I-29 (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA amend G-605.009 with the addition of text as follows: 2h. Work with interested parties to publish public-facing guidance for what is medically allowable for physicians practicing in states with restrictions potentially impeding on the patient-physician relationship. (Modify Current HOD Policy)</p>	SUPPORT
917	<ul style="list-style-type: none"> (LGBTQ Section) 	<p>Mpox Global Health Emergency Recognition and Response</p>	SUPPORT



		<p>RESOLVED, that our American Medical Association promotes the recognition of mpox as a public health emergency and the need for ongoing surveillance, preparedness, and resource allocation to prevent future outbreaks (New HOD Policy); and be it further</p> <p>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 (New HOD Policy); and be it further</p> <p>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 (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA encourages coordinated national and international efforts to address mpox, including global surveillance, resource sharing, and outreach programs that enhance public knowledge of mpox transmission, prevention, and vaccine effectiveness, particularly in resource-constrained settings (New HOD Policy); and be it further</p>	
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		<p>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 (New HOD Policy); and be it further</p> <p>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. (Directive to Take 51 Action)</p>	
<p>CEJA 1</p>	<ul style="list-style-type: none"> (Reference Committee on Amendments to Constitution and Bylaws) 	<p>Expanding Access to Palliative Care</p> <p>RECOMMENDATION: Given both the AMA Policy and CEJA’s historical support of addressing the palliative needs of patients and the duty of clinicians to provide optimal palliative care to patients, it is recommended that the Code of Medical Ethics be amended to include a new opinion on Palliative Care. Physicians have clinical ethical responsibilities to address the pain and suffering occasioned by illness and injury and to respect their patients as whole persons. These duties require physicians to assure the provision of effective palliative care whenever a patient is experiencing serious, chronic,</p>	<p>SUPPORT</p>



		<p>complex, or critical illness, regardless of prognosis. Palliative care is sound medical treatment that includes the comprehensive management and coordination of care for pain and other distressing symptoms including physical, psychological, intellectual, social, spiritual, and existential distress from serious illness. Evaluation and treatment are patient-centered but with an additional focus on the needs, values, beliefs, and culture of patients and those who love and care for them in decision-making accordingly.</p> <p>Palliative care is widely acknowledged to be appropriate for patients who are close to death, but persons who have chronic, progressive, and/or eventually fatal illnesses often have symptoms and experience suffering early in the disease course. The clinical ethical responsibilities to address symptoms and suffering may therefore sometimes entail a need for palliative care before the terminal phase of disease. Moreover, the duty to respect patients as whole persons should lead physicians to encourage patients with chronic, progressive, and/or eventually fatal conditions to identify surrogate medical decision makers, given the likelihood of a loss of decisional capacity during medical treatment.</p> <p>When caring for patients' physicians should:</p> <ul style="list-style-type: none">(a) Integrate palliative care into treatment.(b) Seek and/or provide palliative care, as necessary, for the management of symptoms and suffering occasioned	
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		<p>by any serious illness or condition, at any stage, and at any age throughout the course of illness. (c) Offer palliative care simultaneously with disease modifying interventions, including attempts for cure or remission. (d) Be aware of, and where needed, engage palliative care expertise in care.</p> <p>Physician as a profession should: (e) Advocate that palliative care be accessible for all patients, as necessary, for the management of symptoms and suffering occasioned by any serious illness or condition, at any stage, and at any age throughout the course of illness. (New Policy)</p>	
<p>BOT Report 18</p>	<ul style="list-style-type: none"> (Reference Committee on Amendments to Constitution and Bylaws) 	<p>Expanding Protections of End-of-Life Care</p> <p>RECOMMENDATION: In light of these considerations, the Board of Trustees Report reaffirms H-295.825, Palliative Care and End-of-Life Care; H-70.915, Good Palliative Care; D-295.969, Geriatric and Palliative Care Training for Physicians; and recommends that alternate Resolution 722, “Expanding 5 Protection of End-of-Life Care,” be adopted in lieu of Resolution 722 and this report be titled “Expanding Palliative Care” and the remainder of this report be filed:</p> <p>Our American Medical Association:</p>	<p>SUPPORT</p>



		<p>(1) recognizes that access to palliative care, including hospice, is a human right.</p> <p>(2) recognizes that palliative care is the comprehensive management and coordination of care for pain and other distressing symptoms, including physical, psychological, intellectual, social, psychosocial, spiritual, and the existential consequences of a serious illness, which improves the quality of life of patients and their families/caregivers and that palliative care evaluation and that palliative care treatments are patient-centered and family-oriented., emphasizing shared decision-making according to the needs, values, beliefs, and culture or cultures of the patient and their family or chosen family.</p> <p>(3) recognizes that palliative care can be offered in all care settings through a collaborative team approach involving all disciplines (e.g., physicians, nurses, social workers, spiritual care providers, therapists, pharmacists) and should be available at any stage of a serious illness from birth to advanced age and may be offered simultaneously with disease modifying interventions.</p> <p>(4) recognizes that hospice is a specific type of palliative care, reserved for individuals with a prognosis of six months or less who have chosen to forego most life-prolonging therapies, whereas palliative can be offered</p>	
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		<p>alongside curative or life-prolonging treatments at any stage of illness.</p> <p>(5) recognizes that palliative care differs from physician assisted suicide in that palliative care does not intentionally cause death. In fact, palliative treatments that relieve symptom distress have been shown in numerous studies to prolong life.</p> <p>(6) will work with interested state medical societies and medical specialty societies and vigorously advocate for broad, equitable access to palliative care, including hospice, to ensure that all populations, particularly those from underserved or marginalized communities have access to these essential services.</p> <p>(7) opposes the imposition of criminal and civil penalties or other retaliatory efforts against physicians for assisting in, referring patients to, or providing palliative care services, including hospice. (New HOD Policy)</p>	
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