

Follow-Up on Implementation of Resolutions and Report Recommendations AMA House of Delegates Meeting- November 2025

Report/Resolution	Title	House Action	Status
BOT Report 01-I-25	Calling for a Multifaceted Approach to the Illicit "Fentanyl" Crisis	Recommendations in BOT Report 1 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 02-I-25	Laser Surgery	Recommendations in BOT Report 2 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 03-I-25	Stark Law Self-Referral Ban	Recommendations in BOT Report 3 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 04-I-25	Addressing and Reducing Patients Boarding in the Emergency Departments	Recommendations in BOT Report 4 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 05-I-25	Addressing the Unregulated Body Brokerage Industry	Recommendations in BOT Report 5 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 06-I-25	Information Blocking Rule	Recommendations in BOT Report 6 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 07-I-25	Codification of Chevron Deference Doctrine	Recommendations in BOT Report 7 Adopted, Remainder of Report Filed.	No Action Required.
BOT Report 08-I-25	On the Ethics of Human Lifespan Prolongation	Recommendations in BOT Report 8 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.

Board of Trustees Report 17 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee B)

Report/Resolution	Title	House Action	Status
BOT Report 10-I-25	Improving Usability of Electronic Health Records for Transgender and Gender Diverse Patients	Recommendations in BOT Report 10 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated. Board of Trustees Report 18 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee E&B)
BOT Report 11-I-25	Supporting Diversity in Research	Recommendations in BOT Report 11 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 12-I-25	Support for Doula Care Programs	Recommendations in BOT Report 12 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 13-I-25	Antidiscrimination Protections for LGBTQ+ Youth in Foster Care	Recommendations in BOT Report 13 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 15-I-25	Protecting Evidence-Based Medicine, Public Health Infrastructure and Biomedical Research	Recommendations in BOT Report 15 Adopted, Remainder of Report Filed.	The AMA incorporated the policy into its ongoing state advocacy framework and has assisted numerous state medical associations with strategy on harmful vaccine legislation, as well as elevating vaccine issues at the AMA State Advocacy Summit. AMA also continues to protect evidence-based medicine and clinical decision making through the work of the Task Force to Protect the Patient-Physician Relationship, which has undertaken numerous projects and initiatives related to reproductive health. AMA has collaborated with the Vaccine Integrity Project on an independent, vaccine evidence review that assessed the safety and effectiveness of immunizations against influenza, SARS CoV-2 and respiratory syncytial virus (RSV) and is maintaining a digital resource hub at www.SpreadTheFacts.org

Report/Resolution	Title	House Action	Status
BOT Report 16-I-25	Preservation of Medicaid	Recommendations in BOT Report 16 Adopted, Remainder of Report Filed.	<p>The AMA continues to treat Medicaid as a core component of its federal and state health policy agenda. Following enactment of OB3, AMA sent letters to CMS regarding Medicaid redeterminations and work requirements and has created numerous resources for state-level advocates on Medicaid issues, including eligibility, coverage, access, and funding. Additionally, AMA has convened the Federation to strategize on Medicaid advocacy, hosted webinars and meetings, and is providing one-on-one support to state medical associations. The AMA also continues to collaborate with AHIP on the Modern Medicaid Alliance.</p> <p>In July and September 2026, the AMA sent comment letters on new restrictions on states' usage of state-directed payments and other mechanisms for ensuring adequate provider participation in the program and the Medicaid provider tax rule expressing concern that some of the provisions go beyond what the statute requires and would infringe on states' abilities to set their own tax policies. The AMA filed amicus briefs in July and September in support of plaintiff states' challenge of the June 2025 IFR on work requirements.</p>
BOT Report 18-I-25	Published Metrics for Hospitals and Hospital Systems	Recommendations in BOT Report 18, Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 19-I-25	Addressing the Historical Injustices of Anatomical Specimen Use	Recommendations in BOT Report 19 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 21-I-25	Speciality Society Respresentation in the House of Delegates - Five-Year Review	Recommendations in BOT Report 21 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 22-I-25	Physician Assistant and Nurse Practitioner Movement Between Specialties	Recommendations in BOT Report 22 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 23-I-25	Accreditation Council for Continuing Medical Education Observer Status in the House of Delegates	Recommendations in BOT Report 23, Adopted, and Remainder of Report Filed.	ACCME has been admitted as an Official Observer in the HOD.

Report/Resolution	Title	House Action	Status
BOT Report 24-I-25	Amending Vaccine-related Policies	Recommendations in BOT Report 24 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CCB Report 01-I-25	Bylaws Review Report	Recommendations in CCB Report 1, Not Adopted, Remainder of Report Filed.	The Board and the Medical Student Section will collaborate on ways to refine the appointment process for medical students.
CCB Report 02-I-25	Bylaws Clarifications Subsequent to A-25 House of Delegates Meeting	Recommendations in CCB Report 2, Referred in Part, Remainder of Report Filed.	AMA Policy Database Updated.
CCB Report 03-I-25	Credentialing of Temporary Delegates and Alternate Delegates	Referred with Resolution 010.	The Council on Constitution and Bylaws has prepared CCB Reports 2-7 for action by the House at A-26. The various elements from CCB 3 have been separated into distinct reports, each addressing a specific topic. CCB Report 7-A-26 specifically addresses the issues raised by Resolution 10, which called for bylaw changes to enable the MSS and the RFS to temporarily credential a regional medical student delegate and a resident and fellow sectional delegate.
CEJA Report 01-I-25	Amendment to Opinion 1.1.1 "Patient-Physician Relationships"	Recommendations in CEJA Report 1, Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CEJA Report 02-I-25	Supporting Efforts to Strengthen Medical Staffs Through Collective Actions and/or Unionization	Recommendations in CEJA Report 2 Referred.	AMA Policy Database Updated.
CEJA Report 03-I-25	Ethical Impetus for Research in Pregnant and Lactating Individuals	Recommendations in CEJA Report 3 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CLRPD Report 01-I-25	Private Practice Physicians Section Five-Year Review	Recommendations in CLRPD Report 1 Adopted, Remainder of Report Filed.	PPPS staus has been renewed through 2030.

Report/Resolution	Title	House Action	Status
CLRPD Report 02-I-25	Evaluation of the Structure of the AMA House of Delegates	Recommendations in CLRPD Report 2, Not Adopted, Remainder of Report Filed.	No Action Required.
CME Report 01-I-25	Additional Pathways for International Medical Graduates	Recommendations in CME Report 1 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 01-I-25	Improving Marketplace Affordability through Premium Tax Credits	Recommendations in CMS Report 01, Adopted as Amended, Additional Resolve Referred, Remainder of Report Filed.	AMA Policy Database Updated. Council on Medical Service Report 5 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee J)
CMS Report 02-I-25	Telehealth Licensure	Recommendations in CMS Report 2, Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 03-I-25	Payment Models to Sustain Rural Hospitals	Recommendations in CMS Report 3 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 04-I-25	Payment for Biosimilars	Recommendations in CMS Report 4 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CSAPH Report 02-I-25	Regulation of Ionizing Radiation Exposure for Health Care Professionals	Recommendations in CSAPH Report 2 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CSAPH Report 03-I-25	Plastic Pollution Reduction	Recommendations in CSAPH Report 3 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
HOD Comp Cmte I-25	Report of the House of Delegates Committee on the Compensation of the Officers	Recommendations in HOD Comp Cmte Report Adopted, Remainder of Report Filed.	For Information.

Report/Resolution	Title	House Action	Status
RES 001-I-25	Clarifying Conscientious Objection	Adopted.	<p>A Council on Ethics and Judicial Affairs Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Council on Ethical and Judicial Affairs Report 2 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee E&B)</p>
RES 002-I-25	Ensuring Ethical Use of Wearable Recording Devices in Clinical Encounters	Referred.	<p>A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Council on Ethical and Judicial Affairs Report 6 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee E&B)</p>
RES 003-I-25	Report on Gender-Based Pay Equity in Medicine	Adopted as Amended.	<p>A Board of Trustees Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Board of Trustees Report 15 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee E&B)</p>
RES 004-I-25	Patient Options to Restrict Secondary Use of Their Healthcare Data	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Board of Trustees Report 14 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee E&B)</p>
RES 005-I-25	Preserving Autonomy in the Patient-Physician Relationship	Adopted.	<p>A Council on Ethics and Judicial Affairs Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Council on Ethics and Judicial Affairs Report 1 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee E&B)</p>
RES 006-I-25	Amendment to AMA Bylaws to Enable Continuity of Leadership	Adopted.	<p>CCB Report 09-A-26 provides appropriate bylaw language to allow the immediate past chair of the RFS to serve as Immediate Past Chair even if they no longer meet the definition of a resident or fellow. :</p> <p>HOD Action: Recommendations in CCB Report 09-A-26 Adopted, Remainder of Report Filed.</p>
RES 007-I-25	Improving Protection for Reproductive Health Information	Adopted as Amended.	<p>The AMA is working directly with state medical associations on shield law protections to protect reproductive health information. The AMA has also communicated with other Federation members about its willingness to collaborate with any interested state and specialty medical associations on these issues.</p>
RES 008-I-25	Health Plan In-Network Steering of Pathology/Laboratory Services	Adopted.	<p>The AMA has communicated with national, state, and specialty medical societies about its willingness to work with interested partners to protect ordering physician discretion to refer pathology and laboratory specimens to any in-network pathologist or in-network laboratory of their choice, based upon relevant medical considerations in the best interest of patient care, consistent with AMA Code of Medical Ethics.</p>

Report/Resolution	Title	House Action	Status
RES 009-I-25	Gender Equity in Disability Insurance for Physicians	Adopted.	AMA Policy Database Updated.
RES 010-I-25	Clarifying the Medical Student Section's and Resident and Fellow Section's Abilities to Fill Temporary Vacancies in Accordance with the AMA Bylaws	Referred with CCB Report 03-I-25.	See CCB Report 03-I-25.
RES 201-I-25	Model State Legislation incorporating Medical Malpractice Tort Reform	Adopted as Amended, with Change in Title.	<p>Model legislation will be developed for review by the Board at the 2026 AMA Annual Meeting.</p> <p>The model legislation was approved by the AMA Board of Trustees and has been disseminated to the federation of medicine.</p>
RES 202-I-25	Deepfake Technology and Harm to Physicians and Patients	Adopted.	<p>The AMA is collaborating on federal and potential state level activity seeking to ban deep fakes of physicians. AMA staff will develop model legislation on this issue and will be advocating with Congress and other appropriate entities at the federal and state levels.</p> <p>AMA Advocacy and the Center for Digital Health and AI have begun circulating the proposed framework in addition to resources on the issue of physician deepfakes to Congressional offices and task forces focused on AI.</p>

Report/Resolution	Title	House Action	Status
RES 203-I-25	Restore and Enhance Federal Loan Programs for Medical Education	Alternate Resolution 203 Adopted in Lieu of Resolution 203 and 217.	<p>The AMA continues to press for cosponsors of S. 942/H.R. 2028, the REDI Act, H.R. 3885, the Community TEAMS Act, H.R. 3890/S. 2439/H.R. 4731, the Resident Physician Shortage Reduction Act, and H.R. 4681/S. 1380, the SPARC Act. AMA also pushed for legislative action on these bills via the Medical Student Advocacy Conference (MAC), as well as continuing to look for other legislative opportunities to engage on this topic.</p> <p>The AMA submitted comments in response to the proposed rule entitled “Reimagining and Improving Student Education.” The rule is concerning because it would codify the changes that Congress made to the federal student loan program in the One Big Beautiful Bill Act (OBBA). These changes include establishing new loan limits for graduate students, professional students, and parents, and phasing out the Graduate PLUS Program as well as a number of repayment plan options. The AMA will reiterate our request for an exemption for physicians to many of these changes.</p> <p>On June 2, 2026, the AMA submitted comments to the Centers for Medicare & Medicaid Services (CMS) on the fiscal year (FY) 2027 Notice of Proposed Rulemaking (Proposed Rule) on revisions to Medicare payment policies under the Hospital Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital Prospective Payment System (LTCH PPS). We commented on a number of issues including CMS’ amendments to the criteria for new residency programs and recommended that programs already within their cap-building window also benefit from this proposal. The AMA urged CMS to withdraw the proposed anti-discrimination requirements applicable to approved medical residency training programs and to continue to rely on the Accreditation Council for Graduate Medical Education (ACGME) and other oversight organizations to develop and enforce evidence-based accreditation standards.</p> <p>On September 15, 2026, the AMA signed onto a letter urging Congress to advance the Resident Education Deferred Interest (REDI) Act (S. 942/H.R. 2028) as a targeted, bipartisan, bicameral solution to address the unique student debt challenges faced by physicians and dentists by restoring interest deferment during required postgraduate training.</p>
RES 204-I-25	Addressing Anti-Physician Contractual Provisions	Adopted.	Model legislation will be developed for review by the Board at the 2026 AMA Annual Meeting.
RES 205-I-25	Restoring Balance Billing and Allowing Copay Forgiveness to Preserve Independent Practice and Improve Access to Care	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Board of Trustees Report 6 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee B)</p>

Report/Resolution	Title	House Action	Status
RES 206-I-25	Restore Funding to USAID	Adopted as Amended.	AMA Policy Database Updated.
RES 207-I-25	Support for a Federal Tax Incentive for Volunteer Community Preceptors	Adopted as Amended.	The AMA sent a letter to the Internal Revenue Service requesting the establishment of a national tax credit or tax deduction for physicians who serve as community preceptors for medical students and residents, provided these services are rendered without financial compensation from any educational institution.
RES 208-I-25	Centralization of Medicare Provider Data Sources	Policies H-285.902, D-478.984, and H-355.979. Reaffirmation in Lieu of Resolution 208.	AMA Policy Database Updated.
RES 209-I-25	Support for Legislative Changes Allowing Partial Medicare Opt-Out for Physicians	Referred.	A Board of Trustees Report on this subject will be prepared for consideration at the 2026 Interim Meeting. Board of Trustees Report 7 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee B)
RES 210-I-25	PBM Divestiture and Transparency	Adopted.	The AMA continues to seek opportunities to engage with policymaking organization (e.g. NAIC) and patient groups (e.g. All Copays Count Coalition) to address PBM abuses. We are monitoring implementation of Arkansas law that prohibits PBMs from owning pharmacies (currently enjoined), as well as similar proposals in other states (e.g. TN, VT, OK). The AMA continues to monitor legal challenges to TN and AR laws that prohibit PBMs from owning pharmacies. We will be drafting model legislation (per Res 213 A-26) once litigation concludes.
RES 211-I-25	Access to, and Retention of, Electronic Medical Records	Referred.	A Board of Trustees Report on this subject will be prepared for consideration at the 2026 Interim Meeting. Board of Trustees Report 8 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee B)

Report/Resolution	Title	House Action	Status
RES 212-I-25	Acknowledging Flexibility on Buprenorphine Mono-product Use for Opioid Use Disorder	Adopted.	<p>AHIP and BCBSA letters requesting removal of barriers to Opioid Use Disorder therapy, including buprenorphine mono-product, were sent by the AMA 12/19/25. The AMA 2025 Substance Use and Treatment report advocated to change policies or practices by pharmacies and/or distributors that restrict access to buprenorphine out of fear of suspicious order reporting requirements from the DEA. The AMA is working with ASAM and Kentucky Medical Association to change restrictive regulations. AMA comments on 2027 Medicare Advantage (MA) and Part D rule called for CMS to prohibit MA and Part D plans from imposing prior authorization, step therapy, fail-first requirements, or quantity limits on medications for opioid use disorder, including all formulations and clinically appropriate doses of buprenorphine, and require plans to align utilization management policies with current clinical evidence and updated federal guidance.</p> <p>AMA urged removal of all barriers to buprenorphine in a July 1 letter to U.S. Department of Health and Human Services.</p>

Report/Resolution	Title	House Action	Status
RES 213-I-25	Physician Visa Protection and Pathway to U.S. Permanent Residency	Alternate Resolution 213 Adopted in Lieu of Resolution 213 and 214.	<p>Responses were received to both the AMA led sign on letter as well as the Congressional letter that the AMA helped to orchestrate concerning the H-1B filing fees. Additionally, the AMA initiated conversations which resulted in the New Dems letter concerning the H-1B filing fee. The AMA continues to engage in conversations about issues impacting H-1Bs on the Hill and is actively working to try and obtain a meeting with DHS to discuss our concerns and work to create solutions for IMGs in this space. Additionally, the AMA is part of a coalition surrounding the Conrad 30 Program and we are initiating conversations to expand this group to cover additional issues that impact H-1B physicians. The AMA also introduced H.R. 7961, the “H-1Bs for Physicians and Healthcare Workforce Act.” This legislation would exempt physicians and health care workers involved in direct patient care from the \$100,000 fee implemented by the Proclamation entitled, “Restriction on Entry of Certain Nonimmigrant Workers.” The legislation would also prevent future fees from exceeding limits previously established by Congress following enactment of the Immigration and Nationality Act, thus ensuring greater predictability for employers looking to hire physicians and other health care workers via H-1B visas.</p> <p>On July 29, 2026, the AMA sent a letter expressing our support for S.4637, the “Conrad 30 Physician Workforce Optimization Act,” which would increase the number of flex waivers available in each state for J-1 physicians by five, and establish a secondary physician match portal to help international medical graduates (IMGs) who are unable to find employment in their preferred State utilize a waiver in an alternate State.</p> <p>On September 22, 2026, the AMA submitted comments to the U.S. Department of Homeland Security (DHS) on DHS Docket No. USCIS-2026-0298: Fee for Certain H-1B Petitions. The proposed rule would add a \$103,265 fee for all H-1B cap-subject petitions filed by employers, including those eligible for the advanced degree exemption, which would be imposed in addition to all other applicable fees or payments. This steep increase in H-1B fees will strain all healthcare system employers but hit small practices and employers in rural and underserved areas especially hard, making hiring physicians for these high need populations next to financially impossible.</p>
RES 214-I-25	Physician Visa Protection and Pathway to Serve Underserved Communities	Alternate Resolution 213 Adopted in Lieu of Resolution 213 and 214.	See Resolution 213-I-25.
RES 215-I-25	Extending the Medicaid Work Requirement Exemption up to 12 Months Postpartum	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 216-I-25	Ensuring Timely J-1 Visa Processing to Protect IMG Participation in Residency Programs	Alternate Resolution 216 Adopted in Lieu of Resolution 216.	<p>The AMA continues to engage in conversations about issues impacting J-1s on the Hill and is actively working to try and obtain a meeting with the State Department to discuss our concerns and work to create solutions for IMGs in this space. The AMA has also sent a letter to the U.S. Department of Homeland Security and the U.S. Department of State urging for the exemption of physicians from the partial and complete suspension of entry into the U.S., as indicated in Proclamation 10998 entitled “Restricting and Limiting the Entry of Foreign Nationals to Protect the Security of the United States.” In alignment with this request, we asked that the adjudicative hold for physicians’ pending benefit applications be lifted, and that reliable timelines for application review and approval be implemented, so that these individuals can continue providing much needed medical care in the U.S. Furthermore, the AMA sent a letter to HHS concerning the U.S. Exchange Visitor Program. The letter highlighted communications that the AMA received from physicians expressing their deep concern about the current HHS administrative hold and their projected inability to meet their contractually obligated start date. Therefore, due to the current administrative delay within the Waiver Program, we urged HHS to utilize emergency batch processing for physicians with July 1 start dates.</p> <p>The AMA had a conversation with the Department of State about J-1 physician visa issues.</p>
RES 217-I-25	Protecting Access to Public Service Loan Forgiveness (PSLF), Income-Driven Repayment (IDR), and Direct Plus Loans for Graduate or Professional Students (Grad PLUS Loans)	Alternate Resolution 203 Adopted in Lieu of Resolution 203 and 217.	See Resolution 203-I-25.
RES 218-I-25	Amend AMA Policy D-160.921 on Sensitive Locations to Protected Areas	Adopted.	AMA Policy Database Updated.
RES 219-I-25	Addressing the Harms and Misleading Nature of Medicare Advantage Plans	Policies D.330.888, D-185.979, D-330.923, H-330-878, D70.950, D.390.967, H-390.832 and H-330.862. Reaffirmed in Lieu of Resolution 219.	AMA Policy Database Updated.
RES 220-I-25	Medicare Should not Unfairly Penalize Physicians	Referred with Resolution 223.	<p>A Board of Trustees Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Board of Trustees Report 9 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee B)</p>

Report/Resolution	Title	House Action	Status
RES 221-I-25	Not-for-Profit Status	Referred.	A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2026 Annual Meeting. HOD Action: Recommendations in CMS Report 9-A-25 Adopted as Amended, Remainder of Report Filed.
RES 222-I-25	Tackling Administrative Waste—Let Us Be Part of the Solution to Putting Our Health System on a Sustainable Path	Policy D-155.996 Reaffirmed in Lieu of Resolution 222.	AMA Policy Database Updated.
RES 223-I-25	Halt the Rollout of New Payment Models by the Center for Medicare & Medicaid Innovation (CMMI)—A New Administration Offers an Opportunity	Referred Resolution with 220.	A Board of Trustees Report on this subject will be prepared for consideration at the 2026 Interim Meeting. Board of Trustees Report 9 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee B)
RES 224-I-25	Recoupment by CMS Recovery and Audit Contractors (RAC)—Due Process	Adopted as Amended.	The AMA is working collaboratively with the College of American Pathologists (CAP) on legislation in the 119th Congress that would strengthen provisions originally enacted in the 21st Century Cures Act (2016) to improve the current Local Coverage Determination process. Provisions enacted via the 21st Century Cures Act required the Secretary to require each Medicare Administrative Contractor (MAC) that develops a local coverage determination (LCD) to post the LCD on the contractor’s website at least 45 days before the effective date. The LCD posting is designed to provide a summary of the evidence that was considered by the MAC during the development of the LCD, as well as responses to public comments. Unfortunately, CMS drastically restructured the LCD/CAC processes in response to this statutory change. The restructuring made this process worse. In the 114th Congress, the Local Coverage Determination Act of 2016 was introduced to make targeted reforms. This new, forthcoming legislation in the 119th Congress should have the same title and would address issues with the Coverage Advisory Committees (CACs) in hopes of making it less likely that CMS RACs and MACs would make incorrect determinations without proper public input or inappropriately deny coverage. More specifically, the bill would: 1) stipulate timely MAC decisions on incomplete requests for new LCDs; 2) stipulate timely MAC decisions for complete requests for new LCDs; 3) stipulate timely MAC decisions for incomplete requests for reconsiderations of existing LCDs; and 4) stipulate timely decisions for MAC complete requests for reconsiderations of existing LCDs. All MAC decisions on LCDs must be made public, as well. Reps. Neal Dunn, MD (R-FL) and Claudia Tenney (R-NY) are expected to be the lead bill sponsors. A Democratic co-lead still needs to be secured.

Report/Resolution	Title	House Action	Status
RES 225-I-25	Federal Legislation to Prohibit the Corporate Practice of Medicine	Referred with Report back at A-26.	<p>A Board of Trustees Report on this subject will appear in the Delegates Handbook for the 2026 Annual Meeting. (Reference Committee B)</p> <p>Board of Trustees Report 20 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Informational)</p>
RES 226-I-25	Transparency with the Term “Emergency Department”	Referred.	<p>A Council on Medical Services Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Council on Medical Services Report 1 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee E&B)</p>
RES 227-I-25	Call for Action by the AMA to Reverse or Mitigate Medicaid Cuts	Adopted as Amended, with Change in Title.	<p>The AMA is collaborating in an ongoing campaign to engage with the administration in implementation of changes to Medicaid made by OBBBA and to raise awareness of impending changes to Medicaid among AMA members and others. Among other efforts, AMA sent a letter to CMS making recommendations for how to minimize harms from new biannual Medicaid screening requirements and a letter to CMS making recommendations on federal implementation of Medicaid work requirements. Additionally, the AMA continues to convene the Federation to strategize on Medicaid advocacy, create and share resources, host webinars and meetings, and provide one-on-one support to state medical associations.</p> <p>In July 2026, the AMA sent a comment letter on Medicaid state-directed payment and targeted practitioner payments, urging CMS to modify the rule to preserve state options to provide adequate reimbursement to physicians and other clinicians who see Medicaid patients. In September 2026, the AMA sent a comment letter on the Medicaid provider tax rule expressing concern that some of the provisions go beyond what the statute requires and would infringe on states’ abilities to set their own tax policies. The AMA filed amicus briefs in July and September in support of plaintiff states’ challenge of the June 2025 IFR on work requirements.</p>
RES 228-I-25	Support Permanent Funding and Expansion of Native Hawaiian Healthcare	Adopted.	AMA Policy Database Updated.
RES 229-I-25	Protection of Medicaid Beneficiaries’ Private Health Information from Immigration Enforcement	Adopted as Amended.	AMA Policy Database Updated.
RES 230-I-25	Banning Non-compete Agreements in States	Adopted.	<p>The AMA updated the AMA’s State Legislative Non-compete Template to include this policy and has distributed it to national, state and specialty societies.</p> <p>2026 state legislative updates have been added to the State Legislative Non-compete Template and new 2026 non-competes laws have been added to the AMA’s National Managed Care Legal Database.</p>

Report/Resolution	Title	House Action	Status
RES 231-I-25	Ensuring Equitable and Timely Medical Licensure for Physicians Providing Abortion and Gender-Affirming Care	Adopted as Amended.	The AMA is monitoring state licensure developments and has communicated with national, state and specialty medical societies about its willingness to work with interested state and specialty medical associations on licensure issues related to abortion and gender-affirming care. AMA continues to support shield laws that provide licensure protection and has partnered with the Abortion Defense Network, which provides direct legal services to physicians facing abortion-related licensure proceedings. The AMA also continues to monitor and examine these issues via the Task Force to Protect the Patient-Physician Relationship.
RES 232-I-25	Safeguarding Access to IVF Amid Restorative Reproductive Medicine Legislation	Adopted as Amended.	<p>The AMA sent a letter to the National Institutes of Health (NIH) urging that funding be dedicated to women’s health research, including reproductive health, and opposing any efforts to limit patient access to the full scope of evidence-based fertility treatments, including but not limited to IVF.</p> <p>On July 9, 2026, the AMA sent a letter commenting on the proposed rule entitled, “Excepted Fertility Benefits.” The proposed rule would establish a new category of limited excepted benefits for certain fertility services, allowing employers and issuers to offer that coverage as a standalone benefit separate from major medical coverage.</p>
RES 233-I-25	Renewing Mental Health Infrastructure in the School System	Adopted as Amended.	After consultation with the Resolution author the AMA will engage in conversation with House and Senate Appropriations Committees to advocate for federal legislation incorporating automatic continuity protections (such as bridge funding or carryover authority) within school-based mental health programs, to prevent disruptions in student services and workforce stability when federal appropriations are delayed or rescinded.
RES 234-I-25	Study on Impact of Inflation Reduction Act on Oncology, Other Physician Practices	Adopted as Amended.	<p>A Council on Medical Service Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Council on Medical Service Report 2 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee B)</p>
RES 235-I-25	Ensuring Medical Liability Insurance Transparency and Continuity	Adopted as Amended.	<p>A Board of Trustess Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Board of Trustees Report 16 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee B)</p>

Report/Resolution	Title	House Action	Status
RES 236-I-25	Deceptive Advertising in Accredited Allied Health Professional, Non-Physician Graduate Programs	Adopted.	<p>The AMA communicated with its national, state, and specialty medical society partners of this new policy and its desire to work with any interested partners to advance “Truth & Transparency” legislation, inclusive of accredited allied health professional, nonphysician graduate education programs to instill transparency in non-physicians' scope of practice and training under the direction of a licensed physician. The AMA also notified its partners of its interest in advocating for legislation and refinements to “Truth & Transparency” laws to prohibit production and dissemination of deceptive advertising and marketing materials by accredited allied health professional, non-physician graduate programs. Specifying that these requirements should: 1. Prohibit deceptive, misleading or false advertising inclusive of professional titles and scope of the allied health professional completing the program. 2. Require that the advertised course of study at such programs is clearly consistent with applicable state laws and well-established and widely accepted medical standards for allied health professionals’ training, certification, and scope of practice. 3. Mandate all advertising materials include clear and unambiguous statements that clarify the requisite levels of physician supervision for non-physician, allied health professionals, that will complete the program.</p>
RES 237-I-25	Protecting and Improving Rural Health	Policies H-290.951, H-130.954, H-465.99, H-200.949 and H-200.954. Reaffirm in Lieu of Resolution 237.	AMA Policy Database Updated.
RES 238-I-25	Oppose Unfair Hospital Privilege Decision Based on Insurance Plan	Adopted as Amended.	<p>In November, the AMA spearheaded a sign-on letter to Elevance with over 90 medical societies urging repeal of new policy to cut hospital pay for use of out of network physicians. The letter expressed concern that the new policy circumvents the No Surprises Act (NSA) and highlighted the harm the policy will have on patient access and stability of independent physicians. The letter also suggests alternative policies that incentivize physician participation in networks such as fair contracts, reduced administrative burdens, prompt payment, and network adequacy requirements.</p> <p>AMA engaged with Congressional members/influenced a bipartisan letter from the GOP and Democratic Doc Caucuses to HHS, Treasury, and Labor in December outlining concerns that the policy circumvents the NSA, pressures hospitals and independent physicians into unsustainable contract arrangements, and threatens patient access to hospital-based emergency and specialty care. The letter urged the agencies to investigate the legality and impact of this policy.</p> <p>The AMA is working to convene states impacted by Anthem’s new policy to engage with state regulators. For interested states, AMA will work to assemble evidence of harm of the new policy and draft outreach, in collaboration with states, to insurance regulators. AMA is likely to adapt state work to engage federal regulators as well.</p> <p>Two states (IA and IN) enacted legislation in 2026 to prevent this policy from being implemented and received significant support from AMA.</p>

Report/Resolution	Title	House Action	Status
RES 301-I-25	Preventing Sleep Deprivation and Supporting Medical Student Wellness	Adopted as Amended.	<p>This resolution is now AMA policy D-295.296, Preventing Sleep Deprivation and Supporting Medical Student Wellness“. Letters were submitted to the senior leadership of AACOM, AAMC, COCA, and LCME to inform them of this new policy that encourages the continued development of guidelines for medical student work-hour limits, time off after a 24-hour shift, and work-hour guidelines.</p> <p>This resolution became AMA policy D-295.296, Preventing Sleep Deprivation and Supporting Medical Student Wellness“. No further action.</p>
RES 304-I-25	Systemic Exclusion of IMGs from Residency Programs	Adopted as Amended.	<p>Adopted resolves from this resolution were appended to AMA policies H-255.988, “AMA Principles on International Medical Graduates” and H-295.860, “Promoting Transparency in Medical Education and Access to Training”. Letters were sent to the senior leadership of AAMC, ACOG, AUPO, CORD, Defense Health Agency GME Program, NADIO, NRMP, Intealth/FAIMER, and OPDA. The letter conveyed the AMA’s commitment to opposing discrimination against IMGs in all aspects of medical education and training. It also expressed a willingness to collaborate on advocating for universal transparency of residency program eligibility requirements, including IMG eligibility and visa sponsorship policies, in electronic residency application systems and FREIDA™ to be published in a standardized, accessible format, to reduce unnecessary financial and emotional burdens on applicants. Meetings with these organizations are in progress.</p> <p>FREIDA displays the percentage of IMG graduates and allows programs to be filtered based on visa acceptance types (i.e., H-1B and J1). The 2026 GME Census, co-managed by AAMC, has been refined to increase transparency of visa acceptance and sponsorship requirements.</p> <p>Changes to the GME Census went live in August 2026. The update included the addition of the F-1 visa to the question about visa status. Visa status data is displayed on AMA FREIDA and AAMC Residency Explorer.</p>
RES 305-I-25	Paid Sick Leave and Flexible Work Arrangements for Physicians Who are Caregivers	Adopted as Amended with Change in Title.	AMA Policy Database Updated.
RES 306-I-25	Support for Paid Leave for Prenatal Care	Adopted as Amended with Change in Title.	AMA Policy Database Updated.
RES 307-I-25	Integrating Augmented Intelligence (AI) Literacy Into UME, GME, and CME	Adopted as Amended with Change in Title.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 308-I-25	Enhancing the Pathway for Black Male Medical Students	Adopted as Amended.	AMA Policy Database Updated.
RES 309-I-25	Reasonable Workplace Accommodations for Residents and Fellows During Pregnancy	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 310-I-25	Addressing the Harms of AMA's Role in the Flexner Report	Alternate Resolution 310 Adopted in Lieu of Resolution 310.	<p>Adopted resolves from this resolution were appended to AMA policies H-350.960, "Underrepresented Student Access to US Medical Schools" and D-295.963, "Continued Support for Diversity in Medical Education". The following actions have been taken to advance these policies:</p> <p>AMA, in collaboration with the NHMA, will publish a series of twelve articles in 2026 in the Journal of the National Hispanic Medical Association (JNHMA) to highlight the findings from the ChangeMedEd RoundTable Discussion. Two of the manuscripts will be authored by institutional grantees from those funded in 2024 (by two-year grants) to drive innovation in mission-focused admissions policies and assessment reform in medical education.</p> <p>In collaboration with NYU, researchers will conduct a 4-year study of the consequences of the 2023 SCOTUS decision to ban affirmative action.</p> <p>AMA will convene a meeting, in collaboration with AAIP, to discuss the Morrill Act pursuant to AMA Board of Trustees Report, "The Morrill Act and its Impact on the Diversity of the Physician Workforce" (BOT 31-A-24).</p> <p>The AMA Council on Medical Education will host an educational forum at the AMA 2026 Annual Meeting, featuring indigenous physician speakers, to address AMA's support for the establishment of indigenous-led medical schools per AMA policy H-295.840.</p> <p>The AMA Medical Education and COHO units are working together to support the Morehouse Justice in Advocacy Fellowship and to promote AMA efforts at the 2026 NMA Annual Convention and Scientific Assembly.</p> <p>Adopted resolves from this resolution were appended to AMA policies H-350.960, "Underrepresented Student Access to US Medical Schools" and D-295.963, "Continued Support for Diversity in Medical Education".</p> <p>AMA convened a meeting, in collaboration with AAIP, to discuss the Morrill Act pursuant to AMA Board of Trustees Report, "The Morrill Act and its Impact on the Diversity of the Physician Workforce" (BOT 31-A-24).</p> <p>The AMA Council on Medical Education hosted an educational forum at the AMA 2026 Annual Meeting featuring indigenous physician speakers. It addressed AMA's support for the establishment of indigenous-led medical schools per AMA policy H-295.840.</p> <p>The AMA Medical Education and COHO units continue to support the Morehouse Justice in Advocacy Fellowship and promoted AMA efforts at the 2026 NMA Annual Convention and Scientific Assembly.</p>

Report/Resolution	Title	House Action	Status
RES 311-I-25	Gender and Under Represented in Medicine Disparities in Procedural and Surgical Training Volumes	Adopted as Amended.	<p>This resolution is now AMA policy H-310.895, “Gender and Underrepresented in Medicine Disparities in Procedural and Surgical Training Volume”. A letter was sent to the senior leadership of the ACGME to inform them of this new policy that encourages specialty boards and ACGME to collect aggregate, de-identified procedural and surgical case volume data stratified by gender and underrepresented in medicine status, and to make these data available through a controlled-access process to institutional leaders and residency and fellowship programs. AMA met with ACGME to discuss; further communication is forthcoming.</p> <p>This resolution became AMA policy H-310.895, “Gender and Underrepresented in Medicine Disparities in Procedural and Surgical Training Volume”.</p> <p>No further action.</p>
RES 312-I-25	Promoting the Equitable Evaluation of Non-Research Domains in Trainee Selection	Adopted.	<p>This resolution is now AMA policy H-295.835, “ Promoting the Equitable Evaluation of Non-Research Domains in Trainee Selection”. Letters were sent to the senior leadership of AACOM, AAMC, ACOG, ACGME, AUPO, CORD, Defense Health Agency GME Program, and NRMP™. The letter communicated the AMA’s support for efforts that:</p> <ul style="list-style-type: none"> a) Improve the holistic and equitable consideration of research, advocacy, service, teaching, mentorship, and other non-research domains in medical school and residency/fellowship selection; b) Reduce the emphasis on research expectations for applicants; c) Improve medical school and residency/fellowship application services to allow applicants to comprehensively showcase the non-research domains that best align with their experiences and career goals. <p>Meetings with these organizations are in progress.</p> <p>AMA engaged with CMSS and OPDA in June 2026 to discuss emerging opportunities of mutual interest. AMA remains actively engaged with both organizations and looks forward to continuing conversations regarding potential areas for future partnership and alignment.</p>
RES 313-I-25	Hardship for International Medical Graduates in Humanitarian Crisis or Conflict Zones	Referred.	<p>A Council on Medical Education Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Council on Medical Education Report 8 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee C)</p>

Report/Resolution	Title	House Action	Status
RES 601-I-25	Reimagining and Modernizing the U.S. Healthcare Delivery System	Referred for Decision.	<p>The Board considered a report on this item.</p> <p>The Board voted to approve the following in lieu of Resolution 601-I-25: That our American Medical Association (AMA) convene a joint Council on Legislation—Council on Medical Service work group to review and update the AMA’s vision for health system reform so that it aligns with longstanding AMA principles and seeks to maintain and expand health insurance coverage and access to health care, while sustaining physician practices. The work group will include a medical student, a resident/fellow physician, and—if possible—a young physician, as well as an individual who can provide the patient perspective, and leverage the knowledge and expertise of the aforementioned AMA councils and staff subject matter experts and focus its work on the following: An environmental scan of global and domestic health system reform, financing, and models; A comprehensive review of relevant AMA policy and principles, and identification of policy gaps and the need for new or revised AMA policy; Structured discussions among the Council on Legislation and the Council on Medical Service; Regular reports to the Board of Trustees with the Board providing updates to the House of Delegates on the work group’s progress and products; and A coherent legislative roadmap for achieving health system reforms.</p>
RES 604-I-25	Sustaining Ethical Leadership Through Continued Support of the AMA Journal of Ethics	Alternate Resolution 603 Adopted in Lieu of Resolution 603 and 604.	See Resolution 603-I-25.
RES 802-I-25	Patient Choice of Physician	Adopted.	AMA Policy Database Updated.
RES 804-I-25	Medicare Advantage Filing Limit	Adopted.	The AMA included a section in the AMA comments on 2027 Medicare Advantage proposed rule calling for CMS to require Medicare Advantage plans to adopt a 12-month claim filing deadline used in Medicare fee-for-service program to reduce administrative burden.
RES 805-I-25	Shared Medical Appointments	Adopted as Amended.	AHIP and BCBSA letters requesting appropriate payment for shared medical appointments/group medical visits were sent by the AMA 12/19/25.
RES 806-I-25	Insurance Coverage for Colonoscopy Preparation Cost	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 807-I-25	Protecting Hospitals and Patients from Inappropriate Denials of Inpatient Admissions	Adopted as Amended.	AMA Policy Database Updated.
RES 808-I-25	No Prior Authorization for Inexpensive Medications	Adopted as Amended.	AHIP and BCBSA letters requesting that plans adjust their utilization management programs to align with this new policy were sent by the AMA 12/19/25. The AMA collaborated with the state medical society to support a successful Montana state effort to prohibit PA on generic medications. AMA will continue to support similar efforts in 2026.
RES 809-I-25	Ensuring Patient Safety and Physician Oversight in the Integration of Hospital Inpatient Virtual Nursing	Adopted.	Plans are in place to conduct a landscape analysis (including literature and real-world virtual nursing examples) with potential to publish, build on previous coordination with OMSS to ensure alignment with resolution's intent, and assess implementation considerations, impacts, benefits, and risks.
RES 810-I-25	Opposing Unilateral Downcoding of Physician Services by Insurance Companies	Adopted as Amended.	<p>The AMA released a model downcoding state bill in 2025 and is working with 10+ states on introductions in 2026.</p> <p>In 2026 sessions, four states were able to enact legislation/regulation to reduce automated downcoding, and several states are preparing to introduce legislation next session. Board of Trustees Report 11 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee J)</p>
RES 811-I-25	Non-Medical Switching	Adopted.	<p>A Council on Medical Service Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Council on Medical Service Report 3 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee J)</p>
RES 812-I-25	Discontinue Review Choice Demonstration Project for Inpatient Rehabilitation Hospital Admissions	Adopted.	The AMA sent a letter to CMS Administrator urging CMS to discontinue the Review Choice Demonstration for Inpatient Rehabilitation Facilities. This demonstration project imposes broad, mandatory review requirements on all inpatient rehabilitation admissions despite a lack of evidence that it is identifying significant problems that would justify its scope, cost, administrative complexity, or added regulatory burden. The AMA letter expressed deep concerns that the Review Choice Demonstration is negatively impacting patient access to care and substantially increasing the burdens on providers.
RES 813-I-25	Increased Regulation of For-Profit Healthcare Insurance	Policy D-160.907, H-180.947, D-160.908 and H-160.884. Reaffirmed in Lieu of Resolution 813.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 814-I-25	Mandate for Insurance Companies to Assist in the Transition of Patients to Alternative Participating Physicians Upon Contract Termination	Adopted.	The AMA provided state medical associations network adequacy model legislation based on the NAIC model that includes provisions related to continuity of care including requirements on the plans to assist in transitioning patients to contracted physicians when their current physician is removed or leaves the network and to permit ongoing treatment at in-network rates when needed. Additionally, the AMA advocated to finalize CMS-0057F, which now requires all CMS-regulated plans to provide their coverage info in APIs that connect with EHRs beginning 1/1/27. AHIP/BCBSA committed to supporting the APIs for commercial and ACA plans. The new CMS rule would further expand the capabilities – at least for PA requirements – to all plans under HIPAA.
RES 815-I-25	Mandating Health Insurers to Provide a Real-Time Online Tool for Coverage and Payment Policies, Integrated into Electronic Health Records (EHRs)	Adopted as Amended.	AHIP and BCBSA letters requesting that health plans implement FHIR APIs that will provide real-time coverage information that integrates with practices' EHRs were sent by the AMA 12/19/25.
RES 816-I-25	Prohibit Arbitrary Time Limits on Preauthorizations	Adopted as Amended.	<p>AMA staff worked together to develop questions on this and many other topics during a January 22nd, Ways and Means Full Committee/Energy and Commerce Health Subcommittee hearing featuring five CEOs of the largest health insurers, specifically Stephen Helmsley (UnitedHealth Group), David Joyner (CVS Health), Gail Boudreaux (Elevance Health), David Cordani (Cigna Group), and Paul Markovich (Ascendium Blue Cross Blue Shield of CA). AMA secured numerous questions from various members of Congress that were orally asked during the 1/22/26 hearing. In addition, H.R. 3514/S. 1816, the Improving Seniors' Timely Access to Care Act, which would reform many aspects of the prior authorization process, continues to amass cosponsors (248 in the House of Representatives and 64 in the Senate), appear primed for legislative action at some point in the 119th Congress.</p> <p>AMA prior authorization model legislation prohibits any prior authorizations from being time-limited for less than one year and requires that prior authorizations for treatment of chronic conditions have no time limits. AMA is working with several states to implement.</p> <p>The AMA engaged heavily with National Council of Insurance Legislators (NCOIL) on a model prior authorization bill that protected patients from time limited prior authorizations. NCOIL adopted the model in December 2025.</p> <p>The AMA presented to National Association of Insurance Commissioners (NAIC) workgroup on prior authorization reform and included the need to ensure this type of continuity of care in their priorities on this issue. Several states, including NY, WA, UT, and CA enacted legislation to extend validation time periods.</p>

Report/Resolution	Title	House Action	Status
RES 817-I-25	Prohibiting Insurers from Denying Payment for Procedures Based on Site of Service	Adopted as Amended.	<p>AMA comments on Medicare’s Outpatient Prospective Payment System proposed rule as well as Medicare Advantage rules will urge CMS to prohibit Medicare and Medicare Advantage from denying or reducing payment for a procedure based solely on the site of service, as long as the procedure is medically necessary and can safely be performed in that site.</p> <p>This issue was addressed in AMA comment letter on the 2027 proposed outpatient payment system rule.</p>
RES 818-I-25	Universal Out-of-Network Benefits	Policies H-285.904, H-285.907, D-285.958, D-285.963, H-165.838, H-180.952 and H-285.908. Reaffirmed in Lieu of Resolution 818.	AMA Policy Database Updated.
RES 819-I-25	Update the status of Virtual Credit card policy, EFT fees, and lack of Enforcement of Administrative Simplification Requirements by CMS	Adopted as Amended.	<p>Board of Trustees Report 27 on this subject appears in the Delegates Handbook for the 2026 Annual Meeting. (Reference Committee B)</p> <p>AMA staff participated in the NACHA Healthcare Payments Advisory Group (HPAG) discussion on the ACH EFT transaction and submitted survey feedback prioritizing EFT fees and enrollment challenges, including the disenrollment problems physicians continue to raise. That feedback also called for legally binding rules, issued through notice and comment, to prevent VCC and EFT fees on HIPAA standard transactions, and to prohibit vendors and clearinghouses from imposing duplicative, payer-specific enrollment mechanisms.</p>
RES 820-I-25	Establishing an AMA “First Responder Team” for Real-Time Physician Advocacy Against Adverse Insurance Company Actions	Referred for Decision.	<p>The Board considered a report on this subject.</p> <p>The Board voted to approve the following in lieu of Resolution 820-I-25:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) continue and enhance its ongoing advocacy efforts to address and resolve national, systemic health plan policies that administratively burden and financially harm physician practices across medical specialties and states and share effective advocacy strategies, resources, and tools with state medical associations and national medical specialty societies. 2. That our AMA: (a) establish an electronic mailbox to allow physicians to report problematic insurer policies and procedures, request related AMA practice resources, and support the AMA in identifying national trends; and (b) share data collected via this mailbox with relevant state medical associations and national medical specialty societies.

Report/Resolution	Title	House Action	Status
RES 821-I-25	Improving Access to Emergency Ophthalmologic Surgical Care	Adopted.	AMA staff met with the American Society of Retina Surgeons staff to discuss advocacy strategy and will meet with additional stakeholders, including AHA and FAH, as a next step. AHIP and BCBSA letters requesting improved access to emergency ophthalmologic surgical care were sent by the AMA 12/19/25.
RES 822-I-25	Improving Home or Community-Based Services Waiver Waiting List Management	Adopted as Amended.	AMA Policy Database Updated.
RES 823-I-25	Accountability in the Use of Augmented Intelligence for Prior Authorization	Adopted as Amended.	AMA Policy Database Updated. The AMA incorporated its updated AI policies into its comments on the 2027 Physician Fee Schedule and Quality Payment Program. The comments urge CMS to require broad transparency around AI use and hold payers accountable for how they deploy AI.
RES 824-I-25	Equitable Payment and Increased Access for In-Office Pediatric Lead Screening and Testing	Adopted as Amended.	AHIP and BCBSA letters requesting that plans provide adequate and equitable payment for pediatric lead screening were sent by the AMA 12/19/25. AMA has communicated with national, state, and specialty medical societies about its willingness to work with interested state and specialty medical associations to (1) advocate to all public and private payers for equitable payment rates for in-office pediatric lead screening and testing to cover time, supplies, training, and administrative costs, including both point of care and other methods and (2) to support state policies that reduce barriers to improve access to lead screening and testing by incentivizing completion of such services in physician offices.
RES 825-I-25	Ensuring Coverage for In-Office Point-of-Care (POC) Testing in Outpatient Medical Practices	Adopted as Amended.	AHIP and BCBSA letters requesting that plans cover and provide adequate payment for point-of-care testing were sent by the AMA 12/19/25.
RES 826-I-25	Increase National Immunization Rates by Advocating for Equitable Vaccine Payments	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 827-I-25	Opposition to Prior Authorization in Medicare Fee-for-Service, Burdensome Administrative Requirements	Resolve 1 Referred for Decision. Resolves 2 and 3, Adopted as Amended.	<p>The Board voted to approve amended language of the first resolve clause in Resolution 827-I-25 that was referred for decision and reaffirm Policy D-320.966 - Opposition to Prior Authorization in Medicare Fee-for-Service, Burdensome Administrative Requirements, which codified in AMA Policy the second and third resolve clauses of Resolution 827-I-25.</p> <p>The amended resolution will read as follows:</p> <p>RESOLVED, that our AMA opposes the use of prior authorization (PA) and pre-payment review in Medicare Fee-for-Service (FFS) (New HOD Policy);</p> <p>RESOLVED, that our AMA will work with the Centers for Medicare & Medicaid Services to establish provisions that are in accordance with AMA principles and reform goals for prior authorization to protect patients, physicians, and non-physician providers including robust guardrails in any demonstration project implementing prior authorization in Medicare fee for service, such as the WISer Model; and be it further, (Reaffirm Policy)</p> <p>RESOLVED, that our AMA will continue to advocate for a legislative and regulatory framework that streamlines administrative processes, prioritizes patient access to timely care, and replaces burdensome prior authorization with clinically-sound alternatives, such as the greater use of evidence-based clinical guidelines. (Reaffirm Policy)</p> <p>The AMA has engaged in significant advocacy with the CMMI team implementing a prior authorization demonstration project, focusing on guardrails for AI use, transparency and documentation of compliance by vendors, performance monitoring, and physician burden. CMMI has expressed appreciation for AMA's input and agrees with AMA recommendations. AMA is surveying physicians about their experience with the model.</p> <p>AMA worked with NCOIL to adopt new model bill in December, in part based on AMA model. And continues to urge insurance regulators to undertake stronger enforcement of PA laws (see AMA letters and comments on NAIC white paper).</p>
RES 828-I-25	Creating a Public Scorecard on Insurer Delays in Care and Payment Caused by Prior Authorization	Adopted.	<p>The AMA continues to advance the AMA state prior authorization model law that includes requirements on plans to both publicly report prior authorization data, as well as provide data to regulators to analyze and use to make volume-reducing policy changes.</p>

Report/Resolution	Title	House Action	Status
RES 829-I-25	Publicize Insurer Financial Gains from Delayed Care and Payment Caused by Prior Authorization	Adopted.	AMA Policy Database Updated.
RES 830-I-25	Preserve Coverage for Peripheral Nerve Blockade in Chronic Pain	Adopted.	Our AMA sent a letter urging CMS to rescind proposed Local Coverage Determinations (LCDs) for Peripheral Nerve Blocks (PNBs) and Procedures for Chronic Pain to avoid patient harm and preserve physicians' ability to provide optimal pain care to their patients. The AMA asked CMS to direct multiple Medicare Administrative Contractors (MACs) to rescind the LCDs so that physicians are not placed in a potentially ethically and clinically compromised positions. Letter can be found here .
RES 901-I-25	Distinction Between Healthful and Unhealthful "Ultraprocessed" Foods	Adopted.	AMA Policy Database Updated.
RES 902-I-25	Advocating for Improvements in Systems of Care for Autism	Adopted as Amended.	
RES 903-I-25	Nitrous Oxide Inhalant Abuse	Policy D-95.951 Reaffirmed in Lieu of Resolution 903.	AMA Policy Database Updated.
RES 905-I-25	Standardizing Brain Death Policies	Adopted as Amended.	AMA Policy Database Updated.
RES 906-I-25	Rethink the Medicare Annual Wellness Visit	Referred.	A Board of Trustees Report on this subject will be prepared for consideration at the 2026 Interim Meeting. Board of Trustees Report 12 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee K)
RES 907-I-25	In-Office Dispensing of Generic Medications	Adopted as Amended.	The AMA communicated with national, state, and specialty medical societies about its willingness to work with interested partners, in states with restrictive dispensing laws, to advocate for legislation allowing physicians to dispense generic medications to patients.
RES 909-I-25	Clinical Significance of Sleepiness	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 911-I-25	Safeguarding NIH-Funded and Other Women's Health Research in Peer-Reviewed Publishing	Adopted as Amended.	<p>A letter has been drafted by the AMA to NIH addressing this Resolution and will be transmitted prior to the Annual Meeting.</p> <p>The AMA sent a letter to the NIH supporting the continued dissemination of high-quality women's health research in respected, independent, peer-reviewed journals and received a response from the NIH Principal Deputy Director, who acknowledged the importance of maintaining access to rigorously reviewed research through trusted publishing channels.</p>
RES 912-I-25	Increasing Access through Federated Healthcare Data Architecture	Adopted as Amended.	A Board of Trustess Report this subject will be prepared for consideration at the 2026 Interim Meeting.
RES 917-I-25	Urging Comprehensive Research and Safety Testing of Industry-Engineered Food Additives (IEFAs), Including High Fructose Corn Syrup	Referred.	<p>A Council on Science and Public Health Report on this subject will be prepared for consideration for the 2026 Interim Meeting.</p> <p>Council on Science and Public Health Report 2 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee K)</p>
RES 918-I-25	Remove Outdated Barriers to Genetic Testing	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Board of Trustees Report 4 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee K)</p>
RES 919-I-25	Strengthening Trust through AMA-Based Leadership for Evidence-Based Vaccines (STABLE Vaccines)	Referred for Decision with Resolution 925.	The Board voted to not approve the specific directives given in Resolution 919-I-25 and Resolution 925-I-25 noting that work is already underway to address evidence-based vaccine recommendations. The AMA should continue to push to restore ACIP and USPSTF to evidence-based bodies that physicians and the public can trust.
RES 920-I-25	Alcohol and Aging: Educating Physicians and Advocating for Safer Warnings	Adopted.	
RES 921-I-25	Prioritizing Deprescribing in Seniors	Referred.	<p>A Council on Science and Public Health Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Council on Science and Public Health Report 4 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee K)</p>
RES 922-I-25	Addressing Health Impacts of Indian Boarding Schools	Adopted.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 923-I-25	Enhancing Disaster Preparedness Mechanisms for People with Disabilities	Adopted.	AMA staff are actively engaging congressional offices and federal agencies to advance disability-inclusive disaster preparedness principles. While legislative activity remains limited, we are exploring bipartisan opportunities and reinforcing the importance of accessibility, inclusion, and equitable response consistent with AMA policy.
RES 924-I-25	Preserving Access to Gamete Donation and Gestational Carriers and Protecting Parental Rights	Adopted.	AMA Policy Database Updated.
RES 925-I-25	Evidence-Based Vaccine and Preventive Services Recommendations	Referred for Decision with Resolution 919.	<p>The Board voted to not approve the specific directives given in Resolution 919-I-25 and Resolution 925-I-25 noting that work is already underway to address evidence-based vaccine recommendations. The AMA should continue to push to restore ACIP and USPSTF to evidence-based bodies that physicians and the public can trust.</p> <p>The AMA has collaborated with the Vaccine Integrity Project on an independent, vaccine evidence review that assessed the safety and effectiveness of immunizations against influenza, SARS CoV-2 and respiratory syncytial virus (RSV) and is maintaining a digital resource hub at www.SpreadTheFacts.org</p>
RES 926-I-25	Establishment of Federal and State Offices of Men’s Health	Adopted.	AMA Policy Database Updated.
RES 927-I-25	Battlefield Acupuncture – An Educational Call to Arms	Referred.	<p>A Council on Science and Public Health Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Council on Science and Public Health Report 5 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee K)</p>
RES 929-I-25	Protecting Access to Evidence-based Psychotropic Medication for the Treatment of Pediatric Mental Illness	Adopted.	The AMA is engaging the relevant House & Senate Committee offices to raise awareness of AMA policy supporting access to evidence-based psychotropic medications for pediatric patients. The AMA monitors federal activity, including Executive Order 14212, and educating policymakers on protecting physician clinical judgment and preventing inappropriate restrictions on medically necessary mental health treatment.
RES 930-I-25	Establishing Fire Risk Standards for Civilian and Non-Industrial Clothing	Referred.	<p>A Council on Science and Public Health Report on this subject will be prepared for consideration at the 2026 Interim Meeting.</p> <p>Council on Science and Public Health Report 3 on this subject appears in the Delegates Handbook for the 2026 Interim Meeting. (Reference Committee K)</p>

Report/Resolution	Title	House Action	Status
RES 931-I-25	Preserving Evidence-Based, Equitable Grooming Standards in the Uniformed Services	Alternate Resolution 931 Adopted in Lieu of Resolution 931.	On January 30, 2026, the AMA sent a letter to the Department of War requesting that the Uniformed Services support evidence-based, medically necessary shaving waivers for service members, and oppose administrative or physical evaluation board separation on this basis when service members otherwise meet qualifications for continued service.
RES 932-I-25	Shared Decision-Making and Low Dose CT Lung Cancer Screening in Clinical Practice	Adopted.	
RES 933-I-25	Addressing Gaps in National Healthcare Safety Network (NHSN) Data Quality	Adopted as Amended.	<p>The AMA will include comments in our 2027 IPPS Proposed Rule comments on the issues raised in this resolution.</p> <p>The American College of Surgeons has informed the AMA that the first directive has been addressed.</p>
RES 935-I-25	Enhancing Healthcare Preparedness to Address Veteran Specific Health Disparities	Adopted as Amended.	<p>The AMA has communicated to the Federation of Medicine, including state and national medical specialty societies, our willingness to work with any interested society on state legislation and regulatory action requiring healthcare systems to develop and implement standardized protocols for identifying Veterans in patient populations, including documenting military service history, and stratifying quality and safety data by Veteran status, in accordance with Joint Commission accreditation standards.</p> <p>On February 3, 2026, the AMA sent a letter requesting that the Veterans Health Administration (VHA) cooperate with all health care systems to ensure the development and implementation of standardized protocols for identifying veterans in patient populations, including documenting military service history (deployment locations and occupational exposures), and stratifying quality and safety data by veteran status, in accordance with the Joint Commission accreditation standards.</p> <p>This resolution became AMA policy H-510.986, Ensuring Access to Safe and Quality Care for our Veterans.</p> <p>Letters were submitted to the senior leadership of ACGME, ACCME, COCA, and LCME to inform them of this new policy that urges medical education accrediting bodies to encourage medical schools, residency programs, and providers of continuing medical education to incorporate training on military service-related health conditions, occupational exposure assessment, and Veteran-specific screening protocols into curricula in order to improve preparedness of the healthcare workforce.</p>

Report/Resolution	Title	House Action	Status
Speakers Report 01-I-25	Online Reference Committees	Recommendations in Speaker Report 1, Not Adopted, Remainder of Report Filed.	
Speakers Report 02-I-25	Election Committee Review of Election Rules for Clarification	Recommendations in Speaker Report 2 Adopted as Amended, Remainder of Report Filed.	