AMERICAN MEDICAL ASSOCIATION MEDICAL STUDENT SECTION
(Interim 2025)

Report of the Medical Student Section Reference Committee

Andrew Norton and Druv Bhagavan, Co-Chairs

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Resolution 101 - Support Permanent Funding and Expansion of Native Hawaiian Healthcare
2. Resolution 104 - Health Insurance Coverage of Hearing Devices and Related Services
3. Resolution 105 - Opposing Alternative Funding Programs
4. Resolution 415 - Adolescent Dating Violence Comprehensive Screening Tool Development
5. Resolution 420 - Infant Feeding Options for HIV-Seropositive Individuals
6. Resolution 505 - Increasing Patient Autonomy Through Federated Data Architecture
7. CHEIM Report A - Standardizing Safe Haven Laws Ensuring Medical Care & Support for Surrendered Infants
8. CME Report A - Publication of Student-Accessible Tuition Spending Breakdowns
9. CPH Report A - Addressing Public Health Risks of Online Sports Betting
10. CST Report A - Mandatory Gluten Labeling in Medications, Supplements, & Herbal Remedies

RECOMMENDED FOR ADOPTION AS AMENDED

11. Resolution 003 - Ethical Guidance on Postmortem Sample Collection for Genetic Testing
12. Resolution 004 - Clarifying Conscientious Objection
13. Resolution 401 - Support Heavy Metal and Toxic Exposure Testing for Residents Affected by Wildfires
14. Resolution 411 - National Database for Civilian Injuries by Law Enforcement
15. Resolution 417 - Protecting Environmental Health Before, During, and After War
16. Resolution 422 - Support for Vocal Hygiene Resources & Education
17. Resolution 428 - Supporting Transportation Infrastructure Reform for Public Health
18. CCR Report A - Establishing Healthcare Monitoring and Accountability in ICE Detention Facilities
19. CHJ Report A - Expanding the Native Hawaiian Health Scholarship Program Eligibility
20. CHJ Report B - Addressing Housing Needs of the Native Hawaiian and their Diaspora

RECOMMENDED FOR ADOPTION IN LIEU OF

21. Resolution 602 - Development of Sustainable Guidelines for the MSS Strategic Plan and Reporting Process

RECOMMENDED FOR REFERRAL

22. Resolution 007 - Improving Access to Phenotype-Matched Blood for Transfusion-Dependent Patients
23. Resolution 109 - Support for Covering Genetic Surveillance for High-Risk Patients
24. Resolution 211 - Recognition of Intersex Individuals and their Human Rights
25. Resolution 301 - Protecting Physicians-in-Training from Data Broker Exploitation
26. Resolution 311 - Evaluation of Situational Judgement Tests in Medical School Admissions
27. Resolution 405 - Food Allergy Management in Hospitals
28. Resolution 426 - Confidential Remote Reporting Systems for Domestic Violence Victims

RECOMMENDED FOR NOT ADOPTION

29. Resolution 102 - Support the Development of Federal Analytic Capacity to Forecast Patient Access Impacts of Medicare, Medicaid, and CHIP Policy Changes
30. Resolution 103 - Advocacy and Legal Action on Tariffs Affecting Medical Products and Healthcare Supply Chains
31. Resolution 112 - Eliminating the Medicaid Institution for Mental Diseases Exclusion
32. Resolution 212 - Ensuring Multilingual Pediatric Access Points for Undocumented Patients
33. Resolution 408 - Oppose AI Data Center Pollution Impact on Community Health
34. Resolution 412 - Mental Health and Early Screening in Gastrointestinal Diseases
35. Resolution 413 - Evidence-Based COVID-19 Patient Education
36. Resolution 421 - Increasing Lung Cancer Screening Through Electronic Health Records
37. Resolution 429 - Ensuring Tattoo Ink Safety Improving Oversight, Reporting, and Skin Health Awareness
38. Resolution 431 - Promoting Sex- and Gender-Inclusive Diagnostic Practices, Language, and Patient Education
39. Resolution 432 - Public Emergency Alert Reporting Requirements on Private Platforms
40. Resolution 507 - Supporting Ethical Allocation of Future Xenotransplant Organs
41. Resolution 508 - FDA Medical Product Labeling

RECOMMENDED FOR FILING

42. GC Report A – MSSAI Report
43. SD Report A - Delegate Report: Policy Proceedings of the Annual 2025 House of Delegates Meeting
44. RTF Report - Resolution Taskforce Interim Report

RECOMMENDED FOR ADOPTION

(1) RESOLUTION 101 - SUPPORT PERMANENT FUNDING AND EXPANSION OF NATIVE HAWAIIAN HEALTHCARE

RECOMMENDATION:

Resolution 101 be <u>adopted</u>.

RESOLVED, that our AMA-MSS supports the expansion of federally funded Native Hawaiian healthcare systems, including traditional Indigenous medicine programs, and culturally grounded healthcare services.

VRC testimony was unanimously supportive. Your Reference Committee agrees with testimony that the resolution is novel and has a strong evidence base. An internal position will allow the Medical Student Section to support resolutions brought forward by other delegations to the AMA House of Delegates meetings. Your Reference Committee recommends Resolution 101 be adopted.

(2) RESOLUTION 104 - HEALTH INSURANCE COVERAGE OF HEARING DEVICES AND RELATED SERVICES

RECOMMENDATION:

Resolution 104 be <u>adopted</u>.

RESOLVED, that our American Medical Association support public and private health insurance coverage of hearing services and devices, including digital hearing aids and routine replacements, for hearing-impaired adults aged 18-64.

VRC testimony was mixed, but generally supportive. Your Reference Committee agrees with testimony that existing AMA policy H-185.929 advocates for coverage of hearing services in children and elderly populations and does not include adults ages 18-64. We agree with testimony that this resolution would cover a patient population not currently covered by policy and could result in meaningful action. Your Reference Committee recommends Resolution 104 be adopted.

(3) RESOLUTION 105 - OPPOSING ALTERNATIVE FUNDING PROGRAMS

RECOMMENDATION:

Resolution 105 be <u>adopted</u>.

RESOLVED, that our American Medical Association oppose the use of Alternative Funding Programs (AFPs) and similarly functioning benefit designs and advocate for federal and state legislation and regulation prohibiting their use.

VRC testimony was mixed, but generally supportive. Your Reference Committee agrees with testimony that existing AMA policy D-110.983 addresses education and advocacy regarding Alternative Funding Programs (AFPs), but it does not take a clear stance against them. We heard testimony that AFPs harm patients by limiting access to care and increasing financial burden, while others expressed concern about acting without further data or unintentionally affecting legitimate assistance programs. Your Reference Committee agrees with testimony that this resolution would strengthen AMA's position from education to explicit opposition, filling a current advocacy gap and protecting patient access. Your Reference Committee recommends Resolution 105 be adopted.

(4) RESOLUTION 415 - ADOLESCENT DATING VIOLENCE COMPREHENSIVE SCREENING TOOL DEVELOPMENT

RECOMMENDATION:

Resolution 415 be <u>adopted</u>.

RESOLVED, that our American Medical Association ask relevant stakeholders, including federal agencies, academic institutions, and professional societies, to support the development of validated, culturally sensitive, LGBTQ+ inclusive adolescent-specific screening tools for adolescent intimate partner violence that can be easily implemented in the clinic setting.

VRC testimony was supportive. Your Reference Committee agrees with testimony that this resolution addresses the need for validated, culturally sensitive, and LGBTQ+ inclusive screening tools targeted to adolescents for intimate partner violence (IPV). We agree that adolescents face unique and increased risks for IPV and currently, AMA has no advocacy targeted to adolescents at risk of IPV nor LGBTQ+ or culturally marginalized adolescents specifically. Staff would like to note that the term "stakeholders" can be amended to "parties" on the backend should this resolution pass. Your Reference Committee recommends Resolution 415 be adopted.

(5) RESOLUTION 420 - INFANT FEEDING OPTIONS FOR HIV-SEROPOSITIVE INDIVIDUALS

RECOMMENDATION:

Resolution 420 be <u>adopted</u>.

RESOLVED, AMA-MSS will ask the AMA to amend Policy H-20.916, "Breastfeeding and HIV Seropositive People," by addition and deletion as follows:

> Breastfeeding and HIV Seropositive People, H-20.916
> Our American Medical Association believes that, where safe and alternative nutrition is widely available, HIV seropositive people should receive evidence-based, patient-centered counseling to support shared decision-making about infant feeding. Patients living with HIV who are using antiretroviral therapy (ART) and have a sustained undetectable viral load and who choose to breastfeed should be supported in this decision. ~~be counseled not to breastfeed and not to donate breast milk.~~ HIV testing of all human milk donors should be mandatory, and milk from HIV-infected donors should not be used for human consumption.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the amendments to existing AMA policy are actionable, supportive of patient-centered care, and align with best practices for shared decision-making with patients surrounding choices to breastfeed. We heard some concerns about sufficient data to support the claim that sustained antiretroviral therapy (ART) leads to low transmission of HIV through breastmilk and lack of necessary context to fully explain the remaining risks of breastfeeding while seropositive. Your Reference Committee agrees with testimony from relevant specialty societies that this update is aligned with updated clinical guidelines. Your Reference Committee recommends Resolution 420 be adopted.

(6) RESOLUTION 505 - INCREASING PATIENT AUTONOMY THROUGH FEDERATED DATA ARCHITECTURE

RECOMMENDATION:

Resolution 505 be adopted.

RESOLVED, that our AMA-MSS support healthcare data privacy practices that provide patients with options to withdraw or restrict secondary uses of their data, including the ability to retroactively withdraw their data from de-identified data sets; and it be further

RESOLVED, that our AMA-MSS support the adoption of a federated data architecture to facilitate patients' control over secondary uses of their data, enhance multi-center collaboration and equity in research, accelerate responsible and open-weight open-source AI development, and augment data security by avoiding centralization of protected health information.

VRC testimony was overall supportive. Your Reference Committee agrees with testimony that this resolution is timely and would allow the MSS to support this idea if it comes forth from other delegations in the AMA House of Delegates. Your Reference Committee recommends Resolution 505 be adopted.

(7) CHEIM REPORT A - STANDARDIZING SAFE HAVEN LAWS ENSURING MEDICAL CARE & SUPPORT FOR SURRENDERED INFANTS

RECOMMENDATION:

CHEIM Report A be <u>adopted</u>.

Your Committee on Humanism and Ethics in Medicine recommends that Resolution 433 not be adopted and the remainder of this report be filed.

VRC testimony was supportive of the report. Your Reference Committee agrees with testimony that Safe Haven Laws are regulated at the state level, and it would not lead to further advocacy to adopt the referred Resolution 433. Thus, Your Reference Committee recommends CHEIM Report A be adopted.

(8) CME REPORT A - PUBLICATION OF STUDENT-ACCESSIBLE TUITION SPENDING BREAKDOWNS

RECOMMENDATION:

CME Report A be <u>adopted</u>.

Your Committee on Medical Education recommends that MSS CME Report A (A-25), Recommendation B not be adopted and the remainder of this report be filed.

VRC testimony was supportive. Your Reference committee recommends adoption of CME Report A, which itself recommends not adopting the referred resolution on tuition transparency. We agree that the original resolution highlights the real and urgent issue of skyrocketing medical school costs and student debt, but the proposed mechanism of mandating tuition transparency lacks a clear causal link to lowering costs or driving institutional change. We agree with testimony that implementation barriers are significant, as such reporting would fall under the authority of universities, the LCME, and AAMC/AACOM. Given these limitations, we agree with testimony that the resolution would not meaningfully change AMA advocacy at this time. Your Reference Committee recommends CME Report A be adopted.

(9) CPH REPORT A - ADDRESSING PUBLIC HEALTH RISKS OF ONLINE SPORTS BETTING

RECOMMENDATION:

CPH Report A be adopted.

Your Committee on Public Health (CPH) recommends that the following recommendations be adopted in lieu of Resolution 423 and the remainder of this report be filed:

1. RESOLVED, that our American Medical Association support efforts to establish federal consumer protections for online gambling, including sports betting and daily fantasy sports, to reduce harms associated with gambling disorder and other related behaviors.

2. RESOLVED, that our AMA support epidemiological research to characterize the health impacts of online gambling, including sports betting and daily fantasy sports, with particular attention to adolescents, young adults, and other vulnerable populations.

VRC testimony was supportive. We agree with testimony that the report recommendations offer a feasible solution to address the problem of online sports betting by recommending support to establish federal consumer protections, based on guidelines from relevant parties, and support and protection of continued epidemiological research to determine the health impacts on vulnerable populations. Your Reference Committee recommends CPH Report A be adopted.

(10) CST REPORT A - MANDATORY GLUTEN LABELING IN MEDICATIONS, SUPPLEMENTS, & HERBAL REMEDIES

RECOMMENDATION:

CST Report A be adopted.

Your MSS Committee on Science & Technology (CST) recommends that Resolution 432 not be adopted and that the remainder of this report be filed.

VRC testimony was supportive. Your Reference Committee agrees with testimony that there is a lack of evidence documented on gluten harm from medications, supplements, and herbal remedies to support the referred resolution. We agree with the report's recommendation not to adopt the referred resolution at this time. Your Reference Committee recommends CST Report A be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(11) RESOLUTION 003 - ETHICAL GUIDANCE ON POSTMORTEM SAMPLE COLLECTION FOR GENETIC TESTING

RECOMMENDATION A:

Resolution 003 be amended by addition and deletion:

RESOLVED, that our American Medical Association study the ethical responsibilities of physicians in~~supports the development of ethical guidance on~~ the collection and storage of postmortem biological samples for genetic testing and research, when clinically indicated~~,~~ ~~in accordance with~~ and aligned with existing ~~recommendations from~~ specialty ~~societies~~guidelines.

RECOMMENDATION B:

Resolution 003 be adopted as amended.

RESOLVED, that our American Medical Association supports the development of ethical guidance on the collection and storage of postmortem biological samples for genetic testing when clinically indicated, in accordance with existing recommendations from specialty societies.

VRC testimony was mixed with several stances for opposition, amendment, or referral. Your Reference Committee agrees with testimony that there remains no standardized ethical guidance regarding genetic testing postmortem, especially regarding sudden unexplained death. Existing policies within the AMA Code of Medical Ethics suggest that this is within the scope of the AMA, however current opinion 3.2.2 “Confidentiality Postmortem” may conflict with support for postmortem genetic testing and may warrant further updates to provide clear ethical guidance for all physicians. Therefore, your Reference Committee recommends Resolution 003 be adopted as amended.

(12) RESOLUTION 004 - CLARIFYING CONSCIENTIOUS OBJECTION

RECOMMENDATION A:

Resolution 004 be amended by addition and deletion:

RESOLVED, that our AMA-MSS, ~~in order~~support efforts to ensure that a physician’s right to choose their patients is appropriately limited by their duty to provide equitable access to care~~,~~

~~**(1) supports further study of the practice of conscientious objection and**~~
~~**(2) reform relevant AMA policies aligning with this goal.**~~

RECOMMENDATION B:

Resolution 004 be adopted as amended.

RESOLVED, that our AMA-MSS, in order to ensure that a physician's right to choose their patients is appropriately limited by their duty to provide equitable access to care,
(1) supports further study of the practice of conscientious objection and
(2) reform relevant AMA policies aligning with this goal.

VRC testimony was supportive with several suggestions for amendments to broaden the language. Your Reference Committee agrees with testimony to broaden the ask of the MSS position to clarify the language and add flexibility for the MSS Caucus. Your Reference Committee recommends Resolution 004 be adopted as amended.

(13) RESOLUTION 401 - SUPPORT HEAVY METAL AND TOXIC EXPOSURE TESTING FOR RESIDENTS AFFECTED BY WILDFIRES

RECOMMENDATION A:

The first Resolve of Resolution 401 be amended by addition:

RESOLVED, that our American Medical Association supports the development, dissemination, and implementation of ~~voluntary~~ post-wildfire toxicant exposure screening protocols, covering heavy metals, polycyclic aromatic hydrocarbons (PAHs), and other dangerous air pollutants and toxic substances, for wildfire-impacted individuals and communities, in coordination with appropriate public health and environmental agencies, universities, public health schools and societies; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 401 be amended by addition and deletion:

RESOLVED, that our AMA ~~advocate for federal and state fundings~~support federal and state efforts, in partnership with public health and environmental agencies, to ensure access to environmental monitoring, mobile health services, medical follow-up,

and treatment for individuals exposed to toxic substances during or after wildfire events, with particular attention to <u>frontline,</u> vulnerable and disproportionately impacted communities.

RECOMMENDATION C:

Resolution 401 be <u>adopted as amended</u>.

RESOLVED, that our American Medical Association supports the development, dissemination, and implementation of voluntary post-wildfire toxicant exposure screening protocols, covering heavy metals, polycyclic aromatic hydrocarbons (PAHs), and other dangerous air pollutants and toxic substances, for wildfire-impacted individuals and communities, in coordination with appropriate public health and environmental agencies; and be it further

RESOLVED, that our AMA advocate for federal and state funding, in partnership with public health and environmental agencies, to ensure access to environmental monitoring, mobile health services, medical follow-up, and treatment for individuals exposed to toxic substances during or after wildfire events, with particular attention to vulnerable and disproportionately impacted communities.

VRC testimony was unanimously supportive. Your Reference Committee agrees with testimony to strengthen the language of the resolution without changing the substantive asks. We agree with testimony that there is no existing AMA policy scoped specifically to post-acute exposure screening, medical follow-up, and prompt treatment of survivors of wildfire events, who suffer unique mixed exposures and health disparities and hence require unique policy. Therefore, your Reference Committee recommends Resolution 401 be adopted as amended.

(14) RESOLUTION 411 - NATIONAL DATABASE FOR CIVILIAN INJURIES BY LAW ENFORCEMENT

RECOMMENDATION A:

Resolution 411 be <u>amended by addition and deletion:</u>

RESOLVED, that our AMA ~~advocates for~~<u>supports</u> the creation of ~~and federal funding for a~~ a national, publicly accessible database, modeled after existing public injury surveillance systems, to track and report injuries and deaths caused by law enforcement<u>,</u> <u>especially</u> in the context of crowd-control practices.

RECOMMENDATION B:

Resolution 411 be adopted as amended.

RESOLVED, that our AMA advocates for the creation of and federal funding for a national, publicly accessible database, modeled after existing public injury surveillance systems, to track and report injuries and deaths caused by law enforcement in the context of crowd-control practices.

VRC testimony was supportive. Your Reference Committee agrees with testimony that the ask of this resolution addresses a gap in current policy by supporting the collection of data on injuries and deaths caused by law enforcement specifically in the context of crowd control. We agree that this resolution is within the AMA's scope because the ask of the resolution will increase accountability and transparency on the health harms of aggressive crowd control tactics. Your Reference Committee supported broadened language that includes, but does not limit, the data collection. Your Reference Committee recommends Resolution 411 be adopted as amended.

(15) RESOLUTION 417 - PROTECTING ENVIRONMENTAL HEALTH BEFORE, DURING, AND AFTER WAR

RECOMMENDATION A:

The first Resolve of Resolution 417 be amended by addition:

RESOLVED, that our American Medical Association supports the inclusion of drinking water sources and sanitation facilities, agricultural land, fisheries, and nature reserves as protected zones during active conflict, weapons production, and military activities that the U.S. is involved in; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 417 be amended by addition and deletion:

RESOLVED, that our AMA supports ~~the research into, as well as the subsequent~~ clean-up and restoration of~~,~~ toxic exposures and environmental harm related to U.S. and U.S.-supported military activities, including armed conflict and weapons production, that lead to adverse health outcomes; and be it further

RECOMMENDATION C:

The third Resolve of Resolution 417 be amended by addition and deletion:

RESOLVED, that our AMA supports ~~continued medical education and the development of guidelines for clinicians to take exposure histories, counsel patients, and report sentinel events~~ recognizing war as a highly influential factor in climate and environmental health issues to improve exposure history-taking and sentinel event surveillance in displaced and conflict-affected populations ~~impacted by environmental health harms~~.

RECOMMENDATION D:

Resolution 417 be adopted as amended.

RESOLVED, that our American Medical Association supports the inclusion of drinking water sources and sanitation facilities, agricultural land, fisheries, and nature reserves as protected zones during active conflict, weapons production, and military activities; and be it further

RESOLVED, that our AMA supports the research into, as well as the subsequent clean-up and restoration of, toxic exposures and environmental harm related to U.S. and U.S.-supported military activities that lead to adverse health outcomes; and be it further

RESOLVED, that our AMA supports continued medical education and the development of guidelines for clinicians to take exposure histories, counsel patients, and report sentinel events in displaced and conflict-affected populations impacted by environmental health harms.

VRC testimony was mixed. Your Reference Committee agrees with testimony to amend the resolution to increase feasibility and address concerns of reaffirmation and scope. We agree that the first resolve should be amended to clarify the ask for conflicts “that the US is involved in.” We decided to amend the verbiage in the second resolve clause to broaden “war” to include “armed conflict and weapons production.” Finally, we agree with amendments to the third resolve to fit within the AMA’s scope and support recognizing war as a determining factor of environmental health. Thus, your Reference Committee recommends Resolution 417 be adopted as amended.

(16) RESOLUTION 422 - SUPPORT FOR VOCAL HYGIENE RESOURCES & EDUCATION

RECOMMENDATION A:

The first Resolve of Resolution 422 be amended by addition and deletion:

RESOLVED, that our ~~American Medical Association~~AMA-MSS support efforts to increase awareness, education, and access to resources for vocal hygiene; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 422 be amended by deletion:

~~RESOLVED, that our AMA promote World Voice Day (April 16) as an annual day of observance to increase awareness of voice care and the prevention of voice disorders.~~

RECOMMENDATION C:

Resolution 422 be adopted as amended.

RESOLVED, that our American Medical Association support efforts to increase awareness, education, and access to resources for vocal hygiene; and be it further

RESOLVED, that our AMA promote World Voice Day (April 16) as an annual day of observance to increase awareness of voice care and the prevention of voice disorders.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the first resolve is better suited for an internal MSS position as an awareness and educational measure, and we believe that other avenues of advocacy beyond AMA policy may be more appropriate for accomplishing the goals of this resolution. We agree with testimony that the second resolve is not actionable and would not be an effective use of AMA advocacy efforts. Your Reference Committee recommends Resolution 422 be adopted as amended.

(17) RESOLUTION 428 - SUPPORTING TRANSPORTATION INFRASTRUCTURE REFORM FOR PUBLIC HEALTH

RECOMMENDATION A:

The first Resolve of Resolution 428 be amended by addition and deletion:

RESOLVED, that our American Medical Association support ~~federal adoption of Complete Streets policies or similar~~ street design strategies that

1.) facilitate the construction of integrated, multimodal transportation infrastructure~~,~~;

2.) ensur~~ing~~e safe and accessible travel for pedestrians, bicyclists, public transit users, and motorists of all ages and abilities; and ~~with a~~

3.) place a special emphasis on addressing ~~the needs of~~safety in underserved communities including but not limited to rural areas, low-income neighborhoods, and communities of color; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 428 be amended by addition and deletion:

RESOLVED, that our AMA support reform of federal transportation funding formulas, to explicitly prioritize pedestrian safety metrics, transit accessibility, and health outcomes ~~rather than solely~~alongside vehicle miles traveled and level-of-service when calculating success of roads, and be it further

RECOMMENDATION C:

The third Resolve of Resolution 428 be deleted:

~~RESOLVED, that our AMA works with federal agencies, including the Department of Transportation, to integrate health impact assessments into transportation planning processes, to ensure that public health considerations are central to infrastructure investment decisions.~~

RECOMMENDATION D:

Resolution 428 be adopted as amended.

RESOLVED, that our American Medical Association support federal adoption of Complete Streets policies or similar street design strategies that facilitate the construction of integrated, multimodal transportation infrastructure, ensuring safe and accessible travel for pedestrians, bicyclists, public transit users, and motorists of all ages and abilities with a special emphasis on addressing the needs of underserved communities including but

not limited to rural areas, low-income neighborhoods, and communities of color; and be it further

RESOLVED, that our AMA support reform of federal transportation funding formulas, to explicitly prioritize pedestrian safety metrics, transit accessibility, and health outcomes rather than solely vehicle miles traveled and level-of-service when calculating success of roads, and be it further

RESOLVED, that our AMA works with federal agencies, including the Department of Transportation, to integrate health impact assessments into transportation planning processes, to ensure that public health considerations are central to infrastructure investment decisions.

VRC testimony was mixed with support for the resolution as amended. Your Reference Committee agrees with testimony that amendments will address novelty and feasibility concerns. The third resolve is outside the scope of the AMA, and the first resolve was amended to remove reference to a specific framework. Your Reference Committee recommends Resolution 428 be adopted as amended.

(18) CCR REPORT A – ESTABLISHING HEALTHCARE MONITORING ACCOUNTABILITY IN ICE DETENTION FACILITIES

RECOMMENDATION A:

The first Recommendation of CCR Report A be deleted:

~~**RESOLVED, that our AMA oppose the inappropriate use of waivers in ICE detention facilities that allow facilities to bypass National Detention Standards, including critical health and safety protections that directly impact detainee care and wellbeing; and be it further**~~

RECOMMENDATION B:

The second Recommendation of CCR Report A be amended by addition and deletion:

RESOLVED, that our AMA ~~call for~~support independent, unannounced inspections of all ICE detention facilities, ~~and~~ explicitly reject the practice of pre-announced self-assessments~~,~~; ~~to ensure consistent, rigorous oversight and full adherence to National Detention Standards for the protection of detained individuals' health and safety~~inspection reports and corrective-action plans should be

publicly posted, with anti-retaliation protections for detainees and health staff who participate; and be it further

RECOMMENDATION C:

The third Recommendation of CCR Report A be amended by deletion:

RESOLVED, that our AMA supports efforts to reform ICE's waiver system by requiring that all waivers include clear expiration dates, transparent public reporting, and standardized criteria that limit their use to cases of demonstrated necessity ~~with documented plans for compliance~~; and be it further

RECOMMENDATION D:

CCR Report A be adopted as amended.

Your Committee on Civil Rights (CCR) recommends that the following recommendations are adopted in lieu of Resolution 207 and the remainder of this report be filed:

1. RESOLVED, That our AMA oppose the inappropriate use of waivers in ICE detention facilities that allow facilities to bypass National Detention Standards, including critical health and safety protections that directly impact detainee care and wellbeing; and be it further

2. RESOLVED, That our AMA call for independent, unannounced inspections of all ICE detention facilities and explicitly reject the practice of pre-announced self-assessments, to ensure consistent, rigorous oversight and full adherence to National Detention Standards for the protection of detained individuals' health and safety; and be it further

3. RESOLVED, That our AMA supports efforts to reform ICE's waiver system by requiring that all waivers include clear expiration dates, transparent public reporting, and standardized criteria that limit their use to cases of demonstrated necessity with documented plans for compliance; and be it further

4. RESOLVED, that our AMA advocate for clear public reporting of health comes in ICE detention facilities, including screening timeliness, continuity of medications, interpreter access, vaccine coverage, and suicide prevention compliance, to hold facilities accountable for providing equivalent care to detainees.

VRC testimony was mixed. Your Reference Committee agrees with testimony that this resolution is novel and timely. We agree with testimony to strike the first resolve clause

and amend the third clause to address concerns of clarity and actionability. We additionally agree with testimony to allow for continuous support and accountability of ICE detention facility inspections based on the AMA's previous efforts in this area. Thus, Your Reference Committee recommends CCR Report A be adopted as amended.

(19) CHJ REPORT A – EXPANDING THE NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM ELIGIBILITY

RECOMMENDATION A:

CHJ Report A be amended by addition and deletion:

RESOLVED, that our American Medical Association support expanded funding and eligibility requirements for the Native Hawaiian Health Scholarship Program (NHHSP), or an equivalent program, to include Native Hawaiian trainees who provide specialized health care servicesthe following entities:
(a) Native Hawaiian (NH) trainees who are committed to providing primary care health services at Federally Qualified Health Centers (FQHCs), critical access hospitals, and Native health centers to NH patients in all U.S. states and territories, as well as
(b) NH trainees who provide specialized health care services to NHs in all U.S. states and territories.

RECOMMENDATION B:

CHJ Report A be adopted as amended.

Your Committee on Health Justice, Subcommittee on Tribal Affairs recommends that the following recommendations are adopted in lieu of Resolution 309 and the remainder of this report be filed:

RESOLVED, that our American Medical Association support expanded funding and eligibility requirements for the Native Hawaiian Health Scholarship Program (NHHSP), or an equivalent program, to include the following entities:
(a) Native Hawaiian (NH) trainees who are committed to providing primary care health services at Federally Qualified Health Centers (FQHCs), critical access hospitals, and Native health centers to NH patients in all U.S. states and territories, as well as
(b) NH trainees who provide specialized health care services to NHs in all U.S. states and territories.

VRC Testimony was mixed. Your Reference Committee agrees with testimony that the current Native Hawaiian Health Scholarship Program covers Hawaiians not located in the

state of Hawaii. Additionally, we agree with testimony to eliminate geographical restrictions because it would lead the program away from its intended purpose. As such, your Reference Committee recommends CHJ Report A be adopted as amended.

(20) CCR REPORT B – ADDRESSING HOUSING NEEDS OF THE NATIVE HAWAIIAN AND THEIR DIASPORA

RECOMMENDATION A:

The first Recommendation of CHJ Report B be amended by addition and deletion:

RESOLVED, that our American Medical Association support federal authorization and funding for housing programs that prioritize tribal self-determination for Indigenous communities, and that they~~reauthorization of the Native American Housing Assistance and Self-Determination Act (NAHASDA) and advocate for NAHASDA to~~ include Native Hawaiians regardless of geographic location; and be it further

RECOMMENDATION B:

The second Recommendation of CHJ Report B be deleted:

~~RESOLVED, that our AMA support proof of Indigenous Hawaiian lineage in accordance with definitions provided by Native Hawaiian Organizations rather than blood quantum; and it be further~~

RECOMMENDATION C:

The third Recommendation of CHJ Report B be deleted:

~~RESOLVED, that our AMA support the definition of lineage as provided by Native Hawaiian organizations as a qualifying factor for individuals to obtain beneficiary status of the Hawaiian Homes Commission Act; and be it further~~

RECOMMENDATION D:

CHJ Report B be amended by the addition of a New Resolve:

RESOLVED, that our AMA opposes the use of blood quantum for the purposes of determining Indigenous Hawaiian lineage to determine eligibility for any form of federal, state, or local assistance.

RECOMMENDATION E:

CHJ Report B be adopted as amended.

Your Committee on Community Health Justice and Advocacy recommends that the following recommendations be adopted in lieu of Resolution 440 and the remainder of this report be filed:

1. RESOLVED, that our American Medical Association support reauthorization of the Native American Housing Assistance and Self-Determination Act (NAHASDA) and advocate for NAHASDA to include Native Hawaiians regardless of geographic location; and be it further

2. RESOLVED, that our AMA support proof of Indigenous Hawaiian lineage in accordance with definitions provided by Native Hawaiian Organizations rather than blood quantum; and it be further

3. RESOLVED, that our AMA support the definition of lineage as provided by Native Hawaiian organizations as a qualifying factor for individuals to obtain beneficiary status of the Hawaiian Homes Commission Act; and be it further

4. RESOLVED, that our AMA support efforts by the Department of Hawaiian Home Lands (DHHL) to meet the need for housing Native Hawaiians through the acquisition and establishment of additional trust lands and through increased funding.

VRC Testimony was mixed. Your Reference Committee agrees with testimony that amendments can strengthen the resolution and allow for meaningful advocacy. We agree with testimony that the first resolve should be amended to remove direct reference to legislation and instead outline the intent of such advocacy. We agree with testimony to strike the second and third resolve clauses to combine the intent into a new resolve for simplicity and clarity. This resolution is timely and has a clear advocacy target. Your Reference Committee recommends CHJ Report B be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(21) RESOLUTION 602 - DEVELOPMENT OF SUSTAINABLE GUIDELINES FOR THE MSS STRATEGIC PLAN AND REPORTING PROCESS

RECOMMENDATION:

Alternate Resolution 602 be adopted in lieu of Resolution 602:

Our AMA-MSS Governing Council shall maintain a strategic plan aligned with the AMA mission and the Section's Purpose and Objectives, utilizing a process that includes the following components:

a) Annual Review: Annual review and revision by the MSS Governing Council to ensure alignment with AMA and MSS priorities;
b) Structured Process: Internal mechanisms and timelines, as defined by the MSS Governing Council, for plan development including solicitation of MSS member input, implementation, progress reporting, and archiving to promote continuity and institutional memory;
c) Measurable Outcomes: Measurable objectives and outcomes to guide Section initiatives and evaluate progress; and
d) Transparency and Reporting: Publication of strategic plan objectives and tactics to MSS members and presentation of progress reports at each Assembly meeting.

RESOLVED, That the AMA-MSS study the MSS Strategic Planning Process and report back with recommendations for a formal MSS Strategic Planning Position that:
a. Defines a transparent and sustainable process and timeline for strategic plan development, implementation, progress reporting, and archiving;
b. Considers the possibility of identifying and updating advocacy priorities within the scope of the MSS and consistent with AMA policy;
c. Incorporates mechanisms to solicit and integrate input from the broader MSS membership; and
d. Is mindful of the MSS Governing Council's workload and resource capacity.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the strategic planning process should be codified as a MSS position to provide accountability and transparency. We agree with testimony that this directive should come from the MSS Governing Council to model off of AMA policy G-625.020, which describes the role of the AMA Board of Trustees in developing an AMA strategic plan. The Reference Committee recommends Alternate Resolution 602 be adopted in lieu of Resolution 602.

RECOMMENDED FOR REFERRAL

(22) RESOLUTION 007 - IMPROVING ACCESS TO PHENOTYPE-MATCHED BLOOD FOR TRANSFUSION-DEPENDENT PATIENTS

RECOMMENDATION:

Resolution 007 be referred.

RESOLVED, that our AMA amend Policy H-50.977 by addition to read as follows:

Our AMA supports national efforts to recruit and retain blood donors to ensure a safe and sufficient blood supply, and supports initiatives to expand recruitment and retention of racially and ethnically diverse blood donors, particularly from underrepresented communities, to improve access to phenotype-matched blood for patients with high transfusion requirements, including those with sickle cell disease. Our AMA supports scientifically-based policies that ensures the safety of the nation's blood supply; and be it further

RESOLVED, that our AMA advocates for insurance coverage and reimbursement of extended red blood cell phenotyping and genotype matching for patients with sickle cell disease and other transfusion-dependent conditions.

VRC testimony was mixed with several suggestions for amendment or referral. Your Reference Committee agrees with concerns that the sources cited were limited, as the whereas clauses did not provide strong enough evidence to support the resolve clauses. We agree there is general support for advocacy on this topic and ongoing research in this area. Thus, further study of this resolution will allow for the review of additional evidence to provide a strong recommendation. Thus, your Reference Committee recommends Resolution 007 be referred.

(23) RESOLUTION 109 - SUPPORT FOR COVERING GENETIC SURVEILLANCE FOR HIGH-RISK PATIENTS

RECOMMENDATION:

Resolution 109 be referred.

RESOLVED, that our American Medical Association supports expanding insurance coverage of early surveillance and preventive interventions for patients at elevated risk of cancer.

VRC testimony was mixed. Your Reference Committee agrees with testimony that this resolution does not have a strong evidence base and would benefit from further study. We agree that the sources and whereas clauses do not support the asks of the resolution at this time. Some questions to be included in the study are as follows: What type of early surveillance or preventive interventions are being referenced? What does an "elevated risk of cancer" mean? What is the true magnitude of this issue? How would expanding coverage affect wait time or prior authorization? Thus, your Reference Committee recommends Resolution 109 be referred.

(24) RESOLUTION 211 - RECOGNITION OF INTERSEX INDIVIDUALS AND THEIR HUMAN RIGHTS

RECOMMENDATION:

Resolution 211 be <u>referred.</u>

RESOLVED, that our American Medical Association support the right of intersex individuals, individuals with Differences of Sex Development (DSD) and variations in sexual characteristics (VSC) to have "intersex" or other alternatives including "X" as a sex category assigned at birth or selected later in medical and legal documentation on the federal and state levels.

VRC testimony was mixed. Your Reference Committee agrees with testimony that this would benefit from further collaboration with subject matter experts to ensure the inclusion of proper language and avoidance of unintended consequences. We support the spirit of this resolution and the need for further policy on this issue. However, appropriate study must be done before recommendations are codified for the proper recognition of intersex individuals in medical and legal documentation. We recommend that a study includes collaboration with relevant parties. Thus, your Reference Committee recommends Resolution 211 be referred.

(25) RESOLUTION 301 - PROTECTING PHYSICIANS-IN-TRAINING FROM DATA BROKER EXPLOITATION

RECOMMENDATION:

Resolution 301 be <u>referred.</u>

RESOLVED, that our American Medical Association support federal and state legislative and regulatory efforts to restrict the collection and resale of personally identifiable information from medical students, residents, and early-career physicians by commercial data brokers; and be it further

RESOLVED, that our AMA advocate for transparent disclosure of data collection practices by licensing boards, educational platforms, and online credentialing services used by physicians-in-training; and be it further

RESOLVED, that our AMA support the development of accessible opt-out mechanisms for medical students, residents, early-career physicians, and practicing physicians from nonessential data collection and aggregation by commercial platforms.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the evidence for this resolution is not strong enough and the asks of the resolution is not within the AMA's scope. We recommend the study includes review of the amendments proffered on the VRC and a review of how this resolution would differ from existing AMA policy H-406.997. Your Reference Committee recommends Resolution 301 be referred.

(26) RESOLUTION 311 - EVALUATION OF SITUATIONAL JUDGEMENT TESTS IN MEDICAL SCHOOL ADMISSIONS

RECOMMENDATION:

Resolution 311 be <u>referred.</u>

RESOLVED, that our American Medical Association work with the Association of American Medical Colleges and other relevant stakeholders to evaluate the utilization of situational judgment tests, and other similar online decision-making assessments in the medical school admissions process and determine whether or not this style of examination meets the AMA's stated goal of holistic applicant review, unbiased by non-modifiable factors; and be it further

RESOLVED, that our AMA advocate for greater transparency in how situational judgement tests are scored, and in their current utilization in medical school admissions.

VRC testimony was mixed. Your Reference Committee agrees that the references gathered to support this resolution are not sufficient. We also agree with testimony that the whereas clauses do not provide clear evidence demonstrating a correlation between situational judgment tests and interpersonal skills or professionalism. While we recognize the importance of minimizing barriers in medical school admissions, we also see the need for more comprehensive research on this correlation. Therefore, your Reference Committee recommends Resolution 311 be referred to study.

(27) RESOLUTION 405 - FOOD ALLERGY MANAGEMENT IN HOSPITALS

RECOMMENDATION:

Resolution 405 be referred.

RESOLVED, that our American Medical Association support federal and state policies for comprehensive food allergy training for nonmedical staff in hospital cafeterias and food service delivery regarding cross contamination, specific allergy language, and hidden ingredients; and be it further

RESOLVED, that our AMA support efforts regarding displaying food allergens and ingredients for all foods available in the hospital cafeteria and on patient food delivery menus; and be it further

RESOLVED, that our AMA support the integration between food allergy documentation in EMRs and diet orders to the cafeteria to prevent unintended allergen exposure; and be it further

RESOLVED, that our AMA supports efforts to display specific and accurate patient food allergies in hospital rooms in clear sight prior to food delivery to prevent unintended allergen exposure.

VRC Testimony was mixed. Your Reference Committee agrees with testimony that the first and second resolves are broadly covered by existing AMA policy, including H-440.788, although there may be potential for novelty with regards to cross contamination. Your Reference Committee believes that the third and fourth resolve clauses are novel and could be actionable but need additional data to support the importance of these recommendations. Thus, your Reference Committee recommends Resolution 405 be referred.

(28) RESOLUTION 426 - CONFIDENTIAL REMOTE REPORTING SYSTEMS FOR DOMESTIC VIOLENCE VICTIMS

RECOMMENDATION:

Resolution 426 be referred.

RESOLVED, that our American Medical Association support the development and integration of secure, home-based reporting options for survivors of domestic violence — remote electronic healthcare delivery services — that reduce barriers to reporting by protecting ePHI, ensure survivor-directed (and not mandatory) consent to reporting, and enable safe connection to medical, legal, and social support services; and be it further

RESOLVED, that our AMA advocate for healthcare facilities to link home-based reporting systems to trauma-informed follow-up protocols, including individualized safety

planning, survivor-directed communication preferences, and connection to community resources.

VRC testimony was primarily in support. Your Reference Committee agrees with testimony that this resolution is timely and concerns that the evidence does not sufficiently support the asks. We recommend that the study includes collaboration with relevant parties, including physicians that work with survivors of domestic violence. Your Reference Committee recommends Resolution 426 be referred.

RECOMMENDED FOR NOT ADOPTION

(29) RESOLUTION 102 - SUPPORT THE DEVELOPMENT OF FEDERAL ANALYTIC CAPACITY TO FORECAST PATIENT ACCESS IMPACTS OF MEDICARE, MEDICAID, AND CHIP POLICY CHANGES

RECOMMENDATION:

Resolution 102 not be adopted.

RESOLVED, that our American Medical Association support the development of federal analytic capacity within agencies such as the Congressional Budget Office (CBO), Government Accountability Office (GAO), or Medicare Payment Advisory Commission (MedPAC) to forecast the effects of proposed changes to Medicare, Medicaid, or CHIP on patient access, including physician participation, appointment availability, geographic workforce distribution, and health equity; and be it further

RESOLVED, that our AMA encourage pilot programs and state-level initiatives to evaluate the feasibility of structured patient access impact assessments, building an evidence base to inform national models; and be it further

RESOLVED, that our AMA advocates that Congress and relevant federal agencies invest in research and modeling tools that enable policymakers to better assess the real-world consequences of major healthcare financing changes beyond budgetary effects, ensuring that patient access and equity remain central considerations in reform.

VRC testimony was largely opposed. Your Reference Committee agrees with testimony that the asks of this resolution are beyond the scope of the AMA and are better suited to work done by third parties. Further, we agree with concerns that a government agency would not be ideal to create the analyses requested in this resolution and there is no guarantee that a model of poor access impact will lead to better health outcomes. Your Reference Committee recommends Resolution 102 not be adopted.

(30) RESOLUTION 103 - ADVOCACY AND LEGAL ACTION ON TARIFFS AFFECTING MEDICAL PRODUCTS AND HEALTHCARE SUPPLY CHAINS

RECOMMENDATION:

Resolution 103 not be adopted.

RESOLVED, that our American Medical Association evaluate and, where appropriate, consider submitting amicus curiae briefs in ongoing or future litigation concerning tariffs

that affect the affordability, accessibility, or supply of medical products, as well as their secondary impacts, including increased insurance premiums, reduced coverage, and other tariff-driven cost burdens on patients and health systems, with particular emphasis on patient safety, equity, and healthcare delivery.

VRC testimony was primarily in opposition. Your Reference Committee agrees with testimony that the AMA Litigation Center is currently responsible for drafting amicus briefs that align with the AMA's policies. Furthermore, testimony recommended awaiting the release of the tariff report at the 2026 Interim Meeting of the AMA House of Delegates before taking further action. Thus, your Reference Committee recommends Resolution 103 not be adopted.

(31) RESOLUTION 112 - ELIMINATING THE MEDICAID INSTITUTION FOR MENTAL DISEASES EXCLUSION

RECOMMENDATION:

Resolution 112 <u>not be adopted.</u>

RESOLVED, that our American Medical Association support and advocate for the elimination of the Medicaid Institution for Mental Diseases (IMD) exclusion.

VRC testimony was mixed. Your Reference Committee agrees with testimony that this resolution is broadly covered by existing AMA policies H-345.976 and H-345.975 and would not lead to a meaningful change in advocacy. Your Reference Committee recommends Resolution 112 not be adopted.

(32) RESOLUTION 212 - ENSURING MULTILINGUAL PEDIATRIC ACCESS POINTS FOR UNDOCUMENTED PATIENTS

RECOMMENDATION:

Resolution 212 <u>not be adopted.</u>

RESOLVED, that our American Medical Association support the creation and dissemination of multilingual educational resources in pediatric access points, including schools, School-Based Health Centers, and Telehealth Access Points, to ensure immigrant families clearly understand confidentiality protections, patient rights, diagnoses, and available services.

VRC was mixed. Your Reference Committee agrees with concerns that this resolution is covered by existing AMA policy H-65.938 and H-350-957 and there is no clear federal advocacy target. We agree with testimony that this resolution could be pursued at the

state and local level as the asks are not within the AMA's purview and would not effectively change AMA advocacy efforts. Your Reference Committee recommends Resolution 212 not be adopted.

(33) RESOLUTION 408 - OPPOSE AI DATA CENTER POLLUTION IMPACT ON COMMUNITY HEALTH

RECOMMENDATION:

Resolution 408 not be adopted.

RESOLVED, that our American Medical Association support transparency by state and local officials, including the disclosure of partnerships or agreements, on how locations for AI data centers are chosen and the potential impact on historically disadvantaged communities; and be it further

RESOLVED, that our AMA encourage the provision of preventative and regular care for the residents of communities who currently are or will be affected by AI data center pollution.

VRC testimony was mainly in opposition. Your Reference Committee agrees with concerns that this resolution is covered under existing policies H-135.998, H-135.941, H-135.979, and H-135.949 and AMA efforts. Your Reference Committee recommends Resolution 408 not be adopted.

(34) RESOLUTION 412 - MENTAL HEALTH AND EARLY SCREENING IN GASTROINTESTINAL DISEASES

RECOMMENDATION:

Resolution 412 not be adopted.

RESOLVED, that our American Medical Association incorporate education on the psychosocial and mental health needs of individuals with chronic gastrointestinal diseases into existing AMA educational channels (e.g., podcasts, blogs, physician-facing education); and be it further

RESOLVED, that our AMA encourage physicians caring for high-risk populations, including individuals with celiac disease and IBD, to utilize validated mental health screening tools (e.g., PHQ-9, GAD-7) in alignment with existing AMA and specialty society guidance; and be it further

RESOLVED, that our AMA encourage the development and dissemination of resources for school-based health personnel to improve early identification and referral of children with chronic medical conditions—including, but not limited to, gastrointestinal diseases—particularly in Title I and medically underserved districts; and be it further

RESOLVED, that our AMA explore collaboration with national pediatric, gastroenterology, and psychiatry organizations to study and promote integrated care models that address both the medical and psychosocial needs of children with chronic diseases.

VRC testimony was largely in opposition. Your Reference Committee agrees with testimony that adolescents and patients should already have appropriate mental health screening and follow-up services whether or not they have chronic gastrointestinal disease. We also agree with testimony from specialty societies who expressed concern about the overly narrow scope of this policy as expressed above. Thus, your Reference Committee recommends Resolution 412 not be adopted.

(35) RESOLUTION 413 - EVIDENCE-BASED COVID-19 PATIENT EDUCATION

RECOMMENDATION:

Resolution 413 not be adopted.

RESOLVED, that our American Medical Association update its public-facing COVID-19 educational resources to clearly state that SARS-CoV-2 spreads primarily through airborne transmission and that high-quality masks (N95 respirators or equivalent) provide the most effective personal prevention strategy.

VRC testimony was largely in opposition. Your Reference Committee agrees with testimony that this resolution can be pursued outside of the resolution process as the update of educational resources can be accomplished in light of existing AMA policy. Your Reference Committee recommends Resolution 413 not be adopted.

(36) RESOLUTION 421 - INCREASING LUNG CANCER SCREENING THROUGH ELECTRONIC HEALTH RECORDS

RECOMMENDATION:

Resolution 421 not be adopted.

RESOLVED, that our American Medical Association support efforts to develop and integrate standardized, guideline-based lung cancer screening (e.g. low-dose CT)

toolkits within electronic health records (EHRs), featuring functions such as automated decision support and risk-based alerts to increase equitable access and early detection of lung cancer.

VRC testimony was primarily in opposition. Your Reference Committee agrees with testimony that the ask of this resolution is outside the scope of the AMA and would be better addressed through advocacy with relevant specialty societies. We also agree with testimony that the vast landscape of available EMR systems adds concern for the effectiveness of this policy as well as evidence regarding how integrated EMR interventions for low-dose CT will lead to improved lung cancer diagnosis. Your Reference Committee recommends Resolution 421 not be adopted.

(37) RESOLUTION 429 - ENSURING TATTOO INK SAFETY IMPROVING OVERSIGHT, REPORTING, AND SKIN HEALTH AWARENESS

RECOMMENDATION:

Resolution 429 <u>not be adopted.</u>

RESOLVED, that our American Medical Association urge the FDA to increase risk-based sampling and laboratory testing of tattoo inks, to publish clear plain-language notifications and recall details when safety issues are identified, and to take enforcement action against contaminated or misbranded products within its current statutory authorities; and be it further

RESOLVED, that our AMA urge the FDA to simplify, promote, and publicize adverse-event reporting pathways relevant to tattoo inks and procedures (e.g., MedWatch), explicitly enable and encourage reporting by clinicians, patients, and tattoo professionals, and publish periodic de-identified summaries that inform clinicians and the public; and be it further

RESOLVED, that our AMA, working with dermatology and other relevant specialty associations and public health partners, develop and disseminate physician-facing guidance and patient education about recognition, documentation, and counseling for common tattoo-related complications (including infections, allergic/inflammatory reactions, and situations where tattoos may mask skin disease), with materials suitable for CME and inclusion in clinical workflows.

VRC testimony was mixed. Your Reference Committee agrees that this topic is covered by existing AMA policies H-440.909 and H-440.934 and falls more within the purview of relevant specialty societies. We also discussed that this resolution does not incorporate feedback shared from relevant specialty societies. Your Reference Committee recommends Resolution 429 not be adopted.

(38) RESOLUTION 431 - PROMOTING SEX- AND GENDER-INCLUSIVE DIAGNOSTIC PRACTICES, LANGUAGE, AND PATIENT EDUCATION

RECOMMENDATION:

Resolution 431 not be adopted.

RESOLVED, that our American Medical Association supports efforts to improve gender and sex equity in diagnosis and treatment; and further be it

RESOLVED, that our AMA supports discontinuing use of the term 'atypical' to describe sex- and gender-based differences in symptomatic presentations in medical education curriculum and reference materials; and further be it

RESOLVED, that our AMA supports advocacy efforts for greater awareness on the variety of clinical presentations for disease processes with a focus on gender- and sex-based variation in medical education curriculum/materials, continuing medical education, and health policy efforts; and further be it

RESOLVED, that our AMA supports the production of patient education materials and the integration of regulated, validated screening tools into patient-facing electronic health record systems to better help female patients identify medical emergencies necessitating immediate care.

VRC testimony was mixed. Your Reference Committee agrees with the spirit of the resolution, but the resolution's intent is already addressed in existing AMA policies H-295.980 and H-410.946. We also agree with testimony that this resolution could be acted on outside of the resolution process and would recommend collaboration with relevant parties to identify the most effective path forward. Given these redundancies, feasibility concerns, and the need for further refinement to make the proposal actionable, your Reference Committee recommends Resolution 431 not be adopted.

(39) RESOLUTION 432 - PUBLIC EMERGENCY ALERT REPORTING REQUIREMENTS ON PRIVATE PLATFORMS

RECOMMENDATION:

Resolution 432 not be adopted.

RESOLVED, that our American Medical Association discourage the use of social media platforms as a standalone medium or replacement in lieu of more widely accessible public emergency alert systems at the federal, state, and local levels; and be it further

RESOLVED, that our AMA advocate for data transparency on account-restricted social media platforms to ensure that any time-sensitive alerts from federal, state, or local emergency responder organizations are immediately publicly visible to all individuals, without requiring account creation, paywalls, or other additional verification steps.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the major concerns for this resolution are lack of evidence and AMA feasibility. We agree with testimony that there is a lack of research to make the connection that social media is becoming a standalone replacement for emergency alerts and that other factors contribute to public emergency alert system accessibility. Additionally, we agree with concerns that the AMA's advocacy purview does not include private companies and their platforms. Your Reference Committee recommends Resolution 432 not be adopted.

(40) RESOLUTION 507 - SUPPORTING ETHICAL ALLOCATION OF FUTURE XENOTRANSPLANT ORGANS

RECOMMENDATION:

Resolution 507 not be adopted.

RESOLVED, that our American Medical Association support the development of policies for xenotransplant-derived organ allocation that safeguard equity, ethical principles, patient access, and address existing disparities; and be it further

RESOLVED, that our AMA encourage the Organ Procurement and Transplantation Network to study attributes relevant to xenotransplant-derived organ allocation to inform the creation of fair and equitable policies.

VRC testimony was primarily opposed to this resolution. Your Reference Committee agrees with concerns from relevant specialty societies that this resolution is premature and there is a current inability to understand supply/demand issues in this future market and therefore support policy development. Your Reference Committee recommends Resolution 507 not be adopted.

(41) RESOLUTION 508 - FDA MEDICAL PRODUCT LABELING

RECOMMENDATION:

Resolution 508 not be adopted.

RESOLVED, that our AMA advocates for the FDA to require that prescription drug and medical device labels include:

1. Subgroup analyses of safety and efficacy outcomes across the categories of age and sex, even if such comparisons are negative, and
2. An explicit disclaimer when representation is inadequate to assess these subgroup-specific effects.

VRC testimony was primarily in opposition. Your Reference Committee agrees with testimony that this resolution is broadly covered under existing AMA policy H-460.911. We also agree with testimony that there are unintended consequences of this resolution such as undermining confidence in effective therapies, particularly those for rare diseases or underrepresented populations. Your Reference Committee recommends Resolution 508 not be adopted.

RECOMMENDED FOR FILING

(42) GC REPORT A – MSSAI REPORT

RECOMMENDATION:

GC Report A be filed.

Your MSS GC recommends that GC Report A be filed.

The Reference Committee thanks the authors for a list of the MSSAIs and the actions since the MSS Annual 2025 Assembly. Your Reference Committee recommends GC Report A be filed.

(43) SD REPORT A – DELEGATE REPORT: POLICY PROCEEDINGS OF THE ANNUAL 2025 HOUSE OF DELEGATES MEETING

RECOMMENDATION:

SD Report A be filed.

Your MSS Section Delegates recommend the adoption of the recommendations for MSS positions outlined in Appendices A and B of this report and the remainder of the report be filed.

The Reference Committee thanks the authors for a comprehensive review of the policies passed at the Annual 2025 House of Delegates Meeting. Your Reference Committee recommends SD Report A be filed.

(44) RTF REPORT– RESOLUTION TASK FORCE INTERIM REPORT

RECOMMENDATION:

RTF Report be filed.

Your Resolution Task Force recommends that no actions be taken at this time and the remainder of this report be filed.

The Reference Committee thanks the authors for a comprehensive report on the work of the Resolution Task Force. We want to highlight that the task force is open to comments before the submission of their A-26 report to the MSS Assembly. Your Reference Committee recommends RTF Report be filed.