



Delegate's Report

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OMSS Items Considered by the HOD at A-25



OMSS Res. 6/HOD Res. 719 – Comprehensive AMA Policy Publication Regarding Employed Physicians

RESOLVED, that our American Medical Association comprehensively review the current landscape of the employment of physicians for report back to the House of Delegates at Annual 2026, including but not limited to:

- The changing context and expectations of different practice models
- Factors which have led to physicians increasingly choosing an employment practice model over independent practice
- The employed physician relationship with healthcare organizations, including those controlled by private equity
- The evolution of collective bargaining by, and unionization of, physicians;

(Directive to Take Action); and be it further

RESOLVED, that our AMA create a comprehensive policy publication, which will be an essential tool for employed physicians with guiding principles, rights, and responsibilities regarding, but not limited to, the following:

- Employment contracting
- Different Compensation models
- Professional accountability to, and as a member of, the medical staff
- Primacy of the doctor-patient relationship within the context of employment;

(Directive to Take Action); and be it further

RESOLVED, that our AMA will have a comprehensive policy publication regarding employed physicians available to all physicians, in any employment model, and to all healthcare collaborators with the AMA who directly employ and/or have contracting arrangements with physicians (Directive to Take Action).



HOD Status: Adopted as amended

OMSS Late Res. 1/HOD Res. 718 – Safeguarding Medical Staff Bylaws and Accreditation in VA Facilities

RESOLVED, That our American Medical Association reaffirms its commitment to medical staff self-governance, as outlined in its AMA Physician's Guide to Medical Staff Organization Bylaws, Seventh edition, and supported by the Organized Medical Staff Section and urges all healthcare institutions, including the U.S. Department of Veterans Affairs, to ensure that any amendments to medical staff bylaws are subject to approval by the medical staff in accordance with Joint Commission standards (Reaffirmation of Policy); and be it further

RESOLVED, that our AMA opposes any administrative action that bypass the organized medical staff's voting authority in revising medical staff bylaws (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that the U.S. Department of Veterans Affairs to restore compliance with Joint Commission Standard MS.01.01.01 by requiring medical staff member approval for any modifications to their bylaws (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for urgent federal-level oversight and corrective action to protect accreditation standards, medical staff governance, and patient care quality at Veterans Affairs facilities nationwide (Directive to Take Action).



HOD Status: Adopted as amended

OMSS Em. Res. 1/HOD Res. 015 – Addressing Targeting and Workplace Restrictions and Barriers to Healthcare Delivery by International Medical Graduate (IMG) Physicians and Other Physicians Based Upon Migration Status or Country or Origin Within the United States

RESOLVED, that our American Medical Association work with relevant stakeholders to develop model workplace policies to address unfair treatment or targeting of physicians and other healthcare workers, based upon migration status or country of origin, during the regular performance of their duties within healthcare systems (Directive to Take Action); and be it further,

RESOLVED, that our AMA study and develop model hospital and workplace policies to provide standardized procedures for addressing situations in which U.S. Immigration and Customs Enforcement (ICE) officers seek entry into “protected areas,” such as hospitals and healthcare settings to produce actions which may impact patient care or physician safety (Directive to Take Action).



HOD Status: Adopted

OMSS Res. 1-I-24/HOD Res. 712 – Billings and Collections Transparency

RESOLVED, that our American Medical Association amend policy H-225.950, Principles for Physician Employment to include a new section to read as follows:

6. Payment Agreements

- a. Although they typically assign their billing privileges to their employers, employed physicians or their chosen representatives should be prospectively involved if the employer negotiates agreements for them for professional fees, capitation or global billing, or shared savings. Additionally, employed physicians should be informed about the actual payment amount allocated to the professional fee component of the total payment received by the contractual arrangement.
- b. Employed physicians have a responsibility to assure that bills issued for services they provide are accurate and should therefore retain the right to review billing claims as may be necessary to verify that such bills are correct. Employers should indemnify and defend, and save harmless, employed physicians with respect to any violation of law or regulation or breach of contract in connection with the employer's billing for physician services, which violation is not the fault of the employee.
- c. The AMA will petition the appropriate legislative and/or regulatory bodies to establish the requirement that revenue cycle management entities, regardless of their ownership structure, and/or employers will directly provide each physician it bills or collects for with a detailed, itemized statement of billing and remittances for medical services they provide biannually and at any time upon request. Upon review of billing and remittance statements, physicians should reserve the right to override the initial decisions by revenue cycle management entities and submit billing that they believe to be best aligned and most reflective of the medical services that they have provided. Additionally, the physician shall not be asked to waive access to this information. Our AMA will seek federal legislation requiring this, if necessary. (New HOD Policy);
and be it further

RESOLVED, that our AMA will educate physicians as to the importance of billing transparency and advocate for employed physicians to have full access to itemized statements of billing and remittances for medical services they provide (Directive to Take Action).



HOD Status: Adopted

OMSS Res. 3-I-24/HOD Res. 713 – Aiding Members of Medical Staffs

RESOLVED, that our American Medical Association establish and promote a well-defined procedure with access to resources to guide physicians on how to challenge adverse institutional actions or policies to practice medicine (Directive to Take Action).



HOD Status: AMA policies reaffirmed in lieu of Res. 713

OMSS Res. 9-I-24/HOD Res. 516 – The Need for Long-Term Study of Potential Side Effects of GIP & GLP-1 Medications

RESOLVED, that our AMA support and call for a registry of GIP and GLP-1 receptor agonists' side effects, as well as potential impacts on pregnancy (Directive to Take Action).



HOD Status: Adopted

OMSS Res. B-I-24/HOD Res. 010 – Managing Conflicts of Interest Inherent in New Payment Models—Patient Disclosure

RESOLVED, that our AMA produce a report with the aim of updating our Code of Medical Ethics to include guidance on disclosure of financial arrangements between physicians and healthcare facilities, employers, or payors that are potentially against patients' best interests (Directive to Take Action).



HOD Status: Adopted as amended

OMSS Res. D-I-24/HOD Res. 426 – Addressing Patient Safety and Environmental Stewardship of Single-Use and Reusable Medical Devices

RESOLVED, that our American Medical Association encourages appropriate stakeholders to lead the development of standardized, evidence-based life-cycle assessments for single-use versus reusable medical devices, with physician input as end users.

↔ **HOD Status:** Alt. Res. 426 adopted in lieu of Res. 426

OMSS Items Held Back at A-25; Currently at I-25



OMSS Res. 2/HOD Res. 905 – Standardizing Brain Death Policies

RESOLVED, that our American Medical Association collaborate with appropriate stakeholders to identify “accepted medical standards” for determination of brain death/death by neurologic criteria (BD/DNC) as required by the Uniform Determination of Death Act (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage and support legislative and regulatory efforts to have one uniform set of standards for brain death/death by neurologic criteria used throughout the United States (Directive to Take Action).

Assignment: Reference Committee K

OMSS Res. 4/HOD Res. 808 – No Prior Authorization for Inexpensive Medications

RESOLVED, that our American Medical Association advocate that low-cost medications and procedures should not require prior authorization (Directive to Take Action).

Assignment: Reference Committee J

OMSS Res. 6/HOD Res. 204 – Addressing Anti-Physician Contractual Provisions

RESOLVED, that our American Medical Association develop model state legislation to prohibit the inclusion of clauses indemnifying employers in physician contracts (Directive to Take Action); and be it further

RESOLVED, that our AMA will actively work to increase the education and awareness of physicians on the advisability of accepting employment contracts which require physicians to (i) pay for tail insurance, or (ii) indemnify their employers (Directive to Take Action).

Assignment: Reference Committee B

OMSS Res. 8/HOD Res. 809 – Ensuring Patient Safety and Physician Oversight in the Integration of Hospital Inpatient Virtual Nursing

RESOLVED, that our American Medical Association undertake a comprehensive study of hospital inpatient virtual nursing, including an assessment of its benefits and risks for patient safety and an analysis of guidelines for credentialing, privileging, and documentation standards and any policy gaps related to oversight by the Centers for Medicare & Medicaid Services and The Joint Commission (Directive to Take Action); and be it further

RESOLVED, that our AMA recognizes that organized medical staffs, as leaders in hospital medicine who have a duty to protect patient safety within their institutions, should work collaboratively to ensure physician-led, high-quality, patient-centered care in the integration of inpatient virtual nursing (New HOD Policy).

Assignment: Reference Committee J

OMSS Items Not Advanced to the HOD at A-25



OMSS Res. 1 – Increased Oversight of Private Equity’s Involvement in the Healthcare System

RESOLVED, that our American Medical Association support efforts that all healthcare adhere to evidence-based quality of care and outcomes assessments, regardless of administrative structure of the healthcare providing organization, including but not limited to those controlled by agents of private equity, and will advocate for revision of law or regulation to assure that principle is upheld (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for the model of physician-led healthcare teams, requiring active physician engagement even when non-physician practitioners are involved, in healthcare providing organizations, including but not limited to those controlled by agents of private equity, and will advocate for revision of law or regulation to assure that principle is upheld (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that a majority of voting members of hospital key committees and the leadership of said committees be reserved for physicians whose income is less than 50 percent derived from the hospital or parent organization or via groups under contract to them (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for nationwide expansion of oversight and monitoring of private equity firms’ involvement in healthcare delivery, both direct and indirect, in order to minimize healthcare facilities’ reduction of services and/or closure and to enhance public transparency of their operations (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that there should be mechanisms in place to prevent any untoward influences, such as peer review abuse or uninvited intrusion into medical staff meetings, from private equity or other corporate entities on medical staffs and medical staff committees (Directive to Take Action).



OMSS Action: Referred to the OMSS Governing Council – Report Due A-26

OMSS Res. 3 – Mobile “IV” Services

RESOLVED, that our American Medical Association study the safety, efficacy, costs, risks, evidence-based medical indications for and oversight of mobile IV services and IV hydration and/or other supplemental clinics and report back on its findings at the 2026 Annual Meeting (Directive to Take Action).



OMSS Action: Referred to the OMSS Governing Council – Report due 1-26

External Items of Interest



OMSS-Supported Items Adopted by the HOD at A-25 (1 of 4)

Item	Title	HOD Status
BOT Rep. 26	Using Person and Biological Data to Enhance Professional Wellbeing and Reduce Burnout	Adopted as amended
CCB Rep. 02	Concurrent Service on Council and Section Governing Councils	Adopted
CEJA Rep. 02	Supporting Efforts to Strengthen Medical Staffs Through Collective Actions and/or Unionization	Adopted
CEJA Rep. 05	Protecting Physicians Who Engage in Contracts to Delivery Healthcare Services	Adopted
Res. 001	Opposition Censuring Medical Societies or Organizations Based on Politics or Policies of Governments	Adopted as amended
Res. 005	Dedicated Interfaith Prayer and Reflection Spaces in Medical Schools and Healthcare Facilities	Adopted as amended
Res. 010	Managing Conflicts of Interest Inherent in New Payment Models—Patient Disclosure	Adopted as amended
Res. 012	Carceral Systems and Practices in Behavioral Health Emergency Care	Adopted as amended
Res. 109	Medicare Advantage Plans Double Standard	Adopted

OMSS-Supported Items Adopted by the HOD at A-25 (2 of 4)

Item	Title	HOD Status
Res. 111	New Reimbursement System Needed for Rural Hospital Survival	Adopted
Res. 204	Protecting the Prescriptive Authority of Plenary Licensed Physicians	Adopted as amended
Res. 207	Abolishing Venue Shopping	Alt Res adopted in lieu of
Res. 208	Binding Arbitration in Health Insurance Contracts	Adopted
Res. 220	Strengthening AMA Policy on Noncompete Clauses in Ownership Transitions	Adopted
Res. 221/223/232	Preservation of Medicaid	Alt Res adopted in lieu of
CSAPH Rep. 3	Protections Against Surgical Smoke Exposure	Adopted as amended
CSAPH Rep. 4	Condemning the Universal Shackling of Every Incarcerated Patient in Hospitals	Adopted as amended
CSAPH Rep. 6	Fragrance Regulation	Adopted as amended
Res. 412	Supporting Inclusive Long-Term Care Facilities	Adopted
Res. 416	Culturally and Religiously Inclusive Food Options	Adopted
Res. 426	Addressing Patient Safety and Environmental Stewardship of Single-Use and Reusable Medical Devices	Alt Res adopted in lieu of

OMSS-Supported Items Adopted by the HOD at A-25 (3 of 4)

Item	Title	HOD Status
CSAPH Rep. 8	Explainability of Artificial/Augmented Intelligence and Machine Learning Algorithms	Adopted as amended
Res. 510	Improving Cybersecurity Standards for Healthcare Entities	Adopted as amended
Res. 516	Creating a Registry of Potential Side Effects of GIP & GLP-1 Medications	Adopted
Res. 519	Framework to Convey Evidence-based Medicine in AI Tools Used in Clinical Decision Making	Adopted
CLRPD Rep. 1	International Medical Graduates Section Five-Year Review	Adopted
CLRPD Rep. 2	Organized Medical Staff Section Five-Year Review	Adopted
Res. 602	Enabling AMA BOT Expediency for Actions, Advocacy, and Responses During Urgent Situations	Adopted as amended
BOT Rep. 06	Transparency and Accountability of Hospitals and Hospital Systems	Adopted as amended
CMS Rep. 03	Regulation of Corporate Investment in the Health Care Sector	Adopted as amended
CMS Rep. 07	Impact of Patient Non-Adherence on Quality Scores	Adopted

OMSS-Supported Items Adopted by the HOD at A-25 (4 of 4)

Item	Title	HOD Status
Res. 702	Strengthening Health Plan Accountability for Physician Satisfaction	Adopted as amended
Res. 703	Appropriate Use of Data from Surgical Practices	Adopted as amended
Res. 704	Mitigating the Impact of Excessive Prior Authorization Processes	Adopted/referred
Res. 706	Increasing Transparency Surrounding Medicare Advantage Plans	Adopted as amended
Res. 708	Advocating Against Prior Authorization for In-Person Visits with Physicians	Adopted
Res. 709	Allowing Timely Access to Pain Medications in Discharged Hospital and Ambulatory Surgery Patients	Adopted
Res. 712	Billings and Collections Transparency	Adopted
Res. 713	Aiding Members of Medical Staffs	Adopted
Res. 717	Promoting Medication Continuity and Reducing Prior Authorization Burdens	Adopted

OMSS-Supported Items Not Adopted by the HOD at A-25

Item	Title	HOD Status
Res. 002	Physician Disclosures of Relationships in Private Equity Held Organizations	Not adopted
Res. 116	Medicare Coverage of Registered Dietician (RD) and Certified Nutrition Support Specialist (CNSS) Visits Beyond Type 2 Diabetes and Renal Disease	Referred
Res. 213	Emergency Department Designation Requires Physician on Site	Policies reaffirmed in lieu of
Res. 505	Mandating Properly Fitting Lead Aprons in Hospitals	Referred
Res. 520	Study of Grading Systems in AMA Board Reports	Referred