

POLICY PROCEEDINGS¹ OF THE 2025 INTERIM MEETING OF THE AMA ORGANIZED MEDICAL STAFF SECTION

RESOLUTIONS

1. Supporting Efforts to Strengthen Medical Staffs Through Collective Bargaining and/or Unionization

Introduced by Matthew Vo, MD

OMSS Action: Resolution 1 not adopted:

RESOLVED, that our American Medical Association reevaluate the various efforts to achieve collective bargaining and/or unionization for physicians nationally (Directive to Take Action); and be it further

RESOLVED, that our AMA dedicate resources to making collective bargaining and/or unionization for physicians a reality as soon as possible (Directive to Take Action); and be it further

RESOLVED, that the Organized Medical Staff Section be tasked with the primary role within the AMA in any efforts regarding collective bargaining and/or unionization (Directive to Take Action).

2. Partnership with the Administration to Reduce Harmful Chemicals in Food and Align with European Safety Standards

Introduced by Nita Shumaker, MD

**OMSS Action: Resolution 2 adopted as amended and immediately forwarded for
consideration at the 2025 Interim Meeting of the AMA House of Delegates:**

RESOLVED, that our American Medical Association advocates for the establishment of a joint task force comprising AMA representatives, FDA officials, USDA personnel, and relevant administration appointees to:

1. Conduct a systematic review of food additives currently approved in the U.S. but banned or restricted in Europe
2. Evaluate the scientific evidence regarding health impacts of these substances
3. Develop a prioritized timeline for regulatory action on the most concerning additives
4. Create transition pathways for food manufacturers to adopt safer alternatives

(Directive to Take Action); and be it further

¹ Proceedings determined from Annotated Reference Committee Reports and are subject to change until such time as the House of Delegates Proceedings are finalized.

RESOLVED, that our AMA will monitor the implementation of any resulting food additive regulation policies and provide ongoing medical and scientific guidance to ensure reforms achieve meaningful public health improvements (Directive to Take Action)

HOD Action: Resolution 934 not considered.

**3. Integrating Inpatient and Outpatient Care
Introduced by John B. Luster, MD, and Matthew D. Gold, MD**

OMSS Action: Resolution 4 referred to the OMSS Governing Council:

RESOLVED, that our American Medical Association advocate for integration of outpatient and inpatient medical care as the default condition of admission to temporary/acute care institutions (Directive to Take Action); and be it further

RESOLVED, that our AMA lead a study with relevant interested healthcare and regulatory parties to determine a practical, continuous process that incorporates the familiarity of longitudinal outpatient physicians with the patient into the inpatient care management of acute illness, as well as the transition back to outpatient care (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that, by the permission of the patient on admission, the outpatient longitudinal physician(s) be empowered to interact with their patient as a paid, insurance-covered service without formal consultation of the hospitalist, so long as the ultimate management authority still resides with the hospitalist during the inpatient status (Directive to Take Action); and be it further

**4. Publicizing, Supporting, and Promoting (Appropriate) AMA Member Physicians and Physician Spouses as Candidates for Local and State Offices
Introduced by Albert Hsu, MD**

OMSS Action: Resolution 4 adopted as amended and immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates:

RESOLVED, that our American Medical Association to the extent permitted by applicable laws, collaborate with other interested organizations to facilitate opportunities for AMA physician-member and physician-spouse elected officials at the local and state levels to connect, exchange ideas, collaborate, and support each other to protect our patients and our practices, such as with a "National Meeting of Physician State Legislators" (Directive to Take Action); and be it further

RESOLVED, that our AMA study the:

1. Feasibility of collaborating with state medical societies and specialty societies to assess appropriate AMA physician members and physician spouses

- running for state and local offices and creating a “master list” to publicize, support, and promote those individuals, and
2. Opportunities to publicize this list widely to support appropriate physicians and physician spouses who are aligned with our priorities and encourage financial and social medial support of those candidates, with a report back at the 2027 Annual Meeting (Directive to Take Action).

HOD Action: OMSS Resolution 5 mistakenly not forwarded to the AMA House of Delegates due to staff error.

**5. “Ethical IVF” and “Restorative Reproductive Medicine”
Introduced by Albert Hsu, MD**

OMSS Action: Resolution 6 not adopted.

RESOLVED, that our American Medical Association oppose any efforts to limit patient access to the full scope of evidence-based fertility treatments, including but not limited to in vitro fertilization (IVF), intrauterine insemination (IUI), and third-party reproduction (New HOD Policy); and be it further

RESOLVED, that our AMA continue to advocate for increased NIH funding for women’s health, including reproductive health, to expand research on the potential underlying causes of infertility (Directive to Take Action); and be it further

RESOLVED, that our AMA acknowledge that practices considered “restorative reproductive medicine” constitute part of what reproductive endocrinology and infertility physicians, urologists, and other fertility specialists regularly provide through patient-centered evaluation and individualized treatment of underlying conditions (New HOD Policy); and be it further

RESOLVED, that our AMA acknowledge that intrauterine insemination (IUI) in vitro fertilization (IVF), and third-party reproduction, including egg donation, sperm donation, embryo donation, and the use of gestational carriers, are important parts of the comprehensive, evidence-based infertility treatment options that should be offered to patients and may sometimes be the most successful option for family-building for many patients (New HOD Policy); and be it further

RESOLVED, that our AMA work with other interested organizations to publicize that the “restorative reproductive medicine” (RRM) movement may be unhelpful for some fertility patients because:

1. The RRM movement is derailing momentum and siphoning resources from efforts to expand access to fertility care, such as state insurance mandates for cancer cryopreservation and state mandates for the diagnosis and management of infertility, including in vitro fertilization (IVF); and
2. RRM is anti-IVF at its core and some individuals and couples will require gamete cryopreservation for cancer and other indications, embryo cryopreservation, IVF, and third-party reproduction; and

3. For some patients, RRM will hinder access to effective treatments such as IVF by favoring less successful therapies; and
4. RRM has no answer for the utilization of oocyte cryopreservation for fertility preservation for cancer patients and other iatrogenic causes of infertility; (Directive to Take Action); and be it further

RESOLVED, that our AMA work with other interested organizations to publicize that “ethical IVF” is a misnomer and generally unhelpful for many fertility patients because:

1. “Ethical IVF” is an insidious marketing and branding tool used to imply that anyone who opposed their point of view is inherently unethical; and
2. “Ethical IVF” is a heteronormative construct that would take us back to IVF treatments from the 1980s which had low success rates; and
3. “Ethical IVF” specifically promotes fertilizing one oocyte at a time, which will drive up costs and thereby lower the likelihood that patients will expand their families due to financial barriers; and
4. “Ethical IVF” fails to appreciate that over half of embryos, both in nature and in the embryology laboratory, will not result in a live birth as those embryos will rather result in miscarriages, stillbirths, ectopic pregnancies, or negative pregnancy tests; and
5. “Ethical IVF” opposed cryopreservation of embryos, which will encourage transfer of more embryos than recommended by national standards increasing the risk of potentially dangerous multiple pregnancies; and
6. For some patients, “Ethical IVF” will delay treatments, reduce success rates, drive up costs, and hinder access to fertility treatments; and
7. The “Ethical IVF” movement is derailing momentum for expanding access to fertility care;

(Directive to Take Action); and be it further

RESOLVED, that our AMA work with other interested organizations to oppose and denounce efforts to apply an ideological lens of “embryo personhood” arguments to restrict in vitro fertilization and other assisted reproductive technologies with a report back at the 2026 Interim Meeting (Directive to Take Action); and be it further

RESOLVED, that our AMA reaffirm its policies to support fertility preservation, third-party reproduction, and access to in vitro fertilization (Reaffirmation); and be it further

RESOLVED, that our AMA-OMSS immediately forward this resolution to the American Medical Association House of Delegates for consideration at the 2026 Interim Meeting (Directive to Take Action).

RESOLUTIONS HELD BACK FROM A-25 AND SUBMITTED AT I-25**1. Standardizing Brain Death Policies
Introduced by Matthew D. Gold, MD**

OMSS Action: Resolution 2-A-25 adopted as amended at the 2025 Annual Meeting and held back to be forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates:

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).

HOD Action: Resolution 905 adopted as amended:

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 work with interested parties to develop and disseminate model hospital policy for a single, unified method of declaration of determination of brain death/death by neurologic criteria (Directive to Take Action).

**2. No Prior Authorization for Inexpensive Medications
Introduced by Matthew D. Gold, MD**

OMSS Action: Resolution 5-A-25 adopted as amended at the 2025 Annual Meeting and held back to be forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates:

RESOLVED, that our American Medical Association identify through the Council on Medical Services or other professional content experts a cost threshold below which medical services and medications should not require prior authorization (Directive to Take Action); and be it further

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

HOD Action: Resolution 808 adopted as amended:

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

**3. Addressing Anti-Physician Contractual Provisions
Introduced by Nancy Fan, MD**

OMSS Action: Resolution 6-A-25 adopted as amended at the 2025 Annual Meeting and held back to be forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates:

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).

HOD Action: Resolution 204 adopted.

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).

**4. Ensuring Patient Safety and Physician Oversight in the Integration of Hospital
Inpatient Virtual Nursing
Introduced by Oklahoma**

OMSS Action: Resolution 8-A-25 adopted as amended at the 2025 Annual Meeting and held back to be forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates:

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).

HOD Action: Resolution 809 adopted.

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).

ACTIONS ON OMSS GOVERNING COUNCIL REPORT A

The following report was presented by Nancy Church, MD, Chair.

Report A: OMSS Handbook Review – House of Delegates Resolutions & Reports

Refer to [annotated House of Delegates reference committee reports](#) for final adopted language.

1. CEJA Report 01 – Amendment to Opinion 1.1.1 “Patient-Physician Relationships”

OMSS Action: OMSS Delegate instructed to support CEJA Report 01.

HOD Action: CEJA Report 01 adopted.

2. CEJA Report 02 – Supporting Efforts to Strengthen Medical Staffs Through Collective Actions and/or Unionization

OMSS Action: OMSS Delegate instructed to strongly support CEJA Report 02.

HOD Action: CEJA Report 02 referred.

3. Resolution 005 – Preserving Autonomy in the Patient-Physician Relationship

OMSS Action: OMSS Delegate instructed to Support Resolution 005.

HOD Action: Resolution 005 adopted.

4. Resolution 006 – Amendment to AMA Bylaws to Enable Continuity of Leadership

OMSS Action: OMSS Delegate instructed to support Resolution 006.

HOD Action: Resolution 006 adopted.

5. Resolution 008 – Health Plan In-Network Steering of Pathology/Laboratory Services

OMSS Action: OMSS Delegate instructed to strongly support Resolution 008.

HOD Action: Resolution 008 adopted.

6. BOT Report 02 – Laser Surgery

OMSS Action: OMSS Delegate instructed to strongly support BOT Report 02.

HOD Action: BOT Report 02 adopted.

7. BOT Report 03 – Stark Law Self-Referral Ban

OMSS Action: OMSS Delegate instructed to support BOT Report 03.

HOD Action: BOT Report 03 adopted.

8. BOT Report 04 – Addressing and Reducing Patient Boarding in Emergency Departments (Eds)

OMSS Action: OMSS Delegate instructed to strongly support BOT Report 04.

HOD Action: BOT Report 04 adopted as amended.

9. BOT Report 06 – Information Blocking Rule

OMSS Action: OMSS Delegate instructed to listen on BOT Report 06.

HOD Action: BOT Report 06 adopted as amended.

10. BOT Report 16 – Preservation of Medicaid

OMSS Action: OMSS Delegate instructed to strongly support BOT Report 16.

HOD Action: BOT Report 16 adopted.

11. Resolution 204 – Addressing Anti-Physician Contractual Provisions

OMSS Action: OMSS Delegate instructed to strongly support Resolution 204.

HOD Action: Resolution 204 adopted.

12. Resolution 211 – Access to, and Retention of, Electronic Medical Records

OMSS Action: OMSS Delegate instructed to listen on Resolution 211.

HOD Action: Resolution 211 referred.

13. Resolution 213 – Pathways to U.S. Permanent Residency to H-1B Visas

OMSS Action: OMSS Delegate instructed to strongly support Resolution 213.

HOD Action: Alternate Resolution 213 adopted in lieu of Resolutions 213 and 214.

14. Resolution 218 – Amend AMA Policy D-160.921 on Sensitive Locations to Protected Areas

OMSS Action: OMSS Delegate instructed to strongly support Resolution 218.

HOD Action: Resolution 218 adopted.

15. Resolution 221 – Not-for-Profit Status

OMSS Action: OMSS Delegate instructed to listen on Resolution 221.

HOD Action: Resolution 221 referred.

16. Resolution 225 – Federal Legislation to Prohibit the Corporate Practice of Medicine

OMSS Action: OMSS Delegate instructed to support Resolution 225.

HOD Action: Resolution 225 referred with report back at A-26.

17. Resolution 226 – Transparency with the Term “Emergency Department”

OMSS Action: OMSS Delegate instructed to support Resolution 226.

HOD Action: Resolution 226 referred.

18. Resolution 229 – Protection of Medicaid Beneficiaries’ Private Health Information from Immigration Enforcement

OMSS Action: OMSS Delegate instructed to strongly support Resolution 229.

HOD Action: Resolution 229 adopted as amended.

19. Resolution 230 – Banning Non-compete Agreements in States

OMSS Action: OMSS Delegate instructed to strongly support Resolution 230.

HOD Action: Resolution 230 adopted.

20. Resolution 232 – Safeguarding Access to IVF Amid Restorative Reproductive Medicine Legislation

OMSS Action: OMSS Delegate instructed to support Resolution 232.

HOD Action: Resolution 232 adopted as amended.

21. Resolution 237 – Protecting and Improving Rural Health

OMSS Action: OMSS Delegate instructed to listen on Resolution 237.

HOD Action: Existing AMA Policies H-290.951, H-130.954, H-465.99, H-200.949, and H-200.954 reaffirmed in lieu of Resolution 237.

22. CLRPD Report 01 – Private Practice Physician Section Five-Year Review

OMSS Action: OMSS Delegate instructed to support CLRPD Report 01.

HOD Action: CLRPD Report 01 adopted.

23. Resolution 601 – Reimagining and Modernizing the U.S. Healthcare Delivery System

OMSS Action: OMSS Delegate instructed to listen on Resolution 601.

HOD Action: Resolution 601 referred for decision.

24. BOT Report 18 – Published Metrics for Hospitals and Hospital Systems

OMSS Action: OMSS Delegate instructed to support BOT Report 18.

HOD Action: BOT Report 18 adopted.

25. CMS Report 03 – Payment Models to Sustain Rural Hospitals

OMSS Action: OMSS Delegate instructed to listen on CMS Report 03.

HOD Action: CMS Report 03 adopted as amended.

26. Resolution 805 – Shared Medical Appointments

OMSS Action: OMSS Delegate instructed to listen on Resolution 805.

HOD Action: Resolution 805 adopted as amended.

27. Resolution 807 – Protecting Hospitals and Patients from Inappropriate Denials of Inpatient Medications

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 807.

HOD Action: Resolution 807 adopted as amended.

28. Resolution 808 – No Prior Authorization for Inexpensive Medications

OMSS Action: OMSS Delegate instructed to strongly support Resolution 808.

HOD Action: Resolution 808 adopted as amended.

29. Resolution 809 – Ensuring Patient Safety and Physician Oversight in the Integration of Hospital Inpatient Virtual Nursing

OMSS Action: OMSS Delegate instructed to strongly support Resolution 809.

HOD Action: Resolution 809 adopted.

30. Resolution 817 – Prohibiting Insurers from Denying Payment for Procedures Based on Site of Service

OMSS Action: OMSS Delegate instructed to listen on Resolution 817.

HOD Action: Resolution 817 adopted as amended.

31. CSAPH Report 02 – Regulation of Ionizing Radiation Exposure for Health Care Professionals

OMSS Action: OMSS Delegate instructed to support CSAPH Report 02.

HOD Action: CSAPH Report 02 adopted as amended.

32. Resolution 905 – Standardizing Brain Death Policies

OMSS Action: OMSS Delegate instructed to strongly support Resolution 905.

HOD Action: Resolution 905 adopted as amended.