AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-25)

Preliminary Report of the Organized Medical Staff Section Reference Committee

Neelum Aggarwal, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION AS AMENDED

1. Resolution 2 – Partnership with the Administration to Reduce Harmful Chemicals in Food and Align with European Safety Standards
2. Resolution 4 – Integrating Inpatient and Outpatient Care
3. Resolution 5 – Publicizing, Supporting, and Promoting (Appropriate) AMA Member Physicians and Physician Spouses as Candidates for Local and State Offices

RECOMMENDED FOR NOT ADOPTION

4. Resolution 1 – Supporting Efforts to Strengthen Medical Staffs Through Collective Bargaining and/or Unionization
5. Resolution 6 – “Ethical IVF” and “Restorative Reproductive Medicine”

RECOMMENDED FOR ADOPTION AS AMENDED

(1) RESOLUTION 2 – PARTNERSHIP WITH THE ADMINISTRATION TO REDUCE HARMFUL CHEMICALS IN FOOD AND ALIGN WITH EUROPEAN SAFETY STANDARDS

RECOMMENDATION A:

The first resolve in Resolution 2 be <u>deleted.</u>

~~RESOLVED, that our American Medical Association formally requests to partner with the current administration to comprehensively review and reform U.S. food additive regulations to align more closely with European Union safety standards (Directive to Take Action); and be it further~~

RECOMMENDATION B:

The fourth resolve in Resolution 2 be <u>deleted.</u>

~~RESOLVED, that our AMA supports initiatives to:~~
~~1. Require enhanced labeling of food additives to improve consumer awareness~~
~~2. Incentivize the development and adoption of natural and safer synthetic alternatives~~
~~3. Establish more rigorous pre-market safety testing requirements for new food additives~~
~~4. Implement periodic safety reviews of existing approved additives~~
~~(Directive to Take Action); and be it further~~

RECOMMENDATION C:

The fifth resolve in Resolution 2 be <u>deleted.</u>

~~RESOLVED, that our AMA requests the Trump Administration prioritize addressing food additives with the strongest evidence of health risks, particularly those affecting vulnerable populations including children, pregnant women, and individuals with compromised immune systems (Directive to Take Action); and be it further~~

RECOMMENDATION D:

The sixth resolve in Resolution 2 be <u>deleted.</u>

~~RESOLVED, that our AMA advocates for increased federal funding for independent research into the long-term health~~

~~effects of food additives and their cumulative impacts (Directive to Take Action); and be it further~~

RECOMMENDATION E:

The seventh resolve in Resolution 2 be deleted.

~~RESOLVED, that our AMA supports public-private partnerships that assist American food manufacturers in transitioning to safer ingredients while maintaining product quality and affordability (Directive to Take Action); and be it further~~

RECOMMENDATION F:

The eighth resolve in Resolution 2 be deleted.

~~RESOLVED, that our AMA will work with the Trump Administration to develop public education campaigns to inform healthcare providers and consumers about food additive safety and healthier food choices (Directive to Take Action); and be it further~~

RECOMMENDATION G:

The tenth resolve in Resolution 2 be deleted.

~~RESOLVED, that our AMA will report annually to the House of Delegates on the progress of this partnership and its impact on American food safety standards (Directive to Take Action).~~

RECOMMENDATION H:

Resolution 2 be adopted as amended.

RECOMMENDATION I:

Resolution 2 be held back and forwarded for consideration at the 2026 Annual Meeting of the AMA House of Delegates.

RESOLVED, that our American Medical Association formally requests to partner with the current administration to comprehensively review and reform U.S. food additive regulations to align more closely with European Union safety standards (Directive to Take Action); and be it further

RESOLVED, that our AMA 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

RESOLVED, that our AMA commits to providing scientific expertise, medical literature reviews, and clinical evidence to support evidence-based decision-making in food additive regulation (Directive to Take Action); and be it further

RESOLVED, that our AMA supports initiatives to:
1. Require enhances labeling of food additives to improve consumer awareness
2. Incentivize the development and adoption of natural and safer synthetic alternatives
3. Establish more rigorous pre-market safety testing requirements for new food additives
4. Implement periodic safety reviews of existing approved additives
(Directive to Take Action); and be it further

RESOLVED, that our AMA requests the Trump Administration prioritize addressing food additives with the strongest evidence of health risks, particularly those affecting vulnerable populations including children, pregnant women, and individuals with compromised immune systems (Directive to Take Action); and be it further

RESOLVED, that our AMA advocates for increased federal funding for independent research into the long-term health effects of food additives and their cumulative impacts (Directive to Take Action); and be it further

RESOLVED, that our AMA supports public-private partnerships that assist American food manufacturers in transitioning to safer ingredients while maintaining product quality and affordability (Directive to Take Action); and be it further

RESOLVED, that our AMA will work with the Trump Administration to develop public education campaigns to inform healthcare providers and consumers about food additive safety and healthier food choices (Directive to Take Action); and be it further

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

RESOLVED, that our AMA will report annually to the House of Delegates on the progress of this partnership and its impact on American food safety standards (Directive to Take Action).

Your Reference Committee heard support for Resolution 2 with members agreeing that promoting healthier food options is important and that the AMA has a role to play in ensuring the safety of the nation’s nutritional information. The Committee noted that the resolution is a part of a larger whole, citing two other resolutions already introduced to

the House of Delegates for the Interim Meeting focused on ultraprocessed foods. The Committee discussed generally that there would need to be economic considerations taken into account, both for consumers of food and producers and sellers of it, but that such considerations should not outweigh the fact that if certain nutritional products are detrimental to people and this information is available, those products should be removed.

The Committee also struggled with some of the resolve clauses, finding that a few of them would likely require significant monetary investment by the AMA. The Committee wondered if some of the resolve clauses shouldn't be submitted as resolutions on their own given the volume of "asks" that Resolution 2 puts forward. The Committee ultimately determined that removing some of the clauses but retaining the ones that specifically focused on creation, dissemination, and communication of best practices for public health and nutrition informed by scientific expertise was not only a worthwhile initiative but one that the AMA would be singularly positioned to speak to. The Committee's only hesitation is Resolution 2 may not be considered appropriate for the Interim Meeting's advocacy directives, though such consideration would not be an issue at an Annual Meeting.

Your Reference Committee thus recommends that Resolution 2 be adopted as amended and held back for consideration by the House of Delegates at the 2026 Annual Meeting.

(2) RESOLUTION 4 – INTEGRATING INPATIENT AND OUTPATIENT CARE

RECOMMENDATION A:

The third resolve in Resolution 4 be <u>deleted.</u>

~~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~~

RECOMMENDATION B:

The fourth resolve in Resolution 4 be <u>deleted.</u>

~~RESOLVED, that this resolution be forwarded to the American Medical Association House of Delegates for consideration at I-25 (Directive to Take Action).~~

RECOMMENDATION C:

Resolution 4 be <u>adopted as amended</u>.

RECOMMENDATION D:

Resolution 4 be <u>immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates.</u>

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

RESOLVED, that this resolution be forwarded to the American Medical Association House of Delegates for consideration at I-25 (Directive to Take Action).

Your Reference Committee heard testimony in support of Resolution 4 and additionally found itself in near complete agreement with testimony and with the resolution's proposals. The Committee did wonder if Resolution 4 is perhaps trying to bite off more than could be chewed in searching for a fix for the larger problem of managing fragmented health care, but ultimately the Committee agreed that any such reservation was not an impediment to the resolution itself.

The Committee's only hesitation surrounded the third resolve clause; specifically, the Committee worried that the clause, as written, may be a provision that cannot be acted upon as hospitals or other healthcare facilities may have legal prohibitions against allowing a private or independent physician to write orders or retain the kind of contact with or management of a patient's case that the resolve asks for. The Committee was also aware that many independent physicians may already find themselves overwhelmed and may prefer to hand off patients to larger facilities with the understanding that once done, the facility is expected to manage the patient's continuity of care without continually adding more to the independent physician's attention. Given these considerations, the Committee is temporarily recommending that the clause be stricken, however it would find itself very open to amendment on the part of the authors should they choose to refine the clause more.

Your Reference Committee ultimately recommends that Resolution 4 be adopted as amended and immediately forwarded for consideration by the House of Delegates at the 2025 Interim Meeting.

(3) RESOLUTION 5 – PUBLICIZING, SUPPORTING, AND PROMOTING (APPROPRIATE) AMA MEMBER PHYSICIANS AND PHYSICIAN SPOUSES AS CANDIDATES FOR LOCAL AND STATE OFFICES

RECOMMENDATION A:

The third resolve in Resolution 5 be deleted:

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

RECOMMENDATION B:

Resolution 5 be adopted as amended.

RECOMMENDATION C:

Resolution 5 be immediately forwarded for consideration at the 2025 Interim Meeting of the 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); and be it further

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

Your Reference Committee heard universal support for Resolution 5 with several members specifically calling out the need for a greater number of physicians to be active members of elected bodies, thus ensuring that legislative bodies throughout the country have at least some members who are knowledgeable about the field of medicine and the needs of both patients and physicians. The Committee believes Resolution 5 fits comfortably under the umbrella of advocacy given the nature of its resolve clauses and the desire to improve public health and physician advocacy at the state and federal level. The Committee only disagreed with the author in the timing of the resolution, believing that it is not necessary to wait until Annual 2026 to advance the resolution to the House of Delegates, particularly given the timing of 2026 state and federal election cycles.

Your Committee thus recommends that Resolution 5 be adopted as amended and immediately forwarded for consideration by the House of Delegates at the 2025 Interim Meeting.

RECOMMENDED FOR NOT ADOPTION

(4) RESOLUTION 1 – SUPPORTING EFFORTS TO STRENGTHEN MEDICAL STAFFS THROUGH COLLECTIVE BARGAINING AND/OR UNIONIZATION

RECOMMENDATION:

Resolution 1 be <u>not adopted</u>.

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).

Your Reference Committee carefully considered Resolution 1 while acknowledging that the Council on Ethical and Judicial Affairs has introduced CEJA Report 02 – "Supporting Efforts to Strengthen Medical Staffs Through Collection Actions and/or Unionization" for consideration at the 2025 Interim Meeting. CEJA 02 includes multiple recommendations amending Opinion 1.2.10 "Political Action by Physicians" of its *Code of Medical Ethics* to address how physicians can ethically incorporate collective action in their practices while at the same time balancing their commitment to their patients' health and safety. The Committee also considered that CEJA 02 stems at least in part from an earlier iteration of Resolution 1 advanced through the OMSS that was adopted by the House of Delegates and became HOD Policy H-405.946. The Committee was left wondering if it was appropriate to re-consider a policy that, as of the current meeting, has yet to be formalized.

The Committee also considered that while support for collective bargaining or unionization has seemed to grow within the AMA, it was unclear about the extent to which the organization is ready to fully endorse collective bargaining and support such moves through the creation of resources or other materials. In reading CEJA 02's proposed recommendations, the Committee considered that if the Council had wanted to fully endorse AMA action into supporting unionization and other collective actions, that support would likely have been included in CEJA 02. As such, the Committee is left waiting for the House of Delegates as a body to weigh in on CEJA 02's recommendations before it can recommend action be taken on them.

Finally, the Committee was skeptical that the Organized Medical Staff Section is the appropriate body to manage the workload that being the hub of a major enterprise-wide initiative would require. The Committee appreciates that the mission of the sections is to provide a voice for various physicians within the House of Delegates and becoming a

public-facing business unit is beyond the scope of what the House of Delegates has historically permitted any section to do.

Despite these reservations, the Committee agrees that the appetite for furthering an understanding of how collective action can be a tool for physician use is growing and steady. The Committee simply could not reconcile advancing Resolution 1 until CEJA 02 has been heard and considered by the House of Delegates. Your Reference Committee thus recommends that Resolution 1 be not adopted, however it would encourage the author to resubmit Resolution 1 at a future meeting if CEJA 02 is not enacted in a satisfactory way.

(5) RESOLUTION 6 – "ETHICAL IVF" AND "RESTORATIVE REPRODUCTIVE MEDICINE"

RECOMMENDATION:

Resolution 6 be <u>not adopted</u>.

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

RESOVLED, 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 in 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).

Your Reference Committee considered Resolution 6 and appreciated the additional testimony from the author. While the Committee did not find itself in disagreement with any particular provision, it found itself questioning whether the resolution was appropriate for the OMSS to take up, particularly struggling to identify how the resolution speaks directly to the OMSS mission of representing physicians as they relate to broader healthcare facilities. The Committee appreciated learning that the first four resolve clauses are being considered by the House of Delegates during the Interim Meeting and would encourage the OMSS as a section to support that resolution.

Ultimately, the Committee was unable to conclude that Resolution 6 should be advanced through the OMSS, based not on the content or the quality of the resolution, but solely on the subject matter being outside the scope of Organized Medical Staff Section.

Your Reference Committee thus recommends that Resolution 6 be not adopted, though hopes the relevant provisions already at the House will be supported by the Section.

Doctor Chair, this concludes the report of the Organized Medical Staff Section Reference Committee. We would like to thank Drs. Chris Bush, Amit Ghose, Robert Gibbs, and Christopher Gribbin as well as all those who testified before the Committee.

Neelum Aggarwal, MD
Chair, OMSS Reference Committee

Chris Bush, MD

Amit Ghose, MD

Robert Gibbs, MD

Christopher Gribbin, MD