

## DISCLAIMER

**The following is a preliminary report of actions taken by the House of Delegates at its 2025 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.**

### AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-25)

Final Report of Reference Committee F

Robert A. Gilchick, MD, MPH, Chair

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#### 1    **RECOMMENDED FOR ADOPTION**

2    1.    Council on Long Range Planning and Development Report 1 – Private Practice  
3    Physicians Section Five-Year Review  
4  
5    2.    Report of the House of Delegates Committee on the Compensation of the  
6    Officers  
7  
8    3.    Board of Trustees Report 23 – Accreditation Council for Continuing Medical  
9    Education Observer Status in the House of Delegates  
10

#### 12    **RECOMMENDED FOR ADOPTION AS AMENDED**

14    4.    Speakers' Report 2 – Election Committee Review of Election Rules for  
15    Clarification

#### 17    **RECOMMENDED FOR ADOPTION IN LIEU OF**

19    5.    Resolution 603 – Upholding Professional Integrity and Ethical Leadership  
20    through Continued Publication of the AMA Journal of Ethics  
21    Resolution 604 – Sustaining Ethical Leadership Through Continued Support of  
22    the AMA Journal of Ethics  
23

#### 24    **RECOMMENDED FOR REFERRAL**

26    6.    Resolution 601 – Reimagining and Modernizing the U.S. Healthcare Delivery  
27    System

#### Amendments

If you wish to propose an amendment to an item of business, use the following QR code or click: <https://forms.office.com/r/13Y1p3bQq9>



\*Your Reference Committee recommendation has changed from the Preliminary Report.

1   **RECOMMENDED FOR NOT ADOPTION**

2

3   7.    Council on Long Range Planning and Development Report 2 – Evaluation of the

4   Structure of the AMA House of Delegates

5

6   8.    Speakers' Report 1 – Online Reference Committees

7

8   9.    Resolution 602 – Standardizing the Appointment Process for AMA Councils

## RECOMMENDED FOR ADOPTION

1 (1) COUNCIL ON LONG RANGE PLANNING AND  
2 DEVELOPMENT REPORT 1 - PRIVATE PRACTICE  
3 PHYSICIANS SECTION FIVE-YEAR REVIEW

4  
5 RECOMMENDATION:

6  
7 Your Reference Committee recommends that the  
8 Recommendation in Council on Long Range Planning and  
9 Development Report 1 be adopted and the remainder of the  
10 Report be filed.  
11

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12 HOD ACTION:

13 **Council on Long Range Planning and Development Report 1 adopted and  
14 remainder of report filed.**  
15

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16  
17 The Council on Long Range Planning and Development recommends that our American  
18 Medical Association renew delineated section status for the Private Practice Physicians  
19 Section through 2030 with the next review no later than the 2030 Interim Meeting and that  
20 the remainder of this report be filed. (Directive to Take Action)  
21

22 Testimony in response to CLRPD Report 1 was supportive.  
23

24  
25 Your Reference Committee noted concerns related to member engagement and  
26 governance were raised in the testimony, but your Reference Committee believes that the  
27 Private Practice Physicians Section (PPPS) leadership can continue to work through these  
28 matters internally. Moreover, the Council on Long Range Planning and Development's  
29 positive review and the favorable testimony supports renewal of delineated status for the  
30 PPPS.  
31

32 Your Reference Committee recommends that the Council on Long Range Planning and  
33 Development Report 1 be adopted.

1 (2) REPORT OF THE HOUSE OF DELEGATES COMMITTEE  
2 ON THE COMPENSATION OF THE OFFICERS

3 RECOMMENDATION:

4 Your Reference Committee recommends that the  
5 Recommendation in the Report of the House of Delegates  
6 Committee on the Compensation of the Officers be adopted  
7 and the remainder of the Report be filed.  
8

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9  
10 HOD ACTION:

11 Report of the House of Delegates Committee on the Compensation of the Officers  
12 adopted and remainder of report filed.  
13

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14 1. That there be no additional changes to the Officers' compensation for the period  
15 beginning July 1, 2025, through June 30, 2026. (Directive to Take Action.)  
16  
17 2. That the remainder of the report be filed.

18 No testimony was received.  
19

20 Your Reference Committee recommends that the Report of the House of Delegates  
21 Committee on the Compensation of the Officers be adopted.  
22

23 (3) BOARD OF TRUSTEES REPORT 23 - ACCREDITATION  
24 COUNCIL FOR CONTINUING MEDICAL EDUCATION  
25 OBSERVER STATUS IN THE HOUSE OF DELEGATES

26 RECOMMENDATION:

27 Your Reference Committee recommends that the  
28 Recommendation in Board of Trustees Report 23 be  
29 adopted and the remainder of the Report be filed.  
30

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31 HOD ACTION:

32 Board of Trustees Report 23 adopted and remainder of report filed.  
33

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34 The Board of Trustees recommends that the Accreditation Council for Continuing Medical  
35 Education be admitted as an Official Observer in the House of Delegates, and that the  
36 remainder of this report be filed.

37 Only supportive testimony was received. Therefore, your Reference Committee  
38 recommends that Board of Trustees Report 23 be adopted.  
39

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## RECOMMENDED FOR ADOPTION AS AMENDED

1 (4) SPEAKERS' REPORT 2 - ELECTION COMMITTEE  
2 REVIEW OF ELECTION RULES FOR CLARIFICATION

3  
4 RECOMMENDATION A:

5 Your Reference Committee recommends that the  
6 Recommendation in Speakers' Report 2 be amended by  
7 addition and deletion to read as follows:  
8

9  
10 1. A formal election complaint must be filed in writing by a  
11 HOD delegate or alternate delegate via the election  
12 website before the commencement of the election  
13 session at which the candidate is currently seeking  
14 election.  
15  
16 2. A campaign presentation is a written or verbal  
17 presentation about a campaign or a solicitation of votes  
18 for an AMA election during to a non-sponsoring group  
19 meeting. A candidate may attend and participate in the  
20 business of a non-campaign-related meeting or event of  
21 a non-sponsoring group or non-endorsing group, but the  
22 candidate shall not engage in campaigning of any kind.  
23 nor shall their attendance at the meeting include  
24 recognition or acknowledgment as a candidate prior to,  
25 during, or following such meeting or event.

26  
27 RECOMMENDATION B:  
28

29 Your Reference Committee recommends that the  
30 Recommendation in Speakers' Report 2 be adopted as  
31 amended and the remainder of the Report be filed.  
32

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33  
34 HOD ACTION:

35 Speakers' Report 2 adopted as amended and the remainder of report filed.  
36

37 ADOPTED LANGUAGE:

38 1. A formal election complaint must be filed in writing by a HOD delegate or  
39 alternate delegate via the election website before the commencement of the  
40 election session at which the candidate is currently seeking election.  
41  
42 2. A campaign presentation is a written or verbal presentation about a campaign  
43 or a solicitation of votes for an AMA election to a non-sponsoring group. A  
44 candidate may attend and participate in the business of a non-campaign-related  
45 meeting or event of a non-sponsoring group or non-endorsing group, but the  
46 candidate shall not engage in campaigning of any kind.  
47

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1 Your Speakers recommend that the following clarifications be made to the AMA election  
2 policies and the remainder of the report be filed:

3

4 1. A formal election complaint must be filed in writing by a HOD delegate or alternate  
5 delegate via the election website before the commencement of the election session at  
6 which the candidate is currently seeking election.

7

8 2. A campaign presentation is a written or verbal presentation about a campaign or a  
9 solicitation of votes for an AMA election during a non-sponsoring group meeting.

10

11 Speakers' Report 2 sought to offer clarification on the election complaint process,  
12 campaign-related presentations, and sponsoring groups. Limited testimony raised  
13 additional points related to the parameters for an election session and the expectations of  
14 a candidate during meetings held by a non-sponsoring group.

15

16 Testimony called for the addition of "non-endorsing groups" to the amended language in  
17 an effort to provide support for candidates who wish to "address their own sponsoring and  
18 endorsing societies of which they are a member."

19

20 Additional testimony supported removal of restrictive language that would mitigate the  
21 unintended consequence of incurring a campaign violation while maintaining flexibility for  
22 candidates attending non-campaign-related meetings.

23

24 In response to these points, and after consultation with your Speakers to better understand  
25 the intent of their recommendations to preserve equitable campaign opportunities for all  
26 candidates, your Reference Committee proffered amended language to provide added  
27 clarification.

28

29 Your Reference Committee maintains its recommendation that Speakers' Report 2 be  
30 adopted as amended.

## RECOMMENDED FOR ADOPTION IN LIEU OF

1       (5) RESOLUTION 603 - UPHOLDING PROFESSIONAL  
2       INTEGRITY AND ETHICAL LEADERSHIP THROUGH  
3       CONTINUED PUBLICATION OF THE AMA JOURNAL OF  
4       ETHICS  
5       RESOLUTION 604 - SUSTAINING ETHICAL LEADERSHIP THROUGH  
6       CONTINUED SUPPORT OF THE AMA JOURNAL OF ETHICS

7  
8       RECOMMENDATION:

9  
10      Your Reference Committee recommends that Alternate  
11      Resolution 603 be adopted in lieu of Resolutions 603 and  
12      604:

13  
14      UPHOLDING PROFESSIONAL INTEGRITY AND  
15      ETHICAL LEADERSHIP

16  
17      RESOLVED, that our American Medical Association commit  
18      to sustaining accessible, physician-led education and  
19      discourse on the ethical challenges in medicine (New HOD  
20      Policy); and be it further

21  
22      RESOLVED, that our AMA publicize opportunities for  
23      medical ethics engagement and learning across the  
24      association (Directive to Take Action).

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25  
26      HOD ACTION:

27      Alternate Resolution 603 adopted as amended in lieu of Resolutions 603 and 604.

28  
29      ADOPTED LANGUAGE:

30      UPHOLDING PROFESSIONAL INTEGRITY AND ETHICAL LEADERSHIP

31  
32      1. Our AMA is committed to sustaining accessible, physician-led education and  
33      discourse on the ethical challenges in medicine.  
34  
35      2. Our AMA will develop and publicize opportunities for medical ethics  
36      engagement and learning across the association.  
37  
38      3. Our AMA will continue to advance and fund opportunities for editorial  
39      fellowships in ethics for trainees and early-career physicians commensurate to  
40      the AMA Journal of Ethics Editorial Fellowship.  
41  
42      4. Our AMA will report back on its progress and advancement for medical ethics  
43      engagement and editorial fellowships for trainees and early-career physicians  
44      at Annual 2026.

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1 Resolution 603 –

2 RESOLVED, that our American Medical Association reaffirm its commitment to sustaining  
3 accessible, physician-led education and discourse on the ethical challenges in medicine  
4 (New HOD Policy); and be it further

5  
6 RESOLVED, that our AMA maintain current funding and operations of the *AMA Journal of*  
7 *Ethics* through at least the end of fiscal year 2027 (Directive to Take Action); and be it  
8 further

9  
10 RESOLVED, that our AMA study and report back with recommendations on how our  
11 organization can maintain leadership in medical ethics education, including an  
12 investigation of more sustainable or alternative publishing models for the *AMA Journal of*  
13 *Ethics* (Directive to Take Action); and be it further

14  
15 RESOLVED, that our AMA support the continued work, dissemination, and publication of  
16 the *AMA Journal of Ethics*. (New HOD Policy)

17  
18 Resolution 604 –

19 RESOLVED, that our American Medical Association (AMA) support the continued work,  
20 dissemination, and publication of the AMA Journal of Ethics to address ethical challenges  
21 in healthcare; and be it further

22  
23 RESOLVED, that our AMA reaffirm its commitment to sustaining accessible, physician-  
24 led ethics education and discourse.

25  
26 Mixed testimony was received for Resolutions 603 and 604. Testimony noted concerns  
27 that medical students and resident physicians may lose access to educational or  
28 publishing opportunities when the AMA Journal of Ethics ceases publication in December  
29 2025.

30  
31 Additional testimony indicated that factors such as low readership and limited awareness  
32 for the Journal of Ethics affirms the opportunity to utilize other platforms while continuing  
33 the AMA's mission to maintain a standard for medical ethics. Testimony reflected the need  
34 to promote more effective use of the AMA's resources. Further, these opportunities could  
35 support our members' engagement in ethical discourse while promoting professional  
36 development.

37  
38 Your Reference Committee heard testimony from our Board of Trustees that our newly  
39 founded Center for Digital Health and AI will prioritize and resource ethics as a core pillar  
40 of our strategy and operations. Additionally, the rights for all content developed and  
41 scheduled for publication in 2026 will revert to the authors of that content, and they will be  
42 free to publish that content as they wish.

43  
44 Overall, testimony supported the need to maintain the AMA's ethics work, especially in  
45 light of AI, private equity, and other emerging issues that may impact the practice of  
46 medicine.

47  
48 Based on the testimony presented, your Reference Committee recommends that Alternate  
49 Resolution 603 be adopted in lieu of Resolutions 603 and 604.

## RECOMMENDED FOR REFERRAL

1 (6) RESOLUTION 601 - REIMAGINING AND MODERNIZING  
2 THE U.S. HEALTHCARE DELIVERY SYSTEM

3  
4 RECOMMENDATION:

5  
6 Your Reference Committee recommends that Resolution  
7 601 be referred.

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9  
10 **HOD ACTION:**  
11 **Resolution 601 referred for decision.**

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12  
13  
14 RESOLVED, that our American Medical Association will convene a multidisciplinary Task  
15 Force, under the direction of the Board of Trustees, that may include physicians and  
16 trainees, allied health professionals, leaders from hospitals and health systems, public  
17 and private payers, health economists, ethicists, patient advocates, and other relevant  
18 parties from across the health sector, to develop a legislative roadmap to reform the U.S.  
19 healthcare delivery system, drawing from and building upon existing AMA policy, and  
20 positioning our AMA as a convener of a broader national coalition to advance this vision;  
21 and that this roadmap will be structured around the following components:

22  
23 1. Foundational Principles: The roadmap will specifically incorporate the following  
24 principles:  
25 a. Equitable access to affordable, high-quality healthcare for all as a basic human  
26 right;  
27 b. Physician autonomy and the primacy of the patient-physician relationship;  
28 c. Physician-led care as the foundation of clinical decision-making and healthcare  
29 delivery;  
30 d. Freedom of patients and physicians to choose care settings and models of  
31 practice;  
32 e. Physician practice sustainability through fair and predictable payment;  
33 f. Science-based innovation that improves healthcare value and efficiency; and  
34 g. Prevention, public health, and health equity as central pillars of a sustainable  
35 healthcare system;

36  
37 2. Scope of Review: In developing the roadmap, the task force will consider issues  
38 related to healthcare delivery and financing, including, but is not limited to, the  
39 following systemic problems and potential solutions:  
40 a. Physician payment and workforce sustainability;  
41 b. Comprehensive valuation of physician work;  
42 c. Incentives that support timely, patient-centered care and uphold clinical judgment;  
43 d. Administrative, financial, and clinical interference by intermediaries;  
44 e. Uninsurance, underinsurance, and other cost-sharing issues;  
45 f. Universal coverage, including preventive services and public health;  
46 g. Equity in care delivery;  
47 h. Protection of physician-patient shared decision-making;

- i. Market consolidation, vertical integration, and profiteering;
- j. Drug pricing and access to evidence-based therapies; and
- k. Transparency and reporting of the true cost of care;

3. Environmental Scan: To inform the roadmap, the task force will conduct a comprehensive review of existing global and domestic healthcare programs and reform proposals to evaluate their strengths and weaknesses based on how each framework centers patients, upholds clinical judgment, and promotes healthcare system and physician practice sustainability; and

4. Reporting and Engagement: The task force will:

- a. Report at least annually to the AMA House of Delegates on its findings and progress;
- b. Provide recommendations to the AMA Board of Trustees on areas requiring further policy development to support this work;
- c. Regularly convene focus groups within and outside of the AMA House of Delegates to review draft elements of the roadmap as they are being developed; and
- d. Deliver a final comprehensive legislative roadmap to reform the U.S. healthcare delivery system for consideration by the AMA House of Delegates.

Testimony was mixed in response to Resolution 601 and underscored the complexity of the matter, as well as the range of perspectives among those testifying. Proponents emphasized that the resolution addresses key weaknesses in the current healthcare system (e.g., fragmentation and underpayment) and fosters a vision for reform. Conversely, testimony in opposition cautioned that the resolution may be overly prescriptive and questioned whether a single Task Force could effectively manage the breadth of issues identified. Several recommended clarifying the guiding principles of a Task Force, particularly the commitment to science-based evidence in healthcare innovation.

Testimony stressed the importance of strong physician representation, physician-led care, and the preservation of shared decision-making.

Some individuals also warned of potential divisions within the medical community and the challenges inherent in developing a new policy framework, suggesting that integrating existing policies might be a more practical solution. Testimony also pointed out the large fiscal note assigned to the resolution. The overall discussion reflected a shared dedication to collaborative, evidence-driven approaches for addressing the complex challenges of the U.S. healthcare system.

In response to the testimony presented, our AMA Board of Trustees indicated your Reference Committee's preliminary recommendation for referral for report is welcomed, and would allow for careful consideration of factors such as:

- The respective roles of existing AMA entities responsible for driving efforts in this area, including the Council on Legislation, the Council on Medical Service, and the House of Delegates.

1     • How the substantial body of existing AMA policy guides our AMA efforts toward health  
2     system modernization.

3  
4     • The opportunities for, and challenges of, developing partnerships with non-physician  
5     entities for these efforts.

6  
7     Your Reference Committee maintains its recommendation that Resolution 601 be referred  
8     for report. As was stated during testimony, our AMA needs to develop and lead with a plan  
9     for reforming our healthcare system.

## RECOMMENDED FOR NOT ADOPTION

1 (7) COUNCIL ON LONG RANGE PLANNING AND  
2 DEVELOPMENT REPORT 2 - EVALUATION OF THE  
3 STRUCTURE OF THE AMA HOUSE OF DELEGATES

4  
5 RECOMMENDATION:

6  
7 Your Reference Committee recommends that the  
8 Recommendation in Council on Long Range Planning and  
9 Development Report 2 not be adopted and the remainder of  
10 the Report be filed.  
11

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12  
13 **HOD ACTION:**

14 **Council on Long Range Planning and Development Report 2 not adopted and report  
15 filed.**

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16  
17 The Council on Long Range Planning and Development recommends that the delegate  
18 apportionment for the AMA House of Delegates be paused at 2025 levels through year-  
19 end 2026 and that this report be filed.  
20

21  
22 Testimony was predominately opposed to the recommendation contained in CLRPD  
23 Report 2 indicating that a proposed pause in increased delegate apportionment may  
24 undermine democratic principles as well as efforts related to membership growth.  
25 Additional testimony noted that smaller delegations may be placed at a disadvantage due  
26 to a pause. Your Reference Committee noted some larger delegations expressed similar  
27 concerns.  
28

29 The limited supportive testimony indicated that implementing a pause for one year may  
30 provide an opportunity to address logistical concerns associated with House of Delegates  
31 (HOD) meetings. Testimony further reflected that the CLRPD listening session at the 2025  
32 Interim meeting may facilitate an in-depth discussion and identify potential solutions for  
33 future consideration.  
34

35 Your Reference Committee acknowledges and appreciates the CLRPD's efforts in  
36 preparing this report; however, your Reference Committee supports that the  
37 recommendation contained in the Council on Long Range Planning and Development  
38 Report 2 not be adopted.

1 (8) SPEAKERS' REPORT 1 - ONLINE REFERENCE  
2 COMMITTEES

3  
4 RECOMMENDATION:

5  
6 Your Reference Committee recommends that the  
7 Recommendation in Speakers' Report 1 not be adopted and  
8 the remainder of the Report be filed.  
9

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10  
11 **HOD ACTION:**  
12 **Speakers' Report 1 not adopted and report filed.**  
13

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14  
15 Your Speakers recommend that Policy G-600.045, "Online Reference Committee  
16 Hearings in the House of Delegates," be amended by addition and deletion and the  
17 remainder of the report be filed:

18  
19 1. Our American Medical Association will convene Online Reference Committee  
20 Hearings prior to each House of Delegates meeting. These hearings shall open 10  
21 days following the resolution submission deadline and remain open for 24 14 days.  
22

23 Testimony in response to Speakers' Report 1 reflected appreciation for the opportunity to  
24 provide feedback and emphasized the importance of thoughtful engagement in the  
25 policymaking process.  
26

27 The majority of those who testified opposed implementing any immediate changes to the  
28 Online Reference Committee (ORC) process. Several expressed concerns that reducing  
29 the ORC duration at this time could constrain participation and impede the thorough review  
30 of resolutions. Testimony further highlighted that the ORC process constitutes a recent  
31 and significant procedural change, and that delegations are continuing to adapt to its  
32 implementation. Overall, the testimony reflected a collective commitment to enhancing the  
33 ORC process over time, with careful consideration of the diverse needs and capacities of  
34 all delegations.  
35

36 Your Reference Committee recommends that Speakers' Report 1 not be adopted.

1 (9) RESOLUTION 602 - STANDARDIZING THE  
2 APPOINTMENT PROCESS FOR AMA COUNCILS

3  
4 RECOMMENDATION:

5  
6 Your Reference Committee recommends that Resolution  
7 602 not be adopted.

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8  
9  
10 **HOD ACTION:**  
11 **Resolution 602 not adopted.**

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12  
13  
14 RESOLVED, that our American Medical Association develop a phased implementation  
15 plan – including selection criteria, procedural steps, and necessary bylaw amendments –  
16 to establish a House of Delegates-elected Nominating Committee responsible for the  
17 appointment and reappointment of all Council members, subject to final approval by the  
18 Board of Trustees. (Directive to Take Action)

19  
20 Testimony was overwhelmingly opposed to Resolution 602, noting that the proposed  
21 process compromises the democratic nature for selecting AMA Council members.  
22 Concerns associated with establishing a nominating committee include:

23  
24 • Bias could be introduced into the appointment process, which could compromise  
25 fairness and consideration of diverse perspectives.

26  
27 • Centralizing the appointment of Council members could erode accountability and  
28 engagement for our AMA Board of Trustees and the HOD.

29  
30 • Interactions between HOD members and Council candidates could be hampered  
31 by the process change; thus, limiting discourse on key issues.

32  
33 Although limited testimony noted the potential merit of a nominating committee, the overall  
34 sentiment was that a universal appointment process is not appropriate for our AMA  
35 Councils. Therefore, your Reference Committee recommends that Resolution 602 not be  
36 adopted.

1 This concludes the report of Reference Committee F. I would like to thank Emily D. Briggs,  
2 MD, MPH, Richard A. Geline, MD, Hillary Johnson-Jahangir, MD, PhD, Jayme N. Looper,  
3 MD, MSE, Jayesh B. Shah, MD, MHA, Yasser F. Zeid, MD, MHA, and all those who  
4 testified before the Committee.

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Emily D. Briggs, MD, MPH  
American Academy of Family  
Physicians

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Richard A. Geline, MD (Alternate)  
Illinois

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Hillary Johnson-Jahangir, MD, PhD  
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Jayesh B. Shah, MD, MHA  
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Robert A. Gilchick, MD, MPH  
American College of Preventive  
Medicine  
Chair