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 K

Samuel Huang, MD, Chair

RECOMMENDED FOR ADOPTION

1. *BOT 24 - Amending Vaccine-Related Policies
2. Resolution 901 - Distinction Between Healthful and Unhealthful “Ultraprocessed” Foods
3. Resolution 920 - Alcohol and Aging: Educating Physicians and Advocating for Safer Warnings
4. Resolution 922 - Addressing Health Impacts of Indian Boarding Schools
5. Resolution 923 - Enhancing Disaster Preparedness Mechanisms for People with Disabilities
6. Resolution 924 - Preserving Access to Gamete Donation and Gestational Carriers and Protecting Parental Rights
7. Resolution 926 - Establishment of Federal and State Offices of Men's Health
8. Resolution 929 - Protecting Access to Evidence-base Psychotropic Medications for the Treatment of Pediatric Mental Illness
9. Resolution 932 - Shared Decision-Making and Low Dose CT Lung Cancer Screening in Clinical Practice

RECOMMENDED FOR ADOPTION AS AMENDED

10. *CSAPH 02 - Regulation of Ionizing Radiation Exposure for Health Care Professionals
11. CSAPH 03 - Plastic Pollution Reduction
12. *Resolution 902 - Advocating For Improvements in Systems of Care for Autism
13. Resolution 905 - Standardizing Brain Death Policies
14. Resolution 907- In-Office Dispensing of Generic Medications
15. *Resolution 909 - Clinical Significance of Sleepiness
16. Resolution 911- Safeguarding NIH-Funded and Other Women's Health Research in Peer-Reviewed Publishing
17. Resolution 912 - Increasing Access through Federated Healthcare Data Architecture
18. Resolution 933 - Addressing Gaps in National Healthcare Safety Network (NHSN) Data Quality
19. *Resolution 935 - Enhancing Healthcare System Preparedness to Address Veteran-Specific Health Disparities

1 **RECOMMENDED FOR ADOPTION IN LIEU OF**
2
3 20. Resolution 931 - Preserving Evidence-Based, Equitable Grooming Standards in
4 Military Service

5 **RECOMMENDED FOR REFERRAL**
6
7 21. Resolution 906 - Rethinking the Medicare Annual Wellness Visit
8 22. *Resolution 917 - Urging Comprehensive Research and Safety Testing of
9 Industry-Engineered Food Additives (IEFAs), Including High Fructose Corn Syrup
10 23. Resolution 918 - Remove Outdated Barriers to Genetic Testing
11 24. *Resolution 921 - Prioritizing Deprescribing Seniors
12 25. *Resolution 927 - Battlefield Acupuncture - An Educational Call to Arms
13 26. Resolution 930 - Establishing Fire Risk Standards for Civilian and Non-Industrial
14 Clothing
15
16 **RECOMMENDED FOR REFERRAL FOR DECISION**
17
18 27. *Resolution 919 - Strengthening Trust through AMA-Based Leadership for
19 Evidence-Based Vaccines (STABLE Vaccines)
20 Resolution 925 - Evidence-Based Vaccine and Preventive Services
21 Recommendation
22
23 **RECOMMENDED FOR NOT ADOPTION**
24
25 28. Resolution 904 - Supporting Certification of the Public Health Workforce
26 29. Resolution 908 - Support of Access to Insulin-Detemir
27
28 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**
29
30 30. Resolution 903 - Nitrous Oxide Inhalant Abuse

*Your Reference Committee recommendation has changed from the Preliminary Report

RECOMMENDED FOR ADOPTION

(1) BOT 24 - AMENDING VACCINE-RELATED POLICIES

RECOMMENDATION:

Your Reference Committee recommends that the Board of Trustees Report 24 be adopted.

HOD ACTION: BOT 24 adopted and the remainder of the Report filed.

The Board of Trustees recommends that the House of Delegates policies listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. (Directive to Take Action)

Your Reference Committee heard unanimously supportive testimony for this item. Multiple delegations testified in favor of the report. A delegation emphasized that medical specialty recommendations are important, especially given the multiple concurrent initiatives at the state level. Another delegation highlighted the importance of maintaining scientific evidence as the highest priority. Your Reference Committee agrees with these points and; therefore, your Reference Committee recommends that the report's recommendations be adopted.

(2) RESOLUTION 901 - DISTINCTION BETWEEN HEALTHFUL AND UNHEALTHFUL "ULTRAPROCESSED" FOODS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 901 be adopted.

HOD ACTION: Resolution 901 adopted.

RESOLVED, that our American Medical Association encourage public education on the difference between healthful "ultraprocessed" foods and unhealthful "ultraprocessed" foods (New HOD Policy); and be it further

RESOLVED, that our AMA amend AMA policy H-150.914, Addressing the Health Impacts of Ultraprocessed Foods, by deletion to remove the first appearance of the word "food," so as to read "Our AMA supports and promotes public awareness and education about the differences between healthful ~~foods~~ and unhealthful ultraprocessed foods (UPF) and the benefits of minimally processed and unprocessed foods." (Modify Current HOD Policy)

Your Reference Committee heard testimony that was largely supportive of this resolution. Current AMA policy assumes that all ultra-processed foods are unhealthful, but as noted in testimony there are some foods classified as ultra-processed food that have health benefits. This proposed amendment better aligns AMA policy with current evidence. There was some concern that there is no standard definition of ultra-processed foods, but that work is being undertaken and is beyond the scope of this resolution. Therefore, your Reference Committee recommends that Resolution 901 be adopted.

(3) RESOLUTION 920 - ALCOHOL AND AGINIG: EDUCATING PHYSICIANS AND ADVOCATING FOR SAFER WARNINGS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 920 be adopted.

HOD ACTION: Resolution 920 adopted.

RESOLVED, that our American Medical Association advocate for the inclusion of clear, evidence-based warnings concerning the health risks of alcohol use in seniors on all alcoholic beverage containers, and work with regulatory bodies to develop standards for such warning labels in alignment with AMA policy. (Directive to Take Action)

Your Reference Committee heard unanimously supportive testimony on this resolution, with many dementia specialists and geriatric practitioners noting a need for greater awareness around the harmful effects of alcohol on aged populations. Therefore, your Reference Committee recommends that Resolution 920 be adopted.

(4) RESOLUTION 922 - ADDRESSING HEALTH IMPACTS OF INDIAN BOARDING SCHOOLS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 922 be adopted.

HOD ACTION: Resolution 922 adopted.

RESOLVED, that our American Medical Association support efforts to address the historical injustices and ongoing health impacts of Indian boarding schools. (New HOD Policy)

Your Reference Committee heard mostly supportive testimony for Resolution 922. Multiple delegations/sections in support noted the importance of addressing the ongoing health harms of Indian boarding schools and their resultant health disparities. Testimony in support also noted that physicians must acknowledge the historical harms that continue to manifest in the bodies, minds, and communities of Indigenous patients and communities. Two individuals in opposition noted that this resolution is out of scope of the AMA's advocacy efforts. Given that the majority of the testimony was in support of this resolution, your Reference Committee recommends that Resolution 922 be adopted.

(5) RESOLUTION 923 - ENHANCING DISASTER PREPARADNESS MECHANISMS FOR PEOPLE WITH DISABILITIES

RECOMMENDATION:

Your Reference Committee recommends that Resolution 923 be adopted.

HOD ACTION: Resolution 923 adopted.

RESOLVED, that our American Medical Association, in coordination with relevant stakeholders, advocate for greater integration of inclusive emergency alert systems (e.g., visual, auditory, and haptic notifications) in emergency preparedness planning to ensure disaster response accessibility for people with disabilities (Directive to take Action); and be it further

RESOLVED, that our AMA support increased federal and state funding for disability-specific disaster preparedness measures such as assistive technologies, durable medical equipment, mobility devices, and education programs in collaboration with relevant stakeholders. (New HOD Policy

Your Reference Committee heard unanimous testimony in support of adopting resolution 923 and in opposition to reaffirmation. Multiple delegations/sections in support of adoption noted that this resolution builds upon existing AMA policy by providing specific and critically needed inclusive language that advocates for disaster preparedness that is tailored to our disabled population. A delegation proffered an amendment to delete " increased federal and state funding for" in the second Resolved clause noting that early responders such as the Red Cross and other local agencies are funded by donations and fundraising so the request for federal and state dollars is not beneficial. Given that the majority of the testimony by multiple delegations/sections was in support of including language about increasing federal and state funding, your Reference Committee recommends that Resolution 923 be adopted.

(6) RESOLUTION 924 - PRESERVING ACCESS TO GAMETE DONATION AND GESTATIONAL CARRIERS AND PROTECTING PARENTAL RIGHTS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 924 be adopted.

HOD ACTION: Resolution 924 adopted.

RESOLVED, that our American Medical Association support policies and initiatives that protect, standardize, and improve access to gamete donation and gestational carrying as recognized options for assisted reproduction (New HOD Policy); and be it further

RESOLVED, that our AMA support efforts by appropriate parties to provide resources for intended parents, gestational carriers, gamete donors, and children born with the aid of gamete donation and/or gestational carrying (New HOD Policy); and be it further

RESOLVED, that our AMA advocates for accessibility, timeliness, and dignity in the process of establishing parentage for children born from gamete donation and/or gestational carrying. (Directive to Take Action)

Your Reference Committee heard strong support from multiple delegations. Two delegations highlighted that Resolution 924 is in strong alignment with existing policy including Policy 4.2.1 (Assisted Reproductive Technology), 4.2.2 (Gamete Donation), and 4.2.4 (Third-Party Reproduction). Moreover, it builds upon AMA's long-standing commitment to ethical, inclusive, and evidence-based reproductive care. A handful of individuals opposed the resolution as unethical, racist, ableist, and sexist. Given the alignment with existing policy and strong section and delegation support, your Reference Committee recommends Resolution 924 be adopted.

(7) RESOLUTION 926 - ESTABLISHMENT OF FEDERAL AND STATE OFFICES OF MEN'S HEALTH

RECOMMENDATION:

Your Reference Committee recommends that Resolution 926 be adopted.

HOD ACTION: Resolution 926 adopted.

ADOPTED LANGUAGE:
Policy D-160.985 "Establishment of Federal and State Offices of Men's Health"

1. Our AMA encourages the establishment of an Office of Men's Health within the federal Department of Health and Human Services to coordinate awareness, outreach, and outcomes on men's health.

2. Our AMA encourages the establishment of an Office of Men's Health within each state's Department of Health and Human Services to coordinate awareness, outreach, and outcomes on men's health.

RESOLVED, that our American Medical Association amend Policy D-160.985, Establishment of an Office of Men's Health, to read as follows:

Establishment of ~~an~~ Federal and State Offices of Men's Health

1. Our AMA encourages the establishment of an Office of Men's Health ~~at the U.S.~~ within the federal Department of Health and Human Services to coordinate awareness, outreach, and outcomes on men's health.

2. Our AMA encourages the establishment of an Office of Men's Health within each state's Department of Health and Human Services to coordinate awareness, outreach, and outcomes on men's health. (Modify Current HOD Policy)

Your Reference Committee heard unanimously supportive testimony in favor of this resolution, with many delegations and sections noting the timeliness of this policy as suicide rates among men have continued to climb. Therefore, your Reference Committee recommends resolution 926 be adopted.

(8) RESOLUTION 929 - PROTECTING ACCESS TO EVIDENCE-BASE PSYCHOTROPIC MEDICATIONS FOR THE TREATMENT OF PEDIATRIC MENTAL ILLNESS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 929 be adopted.

HOD ACTION: Resolution 929 adopted.

RESOLVED, that our American Medical Association opposes limitations on access to psychotropic medication as part of a comprehensive mental health treatment plan (New HOD Policy); and be it further

RESOLVED, that our AMA advocates that the U.S. Department of Health and Human Services and Congress use peer reviewed pediatric mental health research, and evidence based clinical guidelines developed by non-profit medical professional societies to inform pediatric mental health policy. (Directive to Take Action)

Your Reference Committee heard testimony that was unanimously supportive of this resolution. In particular, there was concern for politicalization and misinformation limiting the access for critical mental health treatment in pediatric patients, noting that this specific resolution advocates with the detailed policy needed to support evidence-based treatment. Therefore, your Reference Committee recommends Resolution 929 be adopted.

(9) RESOLUTION 932 - SHARED DECISION-MAKING AND LOW DOSE CT LUNG CANCER SCREENING IN CLINICAL PRACTICE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 932 be adopted.

HOD ACTION: Resolution 932 adopted.

RESOLVED, that our American Medical Association, in conjunction with other interested national specialty societies of expertise (e.g., ACP, AAFP, ACR, etc.), create and share educational resources and training to help physicians efficiently discuss and document low-dose computed tomography (LDCT) lung cancer screening during shared decision-making visits for high-risk populations. (Directive to Take Action)

Your Reference Committee heard testimony from three delegations and one individual in support of adopting Resolution 932, therefore your Reference Committee recommends adoption of Resolution 932

RECOMMENDED FOR ADOPTION AS AMENDED

(10) CSAPH 02 REGULATION OF IONIZING RADIATION EXPOSURE FOR HEALTH CARE PROFESSIONALS

RECOMMENDATION A:

Your Reference Committee recommends that the Recommendation in the Council on Science and Public Health (CSAPH) Report 2 be amended by addition and deletion to read as follows:

Policy H-455.975, "Regulation of Ionizing Radiation Exposure for Health Care Workers" be amended by addition and deletion to read as follows:

1. Our American Medical Association encourages: (1) public and private health care institutions to ensure the availability of personal protective equipment (PPE) that provides comprehensive coverage of different body types ~~by providing readily available PPE that reduces~~ to reduce ionizing radiation exposure to as low as reasonably achievable for ~~employees~~ health care personnel and trainees of all genders and pregnancy statuses; (2) the use of dosimetry badges for all ~~employees~~ health care personnel and trainees who work in exposure-prone settings, with clear follow-up actions for those with elevated cumulative exposure; (3) continued research on the health effects of low level and very-low level exposure to ionizing radiation, the effectiveness of PPE and administrative and engineering controls designed to reduce exposure (e.g., shielding, interlock systems, labeling,), barriers to PPE use (e.g., fit, availability, cost), and ways to improve PPE use fidelity (e.g., training, education, and access to appropriately sized and ergonomic PPE);~~, and~~ (4) education for all health care personnel, ~~including trainees,~~ and trainees specific to their expected exposure ~~exposed~~ to ionizing radiation that includes awareness of and methods to limit radiation exposure to both patients and clinicians; and (5) collaboration between medical specialty societies to establish education and training standards for the use of PPE and engineering controls to reduce exposure to ionizing radiation for health care personnel and trainees. ~~Training programs should provide education specific to their specialties so trainees know which protective equipment and controls their facilities should have in place and know how to use them correctly.~~

> ~~**2. Our AMA will work with the appropriate and interested parties to study how best to accomplish comprehensive protection from ionizing radiation for employees, taking into account variation in body types, pregnancy status, specifics of procedures being performed, as well as how exposure can be limited beyond PPE (personal protected equipment), with report back at I-25.**~~
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> **RECOMMENDATION B:**
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> **Your Reference Committee recommends that the Recommendation in the Council on Science and Public Health (CSAPH) Report 2 adopted as amended and the remainder of the report be filed.**

HOD ACTION: CSAPH Report 2 adopted as amended and remainder of Report filed.

ADOPTED LANGUAGE:
Policy H-455.975, "Regulation of Ionizing Radiation Exposure for Health Care Workers"

1. Our American Medical Association encourages: (1) public and private health care institutions to ensure the availability of personal protective equipment (PPE) that provides comprehensive coverage of different body types to reduce ionizing radiation exposure to as low as reasonably achievable for health care personnel and trainees of all genders and pregnancy statuses; (2) the use of dosimetry badges for all health care personnel and trainees who work in exposure-prone settings, with clear follow-up actions for those with elevated cumulative exposure; (3) continued research on the health effects of low level and very-low level exposure to ionizing radiation, the effectiveness of PPE and administrative and engineering controls designed to reduce exposure (e.g., shielding, interlock systems, labeling,), barriers to PPE use (e.g., fit, availability, cost), and ways to improve PPE use fidelity (e.g., training, education, and access to appropriately sized and ergonomic PPE); (4) education for all health care personnel and trainees specific to their expected exposure to ionizing radiation that includes awareness of and methods to limit radiation exposure to both patients and clinicians; and (5) collaboration between medical specialty societies to establish education and training standards for the use of PPE and engineering controls to reduce exposure to ionizing radiation for health care personnel and trainees.

> Your Council on Science and Public Health recommends that the following be adopted and the remainder of this report be filed.
>
> That Policy H-455.975, "Regulation of Ionizing Radiation Exposure for Health Care Workers" be amended by addition and deletion to read as follows:

1. Our American Medical Association encourages: (1) public and private health care institutions to ensure the availability of personal protective equipment (PPE) that provides comprehensive coverage of different body types ~~by providing readily available PPE that reduces~~ to reduce ionizing radiation exposure to as low as reasonably achievable for employees and trainees of all genders and pregnancy statuses; (2) continued research on the health effects of low level and very-low level ionizing radiation, the effectiveness of PPE and administrative and engineering controls designed to reduce exposure (e.g., shielding, interlock systems, labeling,), barriers to PPE use (e.g., fit, availability, cost), and ways to improve PPE use fidelity (e.g., training, education, and access to appropriately sized and ergonomic PPE), and (3) education for all health care personnel, including trainees, exposed to ionizing radiation that includes awareness of and methods to limit radiation exposure to both patients and clinicians. Training programs should provide education specific to their specialties so trainees know which protective equipment and controls their facilities should have in place and know how to use them correctly.

2. ~~Our AMA will work with the appropriate and interested parties to study how best to accomplish comprehensive protection from ionizing radiation for employees, taking into account variation in body types, pregnancy status, specifics of procedures being performed, as well as how exposure can be limited beyond PPE (personal protected equipment), with report back at I-25.~~

Your Reference Committee heard testimony in strong support of the report's recommendations from multiple delegations and sections. Three amendments were proposed. The first amendment suggested adding "sexes" to the first recommendation, so it would read "…and trainees of all sexes, genders, and pregnancy statuses." However, this addition was not supported by other testimony. The two remaining amendments received unanimous support. One delegation proposed adding language to advocate for routine radiation monitoring using dosimetry badges for all employees and trainees who work in exposure-prone settings. Another section recommended changing the language from "employees and trainees" to "health care personnel and trainees" to better include non-clinician employees. They also proposed revising the last clause to state: "collaboration between medical specialty societies to establish education and training standards for the use of PPE and engineering controls to reduce exposure to ionizing radiation for health care personnel and trainees." Testimony submitted through the online Reference Committee was also supportive of the report's recommendations. Given the strong support for the latter two amendments and supportive online testimony, your Reference Committee recommends that the report's recommendation be adopted as amended.

(11) CSAPH 03 - PLASTIC POLLUTION REDUCTION

RECOMMENDATION A:

Your Reference Committee recommends that the second Recommendation in CSAPH 3 be amended by addition and deletion to read as follows:

2. That Policy D-135.976, "Modernization of the Federal Toxic Substances Control Act (TSCA) of 1976" be amended by addition and deletion to read as follows:

Our AMA will: (1) collaborate with relevant stakeholders to advocate for modernizing the Toxic Substances Control Act (TSCA) to require chemical manufacturers to provide adequate safety information on all chemicals and give federal regulatory agencies reasonable authority to regulate hazardous chemicals in order to protect the health of all individuals, especially vulnerable populations; (2) support the public disclosure of chemical use, exposure and hazard data in forms that are appropriate for use by medical practitioners, workers, and the public; (3) ~~encourage~~ advocate for the U.S. Environmental Protection Agency to consider the cumulative impacts of chemicals within their risk assessment process and quantify exposures across pathways and populations; and (~~3~~4) work with members of the Federation to promote a reformed TSCA that is consistent with goals of Registration, Evaluation, Authorisation, and Restriction of Chemicals (REACH), and (5) support the proactive restriction or phasing-out of chemicals suspected of posing significant health risks.

RECOMMENDATION B:

Your Reference Committee recommends that the Recommendations in CSAPH 3 be adopted as amended and the remainder of the report be filed.

HOD ACTION: CSAPH Report 3 adopted as amended and remainder of Report filed.

ADOPTED LANGUAGE:

1. Policy H-135.901, "Addressing the Health Consequences of Microplastics in Humans"

1. Our American Medical Association recognize the potential health risks associated with plastics and microplastics and encourage increased research to

better understand the human health effects and environmental impacts of plastics across their lifespan, including the chemicals used in plastic production.

2. Our AMA supports the development of evidence-based guidelines for monitoring and mitigating microplastic exposure in water, food, air, and other consumer products.

3. Our AMA will collaborate with relevant stakeholders to promote public education about microplastics, their sources, potential health risks, and possible strategies for reducing exposure.

4. Our AMA supports policies to reduce plastic pollution, such as limits on single-use plastics (for example plastic bags), incentivizing non-plastic alternatives such as reusable bags, food containers, and packaging, incentivizing alternative reformulations of synthetic plastics (such as bioplastics), and improving recycling infrastructure and systems to better manage plastic waste.

2. Policy D-135.976, "Modernization of the Federal Toxic Substances Control Act (TSCA) of 1976"

Our AMA will: (1) collaborate with relevant stakeholders to advocate for modernizing the Toxic Substances Control Act (TSCA) to require chemical manufacturers to provide adequate safety information on all chemicals and give federal regulatory agencies reasonable authority to regulate hazardous chemicals in order to protect the health of all individuals, especially vulnerable populations; (2) support the public disclosure of chemical use, exposure and hazard data in forms that are appropriate for use by medical practitioners, workers, and the public; (3) advocate for the U.S. Environmental Protection Agency to consider the cumulative impacts of chemicals within their risk assessment process and quantify exposures across pathways and populations; and (4) work with members of the Federation to promote a reformed TSCA that is consistent with goals of Registration, Evaluation, Authorisation, and Restriction of Chemicals (REACH), and (5) support the proactive restriction or phasing-out of chemicals suspected of posing significant health risks.

The Council on Science and Public Health recommends that the following be adopted, and the remainder of the report be filed.

1. That Policy H-135.901, "Addressing the Health Consequences of Microplastics in Humans" be amended by addition and deletion to read as follows:

Addressing the Health Consequences of Plastics and Microplastics in Humans

1. Our American Medical Association recognize the potential health risks associated with plastics and microplastics ~~exposure~~ and encourage increased research to better understand the human health effects and environmental impacts of plastics across their lifespan ~~microplastics~~, including the chemicals used in plastic production.

2. Our AMA supports the development of ~~respective specialty medical societies with subject matter expertise and federal and state public health agencies, including the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA), to develop~~ evidence-based guidelines for monitoring and mitigating microplastic exposure in water, food, air, and other consumer products.

3. Our AMA will collaborate with relevant stakeholders to promote public education about microplastics, their sources, potential health risks, and possible strategies for reducing exposure.

~~4. Our AMA will study and report back with policy recommendations on ways to reduce plastic pollution and its impact on climate change and health, including but not limited to federal, state, and local taxes and limitations on the use of single-use plastic consumer products and other types of plastic, interventions to reduce microplastics, and alternatives to plastic.~~

4. Our AMA supports policies to reduce plastic pollution, such as limits on single-use plastics (for example plastic bags), incentivizing non-plastic alternatives such as reusable bags, food containers, and packaging, incentivizing alternative reformulations of synthetic plastics (such as bioplastics), and improving recycling infrastructure and systems to better manage plastic waste.

2. That Policy D-135.976, “Modernization of the Federal Toxic Substances Control Act (TSCA) of 1976” be amended by addition and deletion to read as follows:
Our AMA will: (1) collaborate with relevant stakeholders to advocate for modernizing the Toxic Substances Control Act (TSCA) to require chemical manufacturers to provide adequate safety information on all chemicals and give federal regulatory agencies reasonable authority to regulate hazardous chemicals in order to protect the health of all individuals, especially vulnerable populations; (2) support the public disclosure of chemical use, exposure and hazard data in forms that are appropriate for use by medical practitioners, workers, and the public; (3) encourage the U.S. Environmental Protection Agency to consider the cumulative impacts of chemicals within their risk assessment process and quantify exposures across pathways and populations; ~~and~~ (~~3~~4) work with members of the Federation to promote a reformed TSCA that is consistent with goals of Registration, Evaluation, Authorisation, and Restriction of Chemicals (REACH), and (5) support the proactive restriction or phasing-out of chemicals suspected of posing significant health risks.

Your Reference Committee heard unanimously supportive testimony for this report noting that the report discusses environmental and health impacts of plastic across the product lifespan, as well as tangible strategies for reducing those impacts. A delegation proffered an amendment to change the word “support” to “advocate for” in Policy D-135.976 noting that the AMA needs to lead the way in advocating for better regulations on production, use and disposal of plastic chemicals. Your Reference Committee agrees with this amendment. Therefore, your Reference Committee recommends adoption of the recommendations in CSAPH Report 3 as amended.

(12) RESOLUTION 902 - ADVOCATING FOR IMPROVEMENTS IN SYSTEMS OF CARE FOR AUTISM

RECOMMENDATION A:

Your Reference Committee recommends Resolution 902 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association advocate for peer reviewed, evidence-based guidance for states on innovative health systems solutions to reduce specific barriers to the diagnosis and treatment of autism, including ~~and~~ complex care coordination in the medical home by primary care team members trained in the diagnosis and treatment of autism. (Directive to Take Action)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 902 be adopted as amended.

HOD ACTION: Resolution 902 be adopted as amended.

ADOPTED LANGUAGE:
RESOLVED, that our American Medical Association advocate for peer reviewed, evidence-based guidance for states on innovative health systems solutions to reduce specific barriers to the diagnosis and treatment of autism, including complex care coordination in the medical home by primary care team members trained in the diagnosis and treatment of autism.

RESOLVED, that our American Medical Association advocate for peer reviewed, evidence-based guidance for states on innovative health systems solutions to reduce specific barriers to the diagnosis of autism and complex care coordination in the medical home by primary care team members trained in the diagnosis of autism. (Directive to Take Action)

The Reference Committee only heard supportive testimony regarding Resolution 902. Speakers emphasized the importance of this policy. Members shared compelling personal stories illustrating the challenges families face when navigating the diagnostic process and coordinating care for children with autism. Members noted that these barriers to care not only strain families financially and emotionally but also delay timely interventions that are critical for positive outcomes. Resolution 902 was described as a meaningful step toward reducing these burdens and ensuring equitable, comprehensive care for individuals with autism and their families. An amendment was proffered to expand the language of the resolution, which your Reference Committee agreed with and provided additional editorial changes to include treatment, as testimony noted the importance of

treatment as well as diagnosis. Therefore, your Reference Committee recommends Resolution 902 be adopted as amended.

(13) RESOLUTION 905 - STANDARDIZING BRAIN DEATH POLICIES

RECOMMENDATION A:

Your Reference Committee recommends the second Resolve clause of Resolution 905 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA work with interested parties to develop and disseminate model hospital policy for a single, unified method of declaration or determination of ~~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~~. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 905 be adopted as amended.

HOD ACTION: Resolution 905 be adopted as amended.

ADOPTED LANGUAGE:
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.

RESOLVED, that our AMA work with interested parties to develop and disseminate model hospital policy for a single, unified method of declaration or determination of brain death/death by neurologic criteria.

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. (New HOD Policy)

Your Reference Committee heard mixed testimony for Resolution 905 online and in person. There was strong support for the first Resolve, with multiple delegations and

individuals in support. Multiple delegations and an individual opposed the first Resolve. The second Resolve was unanimously opposed as written, with parties expressing concerns over inviting legislatures into decisions about the practice of medicine, slow legislative process, and the need to retain flexibility around medical standards. One delegation proposed an amendment that shifted the focus from legislative and regulatory efforts to the development and dissemination of model hospital policy for a single, unified method of declaration or determination of brain death/death by neurologic criteria. Multiple delegations and an individual were in support of the amendment to the second Resolve. One delegation also proposed adding a third resolve to expressly oppose legislative and regulatory efforts to set BD/DNC standards – this received mixed testimony. One delegation proposed referral, noting both the importance and complexity of the issue. Finally, multiple individuals opposed the resolution in its entirety, whereas one individual supported the first and second Resolves and proposed a third Resolve. Despite the mixed testimony, there was a slight preference for the first Resolve and amended second Resolve; therefore, your Reference Committee recommends adopting Resolution 905 as amended.

(14) RESOLUTION 907 - IN-OFFICE DISPENSING OF GENERIC MEDICATIONS

RECOMMENDATION A:

Your Reference Committee recommends that the first Resolve clause of Resolution 907 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA ~~consider developing~~ support development of educational material for physicians interested in dispensing generic medications to reduce patient costs, improve access, and decrease unnecessary prior authorization requirements (Directive to Take Action); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 907 be adopted as amended.

HOD ACTION: Resolution 907 be adopted as amended.

ADOPTED LANGUAGE:
RESOLVED, that our AMA support development of educational material for physicians interested in dispensing generic medications to reduce patient costs, improve access, and decrease unnecessary prior authorization requirements.

RESOLVED, that our AMA encourage medical associations in states with restrictive dispensing laws to advocate for legislation allowing physicians to dispense generic medications to patients.

RESOLVED, that our American Medical Association consider developing educational material for physicians interested in dispensing generic medications to reduce patient costs, improve access, and decrease unnecessary prior authorization requirements (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage medical associations in states with restrictive dispensing laws to advocate for legislation allowing physicians to dispense generic medications to patients.

Your Reference Committee heard varied testimony on this resolution. Largely there was support for this resolution noting the goal of improving access for patients to affordable medications. Further benefits were noted regarding how this work supports physician practice and patients, particularly in areas of pharmacy deserts. Opposition and calls for referral were rendered detailing the potential complexities and burden for physicians to implement a generic medication dispensing process as well as the many regulatory components from federal and state entities. Those opposed to referral highlighted the individualized, voluntary nature of the resolution, where this resolution is not requiring physicians to dispense if the practice is onerous and is more an olive branch of support with educational materials. An amendment was proffered to strengthen the first Resolve, and a second amendment was proffered to broaden the second Resolve. While your Reference Committee accepted the amendment to the first Resolve, we felt the amendment to the second Resolve broadened the policy beyond the intent and was redundant with current policy H-120.99, "Physician Dispensing." Therefore, your Reference Committee recommends adoption as amended.

(15) RESOLUTION 909 - CLINICAL SIGNIFICANCE OF SLEEPINESS

RECOMMENDATION A:

Your Reference Committee recommends that the first Resolve of Resolution 909 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA support the evaluation and management of sleepiness using validated clinical tools as a vital component of routine clinical services ~~that are essential for patient safety and patient-centered care~~ (New HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second Resolve of Resolution 909 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA support initiatives that strengthen the clinical assessment ~~assess the impact~~ of sleepiness and improve pathways to ~~and its~~

treatment ~~on daytime functioning and quality of life in diverse populations~~. (New HOD Policy)

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 909 be <u>adopted as amended</u>.

HOD ACTION: Resolution 909 be <u>adopted as amended.</u>

ADOPTED LANGUAGE:
RESOLVED, that our AMA support the evaluation and management of sleepiness using validated clinical tools as a vital component of routine clinical services.

RESOLVED, that our AMA support initiatives that strengthen the clinical assessment of sleepiness and improve pathways to treatment.

RESOLVED, that our AMA support the evaluation and management of sleepiness as vital clinical services that are essential for patient safety and patient-centered care (New HOD Policy); and be it further

RESOLVED, that our AMA support initiatives that assess the impact of sleepiness and its treatment on daytime functioning and quality of life in diverse populations. (New HOD Policy)

Your Reference Committee heard strong support for Resolution 909. One delegation proposed amendments to both resolves to improve clarity of the author's original intent. Specifically, in the first Resolve, language was added to highlight the importance of using validated clinical tools for evaluation and management of sleepiness. In the second Resolve, language was revised to highlight the need for initiatives that strengthen the clinical assessment and improve treatment pathways. Testimony also noted that it was important to expand beyond daytime sleepiness, and your Reference Committee agrees. These amendments were unanimously supported. Therefore, your Reference Committee recommends adoption of Resolution 909 as amended.

(16) RESOLUTION 911- SAFEGAURDING NIH-FUNDED AND OTHER WOMEN'S HEALTH RESEARCH IN PEER-REVIEWED PUBLISHING

RECOMMENDATION A:

Your Reference Committee recommends that <u>the first Resolve</u> clause of Resolution 911 be <u>amended by deletion</u> to read as follows:

RESOLVED, that our American Medical Association supports the independence of scientific research ~~concerning women and underrepresented populations~~

and the integrity of peer-reviewed medical journals (New HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second Resolve clause of Resolution 911 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA advocates for continued dissemination of rigorous women's health research in respected, independent journals and oppose measures that could impede access to this research ~~silence or sideline these efforts~~ (Directive to Take Action); and be it further

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 911 be adopted as amended.

HOD ACTION: Resolution 911 be adopted as amended.

ADOPTED LANGUAGE:
RESOLVED, that our American Medical Association supports the independence of scientific research and the integrity of peer-reviewed medical journals; and be it further

RESOLVED, that our AMA advocates for continued dissemination of rigorous women's health research in respected, independent journals and oppose measures that could impede access to this research; and be it further

RESOLVED, that our AMA publicly supports the freedom of the National Institutes of Health and other federally funded scientists and researchers to publish in independent, peer-reviewed journals of their choosing.

RESOLVED, that our American Medical Association supports the independence of scientific research concerning women and underrepresented populations and the integrity of peer-reviewed medical journals (New HOD Policy); and be it further

RESOLVED, that our AMA advocates for continued dissemination of rigorous women's health research in respected, independent journals and oppose measures that could silence or sideline these efforts (Directive to Take Action); and be it further

RESOLVED, that our AMA publicly supports the freedom of the National Institutes of Health and other federally funded scientists and researchers to publish in independent, peer-reviewed journals of their choosing. (Directive to Take Action)

Your Reference Committee heard testimony in support of this resolution, noting the critical time for reinforcing the freedom and integrity of researchers to pursue and disseminate evidence. Further, testimony highlighted the importance of research to support evidence-based, high-quality practice. While the testimony was supportive of the intent, amendments were proffered to expand resolve 1 to all scientific research and temper inflammatory language in resolve 2. Your Reference Committee agreed with these amendments and recommends adoption as amended.

(17) RESOLUTION 912 - INCREASING ACCESS THROUGH FEDERATED HEALTHCARE DATA ARCHITECTURE

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 912 be amended by addition to read as follows:

RESOLVED, that our American Medical Association study federated and other data architecture to evaluate its utility in expanding access to large de-identified healthcare datasets across institutions with the aims of enhancing interoperability through multi-center collaboration, preserving confidentiality by avoiding centralization of PHI, and accelerating ethical research and precision care. (Directive to Take Action)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 912 be adopted as amended.

HOD ACTION: Resolution 912 be adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association study federated and other data architecture to evaluate its utility in expanding access to large de-identified healthcare datasets across institutions with the aims of enhancing interoperability through multi-center collaboration, preserving confidentiality by avoiding centralization of PHI, and accelerating ethical research and precision care.

RESOLVED, that our American Medical Association study federated data architecture to evaluate its utility in expanding access to large de-identified healthcare datasets across institutions with the aims of enhancing interoperability through multi-center collaboration, preserving confidentiality by avoiding centralization of PHI, and accelerating ethical research and precision care. (Directive to Take Action)

Your Reference Committee heard testimony that was supportive of this resolution. Testimony noted the need for broader multi-center health care research collaborations and federated data systems, while improving patient data safety by avoiding the centralization of protected health information to accelerate ethical research and precision care. It was noted that it is critical to understand why other large-scale data coordination strategies have failed to advance despite decades of interest. An amendment was suggested to broaden this study beyond federated data architecture to also include other data architecture. Your Reference Committee agrees and recommends adoption of this resolution as amended.

(18) RESOLUTION 933 - ADDRESSING GAPS IN NATIONAL HEALTHCARE SAFETY NETWORK (NHSN) DATA QUALITY

RECOMMENDATION A:

Your Reference Committee recommends the second Resolve clause of Resolution 933 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA advocate for the CDC to establish ~~and enforce~~ consistent NHSN data collection methods for surgical site infection (SSI) surveillance across hospitals and audit hospital NHSN data quality for SSI regardless of hospital performance status. (Directive to Take Action)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 933 be adopted as amended.

HOD ACTION: Resolution 933 be adopted as amended.

ADOPTED LANGUAGE:
RESOLVED, that our American Medical Association advocate for the CDC to use its January 2024 definition of Surgical Site Infection (SSI) in the National Healthcare Safety Network (NHSN), and require documented clinical impression of an SSI; and be it further

RESOLVED, that our AMA advocate for the CDC to establish consistent NHSN data collection methods for surgical site infection (SSI) surveillance across hospitals and audit hospital NHSN data quality for SSI regardless of hospital performance status.

RESOLVED, that our American Medical Association advocate for the CDC to use its January 2024 definition of Surgical Site Infection (SSI) in the National Healthcare Safety

Network (NHSN), and require documented clinical impression of an SSI (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for the CDC to establish and enforce consistent NHSN data collection methods across hospitals and audit hospital NHSN data quality regardless of hospital performance status. (Directive to Take Action)

Your Reference Committee heard limited but mostly supportive testimony on Resolution 933. One delegation in support noted the importance of having an acceptable definition of surgical site infection. Another delegation noted that while they support the first resolved clause, the second clause could be misinterpreted as endorsing sweeping new data mandates that lack clear evidence of benefit and could introduce infrastructure burdens without improving patient care. Your Reference Committee agrees with this issue and has proffered an amendment to address this concern by narrowing the scope of the second Resolved clause to surgical site infections. Therefore, your Reference Committee recommends Resolution 933 be adopted as amended.

(19) RESOLUTION 935 - ENHANCING HEALTHCARE SYSTEM PREPAREDNESS TO ADDRESS VETERAN-SPECIFIC HEALTH DISPARITIES

RECOMMENDATION A:

Your Reference Committee recommends that the second Resolve in Resolution 935 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA actively advocate with medical education accrediting bodies to ~~require~~ encourage medical schools, residency programs, and providers of continuing medical education ~~providers~~ to incorporate training on military service-related health conditions, occupational exposure assessment, and Veteran-specific screening protocols into curricula in order ~~and licensure requirements~~ to improve preparedness of the healthcare workforce (Directive to Take Action); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the remainder of Resolution 935 be adopted as amended.

HOD ACTION: Resolution 935 be adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association actively advocate for federal, state, and local legislation and regulatory action requiring healthcare systems to develop and implement standardized protocols for identifying Veterans in patient

populations, including documenting military service history (deployment locations and occupational exposures), and stratifying quality and safety data by Veteran status, in accordance with Joint Commission accreditation standards.

RESOLVED, that our AMA actively advocate with medical education accrediting bodies to encourage medical schools, residency programs, and providers of continuing medical education to incorporate training on military service-related health conditions, occupational exposure assessment, and Veteran-specific screening protocols into curricula in order to improve preparedness of the healthcare workforce.

RESOLVED, that our AMA advocate for, and facilitate, robust collaboration with Veterans Service Organizations, medical specialty societies, and state public health authorities to develop, disseminate, and promote adoption of evidence-based clinical guidelines for Veteran-specific health conditions.

RESOLVED, that our AMA advocate for inclusion of Veteran health considerations in all relevant health equity initiatives, community health needs assessments, and population health frameworks, at all levels of government, recognizing that systematic identification, documentation, and management of service-connected conditions are critical to addressing health disparities for those who have served.

RESOLVED, that our American Medical Association actively advocate for federal, state, and local legislation and regulatory action requiring healthcare systems to develop and implement standardized protocols for identifying Veterans in patient populations, including documenting military service history (deployment locations and occupational exposures), and stratifying quality and safety data by Veteran status, in accordance with Joint Commission accreditation standards (Directive to Take Action); and be it further

RESOLVED, that our AMA actively advocate with medical education accrediting bodies to require medical schools, residency programs, and continuing medical education providers to incorporate training on military service-related health conditions, occupational exposure assessment, and Veteran-specific screening protocols into curricula and licensure requirements to improve preparedness of the healthcare workforce (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for, and facilitate, robust collaboration with Veterans Service Organizations, medical specialty societies, and state public health authorities to develop, disseminate, and promote adoption of evidence-based clinical guidelines for Veteran-specific health conditions (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for inclusion of Veteran health considerations in all relevant health equity initiatives, community health needs assessments, and population health frameworks, at all levels of government, recognizing that systematic identification, documentation, and management of service-connected conditions are critical to addressing health disparities for those who have served. (Directive to Take Action)

Your Reference Committee heard near-unanimous support for this resolution. Many delegations and individuals testified to the importance of veterans' health as an issue that should be addressed similarly to social determinants of health (SDOH). One delegation noted that many veterans seek care outside the Veterans Health Administration (VA), either due to access issues or a preference for community-based care. They emphasized that physicians practicing outside the VA need additional education and awareness to screen for veterans' status, which is associated with multiple health conditions. Your Council on Medical Education testified in opposition to the second Resolve, which originally called for the AMA to advocate for mandatory medical school and licensure requirements. This recommendation conflicts with existing policy H-300.953, which states that the AMA and other medical organizations do not have the authority or responsibility to set standards and curricula for continuing medical education (CME), and that state medical societies should amend their own CME mandates. Further, testimony supported the view that mandates could have unintended consequences, and that the AMA should prioritize further education and advocacy rather than requiring new competencies. In response, your Reference Committee proposed an amendment to remove the mandate in the second Resolve. Therefore, your Reference Committee recommends that Resolution 935 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(20) RESOLUTION 931 - PRESERVING EVIDENCE-BASED, EQUITABLE GROOMING STANDARDS IN MILITARY SERVICE

RECOMMENDATION:

Your Reference Committee recommends Alternate Resolution 931 be adopted in lieu of Resolution 931.

PRESERVING EVIDENCE-BASED, EQUITABLE GROOMING STANDARDS IN THE UNIFORMED SERVICES.

RESOLVED, that our American Medical Association advocate against Uniformed Services policy changes that restrict or eliminate evidence-based, medically necessary shaving waivers for service members, and oppose administrative or physical evaluation board separation on this basis when service members otherwise meet qualifications for continued service (Directive to Take Action); and be it further

RESOLVED, that our AMA urge the Uniformed Services to implement any changes to shaving waiver policy through an evidence-based and transparent process that incorporates input from Uniformed Services dermatologists, occupational health experts, affected service members, and other interested parties with relevant expertise (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for consistent and equitable shaving waiver policies across all Uniformed Services branches, including standardized criteria, clear re-evaluation intervals and portability of waivers across duty stations (Directive to Take Action); and be it further

RESOLVED, that our AMA urge the Uniformed Services to authorize permanent shaving waivers for service members with severe or refractory pseudofolliculitis barbae, especially those who have already received Uniformed Services dermatologist recommendations for permanent waivers and are unresponsive to optimized medical therapy, and to extend this option consistently across all service branches (Directive to Take Action); and be it further

RESOLVED, that our AMA support ongoing research on pseudofolliculitis barbae and related dermatologic conditions, including medical management, equity impacts of grooming practices, and evidence-based approaches to accommodations within the Uniformed Services. (New HOD Policy)

HOD ACTION: Alternate Resolution 931 be adopted in lieu of Resolution 931.

ADOPTED LANGUAGE:
PRESERVING EVIDENCE-BASED, EQUITABLE GROOMING STANDARDS IN THE UNIFORMED SERVICES.

RESOLVED, that our American Medical Association advocate against Uniformed Services policy changes that restrict or eliminate evidence-based, medically necessary shaving waivers for service members, and oppose administrative or physical evaluation board separation on this basis when service members otherwise meet qualifications for continued service;

RESOLVED, that our AMA urge the Uniformed Services to implement any changes to shaving waiver policy through an evidence-based and transparent process that incorporates input from Uniformed Services dermatologists, occupational health experts, affected service members, and other interested parties with relevant expertise;

RESOLVED, that our AMA advocate for consistent and equitable shaving waiver policies across all Uniformed Services branches, including standardized criteria, clear re-evaluation intervals and portability of waivers across duty stations;

RESOLVED, that our AMA urge the Uniformed Services to authorize permanent shaving waivers for service members with severe or refractory pseudofolliculitis barbae, especially those who have already received Uniformed Services dermatologist recommendations for permanent waivers and are unresponsive to optimized medical therapy, and to extend this option consistently across all service branches;

RESOLVED, that our AMA support ongoing research on pseudofolliculitis barbae and related dermatologic conditions, including medical management, equity impacts of grooming practices, and evidence-based approaches to accommodations within the Uniformed Services.

RESOLVED, that our American Medical Association advocate against Department of War policy changes that restrict or eliminate evidence-based, medically necessary shaving waivers for service members, and oppose administrative or physical evaluation board separation on this basis when service members otherwise meet qualifications for continued service (Directive to Take Action); and be it further

1 RESOLVED, that our AMA urge the Department of War to implement any changes to
2 shaving waiver policy through an evidence-based and transparent process that
3 incorporates input from military dermatologists, occupational health experts, affected
4 service members, and other interested parties with relevant expertise (Directive to Take
5 Action); and be it further
6
7 RESOLVED, that our AMA advocate for consistent and equitable shaving waiver policies
8 across all military service branches, including standardized criteria, clear re-evaluation
9 intervals and portability of waivers across duty stations (Directive to Take Action); and be
10 it further
11
12 RESOLVED, that our AMA urge the Department of War to authorize permanent shaving
13 waivers for service members with severe or refractory pseudofolliculitis barbae, especially
14 those who have already received military dermatologist recommendations for permanent
15 waivers and are unresponsive to optimized medical therapy, and to extend this option
16 consistently across all service branches (Directive to Take Action); and be it further
17
18 RESOLVED, that our AMA support ongoing research on pseudofolliculitis barbae and
19 related dermatologic conditions, including medical management, equity impacts of
20 grooming practices, and evidence-based approaches to accommodations within the
21 Armed Forces. (New HOD Policy)
22
23 Your Reference Committee heard testimony in strong support for Resolution 931 from
24 multiple delegations and sections. One delegation proposed an amendment to expand
25 language in all resolves to include the Public Health Service Commissioned Corps and
26 the National Oceanic and Atmospheric Administration Commissioned Officer Corps. The
27 majority of sections and delegations supported the amendment and in accordance the
28 author proposed a title change to ensure alignment, so your Reference Committee
29 recommends adopting Alternate Resolution 931 in lieu of Resolution 931.

RECOMMENDED FOR REFERRAL

(21) RESOLUTION 906 - RETHINKING THE MEDICARE ANNUAL WELLNESS VISIT

RECOMMENDATION:

Your Reference Committee recommends that Resolution 906 be referred.

HOD ACTION: Resolution 909 be referred.

RESOLVED, that our American Medical Association advocate for a thoughtful reevaluation of the Medicare annual wellness visit and consider replacing it with an annual comprehensive examination that would integrate preventive care services, a thorough physical exam, and the management of acute or chronic health conditions. (Directive to Take Action)

Your Reference Committee heard mixed testimony on this item. One delegation noted that current evidence supports periodic provision of many services, but it doesn't include a comprehensive examination. One delegation in support of adoption noted that the Medicare Wellness Visit (AWV) has proven to be cumbersome, with little benefits from its implementation and that a comprehensive physical would be better utilization of physician time. A delegation and multiple individuals noted that while the AWV might warrant scrutiny, available evidence does not indicate that there is a health benefit to performing routine, complete exams and therefore proposed referral of this item for study. Given the mixed testimony and the complexity of this issue, your Reference Committee recommends that Resolution 906 be referred.

(22) RESOLUTION 917 - URGING COMPREHENSIVE RESEARCH AND SAFETY TESTING OF INDUSTRY-ENGINEERED FOOD ADDITIVES (IEFAS), INCLUDING HIGH FRUCTOSE CORN SYRUP

RECOMMENDATION:

Your Reference Committee recommends that Resolution 917 be referred.

HOD ACTION: Resolution 917 be referred.

RESOLVED, that our American Medical Association supports stronger safety protocols and regulatory oversight of food additives, to protect the health and well-being of the American public (New HOD Policy); and be it further

RESOLVED, that our AMA advocate federal policies requiring comprehensive scientific research and safety testing of industry-engineered food additives, including HFCS and other similar substances, prior to their approval by federal regulators for use in the food supply. (Directive to Take Action)

The Reference Committee heard mixed testimony on Resolution 917 calling for comprehensive research and safety testing of industry-engineered food additives (IEFAs), including high fructose corn syrup. Testimony reflected broad concern about the potential health impacts of these additives and emphasized the need for stronger regulatory oversight. However, the issue was acknowledged as complex, involving multiple stakeholders and intersecting with broader food policy considerations. Several speakers noted that while the intent of the resolution is important, more information is needed to fully understand the implications and scope of such research and regulation. It was also highlighted that a CSAPH report on food subsidies will be presented at the upcoming Annual Meeting, which will highlight food additives including high fructose corn syrup related policy discussions. However, there was concern that this would not sufficiently address issues in this resolution. Therefore, your Reference Committee recommends that Resolution 917 be referred.

(23) RESOLUTION 918 - REMOVE OUTDATED BARRIERS TO GENETIC TESTING

RECOMMENDATION:

Your Reference Committee recommends that Resolution 918 be referred.

HOD ACTION: Resolution 918 be referred.

RESOLVED, that our American Medical Association advocate for federal and state legislation to remove requirements for separate written consent for genetic or genomic testing, and to eliminate unnecessary restrictions on sharing test result records with the treating team of providers, while preserving essential patient protections, including safeguards against discrimination by insurance companies (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for changes to laws nationwide in the states that continue to impose barriers to genetic or genomic testing in the form of written consent requirements in Massachusetts, Michigan, Nebraska, New York, South Dakota, and that our AMA report on the status of this resolution at the 2026 Annual Meeting. (Directive to Take Action)

Your Reference Committee heard generally mixed testimony on this resolution. Some members in support of the resolution noted that genetic testing is often ordered by Family Physicians and can create barriers to practice. Others in opposition noted that the request to remove unnecessary restrictions on sharing test results is redundant due to all testing results being housed in the electronic medical record. Two delegations requested referral for study due to the complexity of genetic testing, informed consent, and variable policy state by state. Your Reference Committee agrees with the complexity noted, and therefore, recommends that Resolution 918 be referred.

(24) RESOLUTION 921 - PRIORITIZING DESPRESCRIBING IN SENIORS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 921 be referred.

HOD ACTION: Resolution 921 be referred.

RESOLVED, that our American Medical Association declare that deprescribing, the proactive and systematic identification and discontinuation of medications with potential risk greater than potential benefits, is a medical priority in the management of senior patients and advocate for the integration of deprescribing as a standard component of high-quality prescribing practices (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for the development of educational initiatives and clinical decision support tools to facilitate safe and effective deprescribing in electronic health records (Directive to Take Action); and be it further

RESOLVED, that our AMA call for research and policy efforts to address barriers for implementation of deprescribing in routine medical care (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for all insurers to reimburse deprescribing activities (Directive to Take Action); and be it further

RESOLVED, that our AMA shall report back on the status of deprescribing to the House of Delegates at A-26 and yearly thereafter, with appropriate metrics to address potential barriers and to guide further advocacy, until it has become implemented as a mainstream component of health care. (Directive to Take Action)

The Reference Committee heard mixed testimony from Resolution 921 on the topic of deprescribing. Several speakers emphasized that deprescribing should be viewed not merely as an extension of medication reconciliation but as a broader strategy for medication optimization. They highlighted its potential to improve patient safety and reduce costs. However, testimony also reflected significant concern about unintended consequences, particularly around proposals to support reimbursement for deprescribing activities. Some members cautioned that introducing reimbursement mechanisms could

inadvertently incentivize inappropriate deprescribing or create administrative burdens without clear evidence of improved outcomes. Others noted the need for safeguards to ensure that deprescribing decisions remain clinically driven and patient centered. Overall, with these concerns in mind, multiple delegations called for referral of this item to further understand the implications. Therefore, your Reference Committee recommends Resolution 921 be referred.

(25) RESOLUTION 927 - BATTLEFIELD ACUPUNCTURE - AN EDUCATIONAL CALL TO ARMS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 927 be referred.

HOD ACTION: Resolution 927 be referred.

RESOLVED, that our American Medical Association encourage greater awareness of and/or instruction in the use of Battlefield Acupuncture as a quick, safe, and effective means to treat acute and chronic pain in patients, given its exceptional safety record, high level of reproducibility, and ability to be administered in an extremely cost-effective manner, without concerns for drug-drug interactions or dependence on narcotic analgesics. (New HOD Policy)

Your Reference Committee heard mixed testimony on this resolution. Supporters emphasized the effectiveness of battlefield acupuncture (BFA), highlighting both its treatment efficacy and cost benefits. They also cited extensive evidence of BFA's utility within the Veterans Health Administration (VA), referencing over 95 studies that demonstrate treatment effectiveness. In contrast, many of the sections and individual members, including your Council on Science and Public Health, were against adoption. Concerns centered on a lack of evidence for BFA's effectiveness outside the VA and the overall absence of rigorous studies that adequately controlled for bias and placebo effect. Additionally, a delegation noted that AMA policy typically does not endorse specific clinical procedures. Your Reference Committee recognizes the positive intentions of the resolution's authors and appreciates that all physicians seek effective treatments for chronic pain; however, the lack of broader evidence remains a concern. Therefore, your Reference Committee recommends that Resolution 927 be referred.

(26) RESOLUTION 930 - ESTABLISHING FIRE RISK STANDARDS FOR CIVILIAN AND NON-INDUSTRIAL CLOTHING

RECOMMENDATION:

Your Reference Committee recommends that Resolution 930 be referred.

HOD ACTION: Resolution 930 be referred.

RESOLVED, that our American Medical Association study the flammability of and fire-resistant treatments for consumer clothing materials and their potential public health benefits (Directive to Take Action); and be it further

RESOLVED, that our AMA study the value of updated flammability risk standards that incorporate modern textile compositions and their associated fire risks (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage the Consumer Product Safety Commission (CPSC) and relevant regulatory bodies to update and enforce stricter fire safety labeling and testing requirements for civilian clothing and support educating the public on flammability risk on apparel labels. (New HOD Policy)

Your Reference Committee heard mixed testimony. One delegation was supportive of resolves one and two but proposed removing the third resolve noting concerns about the safety of classes of chemicals used as fire retardant and the need for more study. In contrast, a different delegation only supported resolve three. One section supported all the original resolves and proposed the addition of a fourth resolve that called for the Consumer Product Safety Commission, the National Institute of Standards and Technology, and the National Institute for Occupational Safety and Health, to evaluate the potential dermatologic impacts of flame-resistant and chemically treated textiles and to consider labeling standards that disclose chemical treatments and known skin sensitizers used in textile manufacturing. Finally, one individual and one delegation called for referral for study. Given the lack of consensus and multiple calls for study, your Reference Committee recommends that Resolution 930 be referred.

RECOMMENDED FOR REFERRAL FOR DECISION

(27) RESOLUTION 919 - STRENGTHENING TRUST THROUGH AMA-BASED LEADERSHIP FOR EVIDENCE-BASED VACCINES (STABLE VACCINES)
RESOLUTION 925 - EVIDENCE-BASED VACCINE AND PREVENTIVE SERVICES RECOMMENDATION

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 919 be referred for decision.

HOD ACTION: Resolution 919 be referred for decision.

RESOLVED, that our American Medical Association will serve as a convener of key stakeholders to advance science-based vaccine recommendations (Directive to Take Action); and be it further

RESOLVED, that our AMA will establish itself as a trusted, centralized source and public-facing megaphone for science-based vaccine guidance (Directive to Take Action); and be it further

RESOLVED, that our AMA will contribute expertise and funding, as appropriate, to advance the mission of coordinating and promoting scientifically grounded and reliable vaccine guidance. (Directive to Take Action)

RESOLVED, that our American Medical Association will replace all references in our policies to the Advisory Committee on Immunization Practices (ACIP) and the U.S. Preventive Services Task Force (USPSTF) with "current evidence-based recommendations developed by authoritative medical entities" (Directive to Take Action); and be it further

RESOLVED, that our AMA will study options for replacing, to the extent possible, the ACIP and USPSTF at the earliest possible time with a national entity which will develop and publish credible evidence-based recommendations for vaccines and preventive services. (Directive to Take Action)

Your Reference Committee heard mixed testimony on alternate Resolution 919. There was broad recognition that it is imperative for physicians and the public to have evidence-based guidance on preventive services, including vaccines, that they can rely on. It is also clear based on testimony that this is of urgent concern given the changes made to the ACIP as well as the possible changes to the USPSTF. While some who testified supported alternate Resolution 919 citing the need for a transparent process that can best serve patients, others noted that efforts are already underway in response to the emergency resolution adopted by the House of Delegates at A-25, and there is no need to unnecessarily impede the AMA's ability to act. There was also concern regarding the framing of the fourth Resolve clause calling for a study of options to replace the ACIP and

1 USPSTF. It was noted by several who testified that the goal should be restoration of these
2 evidence-based bodies and not replacement. Others who testified noted that we should
3 not be looking back but rather looking for an optimal way forward. A number of delegations
4 actively working in this space called for referral of this resolution for study with a report
5 back at A-26. Given work already underway by the AMA and the need for timely action
6 around options for convening and the development of evidence-based recommendations
7 going forward, your Reference Committee believes that alternate Resolution 919 should
8 be referred for decision.

RECOMMENDED FOR NOT ADOPTION

(28) RESOLUTION 904 - SUPPORTING CERTIFICATION OF THE PUBLIC HEALTH WORKFORCE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 904 be not adopted.

HOD ACTION: Resolution 904 not adopted.

RESOLVED, that our American Medical Association support and endorse the Certified in Public Health (CPH) credential as a valuable certification for public health professionals (New HOD Policy); and be it further

RESOLVED, that our AMA encourage physicians engaged in public health practice to pursue and advocate for the CPH certification. (New HOD Policy)

Your Reference Committee heard unanimous testimony in opposition to this resolution. Multiple individuals and delegations/sections noted that while they support the education and training of both physicians and non-physicians in public health, adoption of this resolution by the AMA will confuse physicians and sets up an endorsement of training that includes non-physicians which is not within the primary scope of the AMA. Therefore, your Reference Committee recommends that Resolution 904 be not adopted.

(29) RESOLUTION 908 - SUPPORT OF ACCESS TO INSULIN-DETEMIR

RECOMMENDATION:

Your Reference Committee recommends that Resolution 908 be not adopted.

HOD ACTION: Resolution 908 not adopted.

RESOLVED, that our American Medical Association support the designation of insulin-detemir as a drug in shortage to expedite FDA review and approval of biosimilar versions while the reference product remains available globally (New HOD Policy); and be it further

RESOLVED , that our AMA support allowing some of the funding allocated to the Special Diabetes Program to be used to incentivize domestic manufacturing of insulin, including insulin-detemir (New HOD Policy); and be it further

RESOLVED, that our AMA encourages the FDA to consider classifying insulin-detemir as an over-the-counter medication to expand access and affordability for individuals with diabetes (New HOD Policy); and be it further

RESOLVED, that our American Medical Association lobby Congress to pass legislation, or a similarly effective action, to accomplish the goals outlined in this resolution. (Directive to Take Action)

Your Reference Committee heard testimony that access to insulin and diabetes treatments is critical to their patients. However, there was opposition to each of the resolves for different reasons. First, there was significant opposition to advocating for insulin detemir to be deemed an over-the-counter product due to the potential for adverse events as a high-risk medication. Testimony was additionally heard in opposition to adjustments to the Special Diabetes Program funding which may hinder research and work in Type 1 Diabetes and underserved tribal populations. Finally, there was concern on amendments proffered to advocating for a drug to be deemed a drug shortage outside of the FDA regulated pathway. It was noted that new long-acting biosimilar insulin is soon to be on the market at a lower cost to minimize the challenge of insulin detemir being pulled from the market. Therefore, your Reference Committee recommends that this resolution be not adopted.

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

(30) RESOLUTION 903 - NITROUS OXIDE INHALANT ABUSE

RECOMMENDATION:

Your Reference Committee recommends that policy D-95.951 be reaffirmed in lieu of Resolution 903.

HOD ACTION: Resolution 903 adopted as amended with a title change.

ADOPTED LANGUAGE:
NITROUS OXIDE INHALANT MISUSE
RESOLVED, that our American Medical Association encourage and support the regulation of the branding of nitrous oxide canisters by U.S. Food and Drug Administration.

RESOLVED, that our American Medical Association encourage and support the regulation of the branding of nitrous oxide canisters by U.S. Food and Drug Administration. (New HOD Policy)

Your Reference Committee heard limited and mixed testimony on this resolution. One delegation agreed with reaffirmation due to the similarity of existing policy D-95.951. Another delegation supported the original resolution and disagreed with reaffirmation due to the coercive branding employed by nitrous oxide manufacturers that policy D-95.951 does not cover. The authors proffered an amendment to replace the term “branding” with “labeling”. However, despite this effort, there continues to be limited clarity around what the regulation would actually entail on the label related to nitrous oxide inhalant misuse and a lack of clarity of what the Resolve would actually accomplish. Therefore, your Reference Committee recommends that policy D-95.951 be reaffirmed in lieu of Resolution 903.

1 This concludes the report of Reference Committee K. I would like to thank Jade Anderson,
2 MD, Shanna Combs, MD, Oluwasegun Paul Emenogu, MD, Beulette Hooks, MD, Charles
3 Lopresto, DO, Arlene Seid, MD, MPH, and all those who testified before the Committee,
4 as well as our AMA staff Jennie Jarrett, Katlyn Dillane, Jane Sachs, and Mary Soliman.

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Chair

Amendments

If you wish to propose an amendment to an item of business, scan the QR code below:

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