

## 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

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#### 1 RECOMMENDED FOR ADOPTION

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

#### 19 RECOMMENDED FOR ADOPTION AS AMENDED

- 21 10. \*CSAPH 02 - Regulation of Ionizing Radiation Exposure for Health Care Professionals
- 22 11. CSAPH 03 - Plastic Pollution Reduction
- 23 12. \*Resolution 902 - Advocating For Improvements in Systems of Care for Autism
- 24 13. Resolution 905 - Standardizing Brain Death Policies
- 25 14. Resolution 907- In-Office Dispensing of Generic Medications
- 26 15. \*Resolution 909 - Clinical Significance of Sleepiness
- 27 16. Resolution 911- Safeguarding NIH-Funded and Other Women's Health Research in Peer-Reviewed Publishing
- 28 17. Resolution 912 - Increasing Access through Federated Healthcare Data Architecture
- 29 18. Resolution 933 - Addressing Gaps in National Healthcare Safety Network (NHSN) Data Quality
- 30 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  
2 (1) BOT 24 - AMENDING VACCINE-RELATED POLICIES  
3

4 RECOMMENDATION:  
5

6 Your Reference Committee recommends that the Board  
7 of Trustees Report 24 be adopted.  
8

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9 HOD ACTION: BOT 24 adopted and the remainder of the Report filed.  
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11  
12 The Board of Trustees recommends that the House of Delegates policies listed in the  
13 appendix to this report be acted upon in the manner indicated and the remainder of this  
14 report be filed. (Directive to Take Action)  
15

16 Your Reference Committee heard unanimously supportive testimony for this item. Multiple  
17 delegations testified in favor of the report. A delegation emphasized that medical specialty  
18 recommendations are important, especially given the multiple concurrent initiatives at the  
19 state level. Another delegation highlighted the importance of maintaining scientific  
20 evidence as the highest priority. Your Reference Committee agrees with these points and;  
21 therefore, your Reference Committee recommends that the report's recommendations be  
22 adopted.  
23

24 (2) RESOLUTION 901 - DISTINCTION BETWEEN  
25 HEALTHFUL AND UNHEALTHFUL "ULTRAPROCESSED"  
26 FOODS  
27

28 RECOMMENDATION:  
29

30 Your Reference Committee recommends that  
31 Resolution 901 be adopted.  
32

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33 HOD ACTION: Resolution 901 adopted.  
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35  
36 RESOLVED, that our American Medical Association encourage public education on the  
37 difference between healthful "ultraprocessed" foods and unhealthy "ultraprocessed"  
38 foods (New HOD Policy); and be it further  
39

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

1 Your Reference Committee heard testimony that was largely supportive of this resolution.  
2 Current AMA policy assumes that all ultra-processed foods are unhealthful, but as noted  
3 in testimony there are some foods classified as ultra-processed food that have health  
4 benefits. This proposed amendment better aligns AMA policy with current evidence. There  
5 was some concern that there is no standard definition of ultra-processed foods, but that  
6 work is being undertaken and is beyond the scope of this resolution. Therefore, your  
7 Reference Committee recommends that Resolution 901 be adopted.  
8

9 (3) RESOLUTION 920 - ALCOHOL AND AGING:  
10 EDUCATING PHYSICIANS AND ADVOCATING FOR  
11 SAFER WARNINGS

12 **RECOMMENDATION:**

13 Your Reference Committee recommends that  
14 **Resolution 920 be adopted.**

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15 **HOD ACTION: Resolution 920 adopted.**

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

20 Your Reference Committee heard unanimously supportive testimony on this resolution,  
21 with many dementia specialists and geriatric practitioners noting a need for greater  
22 awareness around the harmful effects of alcohol on aged populations. Therefore, your  
23 Reference Committee recommends that Resolution 920 be adopted.  
24

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

27 **RECOMMENDATION:**

28 Your Reference Committee recommends that  
29 **Resolution 922 be adopted.**

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30 **HOD ACTION: Resolution 922 adopted.**

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

1 Your Reference Committee heard mostly supportive testimony for Resolution 922. Multiple  
2 delegations/sections in support noted the importance of addressing the ongoing health  
3 harms of Indian boarding schools and their resultant health disparities. Testimony in  
4 support also noted that physicians must acknowledge the historical harms that continue  
5 to manifest in the bodies, minds, and communities of Indigenous patients and  
6 communities. Two individuals in opposition noted that this resolution is out of scope of the  
7 AMA's advocacy efforts. Given that the majority of the testimony was in support of this  
8 resolution, your Reference Committee recommends that Resolution 922 be adopted.  
9

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

13 **RECOMMENDATION:**

14 Your Reference Committee recommends that  
15 Resolution 923 be adopted.

16 **HOD ACTION: Resolution 923 adopted.**  
17

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18  
19 RESOLVED, that our American Medical Association, in coordination with relevant  
20 stakeholders, advocate for greater integration of inclusive emergency alert systems (e.g.,  
21 visual, auditory, and haptic notifications) in emergency preparedness planning to ensure  
22 disaster response accessibility for people with disabilities (Directive to take Action); and  
23 be it further

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

28 Your Reference Committee heard unanimous testimony in support of adopting resolution  
29 923 and in opposition to reaffirmation. Multiple delegations/sections in support of adoption  
30 noted that this resolution builds upon existing AMA policy by providing specific and  
31 critically needed inclusive language that advocates for disaster preparedness that is  
32 tailored to our disabled population. A delegation proffered an amendment to delete  
33 "increased federal and state funding for" in the second Resolved clause noting that early  
34 responders such as the Red Cross and other local agencies are funded by donations and  
35 fundraising so the request for federal and state dollars is not beneficial. Given that the  
36 majority of the testimony by multiple delegations/sections was in support of including  
37 language about increasing federal and state funding, your Reference Committee  
38 recommends that Resolution 923 be adopted.

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

4

5 **RECOMMENDATION:**

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7 Your Reference Committee recommends that  
8 Resolution 924 be adopted.

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9

10 **HOD ACTION: Resolution 924 adopted.**

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

16

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

20

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

24

25 Your Reference Committee heard strong support from multiple delegations. Two  
26 delegations highlighted that Resolution 924 is in strong alignment with existing policy  
27 including Policy 4.2.1 (Assisted Reproductive Technology), 4.2.2 (Gamete Donation), and  
28 4.2.4 (Third-Party Reproduction). Moreover, it builds upon AMA's long-standing  
29 commitment to ethical, inclusive, and evidence-based reproductive care. A handful of  
30 individuals opposed the resolution as unethical, racist, ableist, and sexist. Given the  
31 alignment with existing policy and strong section and delegation support, your Reference  
32 Committee recommends Resolution 924 be adopted.

33

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

36

37 **RECOMMENDATION:**

38

39 Your Reference Committee recommends that  
40 Resolution 926 be adopted.

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41

42 **HOD ACTION: Resolution 926 adopted.**

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43

44 **ADOPTED LANGUAGE:**

45 Policy D-160.985 "Establishment of Federal and State Offices of Men's Health"

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

1    2. Our AMA encourages the establishment of an Office of Men's Health within  
2    each state's Department of Health and Human Services to coordinate awareness,  
3    outreach, and outcomes on men's health.  
4

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5    RESOLVED, that our American Medical Association amend Policy D-160.985,  
6    Establishment of an Office of Men's Health, to read as follows:  
7

8    **Establishment of an Federal and State Offices of Men's Health**

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

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

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

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

22    **RECOMMENDATION:**

23    Your Reference Committee recommends that  
24    Resolution 929 be adopted.

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25    **HOD ACTION: Resolution 929 adopted.**

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

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

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

7  
8 (9) RESOLUTION 932 - SHARED DECISION-MAKING AND  
9 LOW DOSE CT LUNG CANCER SCREENING IN  
10 CLINICAL PRACTICE

11  
12 **RECOMMENDATION:**

13  
14 Your Reference Committee recommends that  
15 Resolution 932 be adopted.

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16  
17 **HOD ACTION: Resolution 932 adopted.**

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18  
19  
20 RESOLVED, that our American Medical Association, in conjunction with other interested  
21 national specialty societies of expertise (e.g., ACP, AAFP, ACR, etc.), create and share  
22 educational resources and training to help physicians efficiently discuss and document  
23 low-dose computed tomography (LDCT) lung cancer screening during shared decision-  
24 making visits for high-risk populations. (Directive to Take Action)

25  
26 Your Reference Committee heard testimony from three delegations and one individual in  
27 support of adopting Resolution 932, therefore your Reference Committee recommends  
28 adoption of Resolution 932

## 1 RECOMMENDED FOR ADOPTION AS AMENDED

2

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

5 **RECOMMENDATION A:**

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

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

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

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

8  
9       **RECOMMENDATION B:**

10  
11      Your Reference Committee recommends that the  
12      Recommendation in the Council on Science and Public  
13      Health (CSAPH) Report 2 adopted as amended and the  
14      remainder of the report be filed.

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

18  
19      **ADOPTED LANGUAGE:**

20      Policy H-455.975, "Regulation of Ionizing Radiation Exposure for Health Care  
21      Workers"

22  
23      1. Our American Medical Association encourages: (1) public and private health  
24      care institutions to ensure the availability of personal protective equipment (PPE)  
25      that provides comprehensive coverage of different body types to reduce ionizing  
26      radiation exposure to as low as reasonably achievable for health care personnel  
27      and trainees of all genders and pregnancy statuses; (2) the use of dosimetry  
28      badges for all health care personnel and trainees who work in exposure-prone  
29      settings, with clear follow-up actions for those with elevated cumulative exposure;  
30      (3) continued research on the health effects of low level and very-low level  
31      exposure to ionizing radiation, the effectiveness of PPE and administrative and  
32      engineering controls designed to reduce exposure (e.g., shielding, interlock  
33      systems, labeling,), barriers to PPE use (e.g., fit, availability, cost), and ways to  
34      improve PPE use fidelity (e.g., training, education, and access to appropriately  
35      sized and ergonomic PPE); (4) education for all health care personnel and trainees  
36      specific to their expected exposure to ionizing radiation that includes awareness  
37      of and methods to limit radiation exposure to both patients and clinicians; and (5)  
38      collaboration between medical specialty societies to establish education and  
39      training standards for the use of PPE and engineering controls to reduce  
40      exposure to ionizing radiation for health care personnel and trainees.

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41  
42      Your Council on Science and Public Health recommends that the following be adopted  
43      and the remainder of this report be filed.

44  
45      That Policy H-455.975, "Regulation of Ionizing Radiation Exposure for Health Care  
46      Workers" be amended by addition and deletion to read as follows:

- 1       1. Our American Medical Association encourages: (1) public and private health care  
2       institutions to ensure the availability of personal protective equipment (PPE) that  
3       provides comprehensive coverage of different body types by providing readily  
4       available PPE that reduces to reduce ionizing radiation exposure to as low as  
5       reasonably achievable for employees and trainees of all genders and pregnancy  
6       statuses; (2) continued research on the health effects of low level and very-low  
7       level ionizing radiation, the effectiveness of PPE and administrative and  
8       engineering controls designed to reduce exposure (e.g., shielding, interlock  
9       systems, labeling,), barriers to PPE use (e.g., fit, availability, cost), and ways to  
10      improve PPE use fidelity (e.g., training, education, and access to appropriately  
11      sized and ergonomic PPE), and (3) education for all health care personnel,  
12      including trainees, exposed to ionizing radiation that includes awareness of and  
13      methods to limit radiation exposure to both patients and clinicians. Training  
14      programs should provide education specific to their specialties so trainees know  
15      which protective equipment and controls their facilities should have in place and  
16      know how to use them correctly.
- 17       2. Our AMA will work with the appropriate and interested parties to study how best to  
18      accomplish comprehensive protection from ionizing radiation for employees,  
19      taking into account variation in body types, pregnancy status, specifics of  
20      procedures being performed, as well as how exposure can be limited beyond PPE  
21      (personal protected equipment), with report back at I-25.

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

1 (11) CSAPH 03 - PLASTIC POLLUTION REDUCTION  
2

3 **RECOMMENDATION A:**  
4

5 Your Reference Committee recommends that the  
6 second Recommendation in CSAPH 3 be amended by  
7 addition and deletion to read as follows:  
8

9 2. That Policy D-135.976, “Modernization of the Federal  
10 Toxic Substances Control Act (TSCA) of 1976” be  
11 amended by addition and deletion to read as follows:  
12

13 Our AMA will: (1) collaborate with relevant stakeholders  
14 to advocate for modernizing the Toxic Substances  
15 Control Act (TSCA) to require chemical manufacturers  
16 to provide adequate safety information on all chemicals  
17 and give federal regulatory agencies reasonable  
18 authority to regulate hazardous chemicals in order to  
19 protect the health of all individuals, especially  
20 vulnerable populations; (2) support the public  
21 disclosure of chemical use, exposure and hazard data  
22 in forms that are appropriate for use by medical  
23 practitioners, workers, and the public; (3) encourage  
24 advocate for the U.S. Environmental Protection Agency  
25 to consider the cumulative impacts of chemicals within  
26 their risk assessment process and quantify exposures  
27 across pathways and populations; and (34) work with  
28 members of the Federation to promote a reformed  
29 TSCA that is consistent with goals of Registration,  
30 Evaluation, Authorisation, and Restriction of Chemicals  
31 (REACH), and (5) support the proactive restriction or  
32 phasing-out of chemicals suspected of posing  
33 significant health risks.  
34

35 **RECOMMENDATION B:**  
36

37 Your Reference Committee recommends that the  
38 Recommendations in CSAPH 3 be adopted as amended  
39 and the remainder of the report be filed.  
40

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41 **HOD ACTION:** CSAPH Report 3 adopted as amended and remainder of Report  
42 filed.  
43

44 **ADOPTED LANGUAGE:**  
45

46 1. Policy H-135.901, “Addressing the Health Consequences of Microplastics in  
47 Humans”  
48 1. Our American Medical Association recognize the potential health risks  
associated with plastics and microplastics and encourage increased research to

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

3  
4 **2. Our AMA supports the development of evidence-based guidelines for monitoring**  
5 **and mitigating microplastic exposure in water, food, air, and other consumer**  
6 **products.**

7  
8 **3. Our AMA will collaborate with relevant stakeholders to promote public education**  
9 **about microplastics, their sources, potential health risks, and possible strategies**  
10 **for reducing exposure.**

11  
12 **4. Our AMA supports policies to reduce plastic pollution, such as limits on single-**  
13 **use plastics (for example plastic bags), incentivizing non-plastic alternatives such**  
14 **as reusable bags, food containers, and packaging, incentivizing alternative**  
15 **reformulations of synthetic plastics (such as bioplastics), and improving recycling**  
16 **infrastructure and systems to better manage plastic waste.**

17  
18 **2. Policy D-135.976, “Modernization of the Federal Toxic Substances Control Act**  
19 **(TSCA) of 1976”**

20  
21 Our AMA will: (1) collaborate with relevant stakeholders to advocate for  
22 modernizing the Toxic Substances Control Act (TSCA) to require chemical  
23 manufacturers to provide adequate safety information on all chemicals and give  
24 federal regulatory agencies reasonable authority to regulate hazardous  
25 chemicals in order to protect the health of all individuals, especially vulnerable  
26 populations; (2) support the public disclosure of chemical use, exposure and  
27 hazard data in forms that are appropriate for use by medical practitioners,  
28 workers, and the public; (3) advocate for the U.S. Environmental Protection  
29 Agency to consider the cumulative impacts of chemicals within their risk  
30 assessment process and quantify exposures across pathways and populations;  
31 and (4) work with members of the Federation to promote a reformed TSCA that is  
32 consistent with goals of Registration, Evaluation, Authorisation, and Restriction  
33 of Chemicals (REACH), and (5) support the proactive restriction or phasing-out of  
34 chemicals suspected of posing significant health risks.

35  
36 The Council on Science and Public Health recommends that the following be adopted,  
37 and the remainder of the report be filed.

38  
39 1. That Policy H-135.901, “Addressing the Health Consequences of Microplastics in  
40 Humans” be amended by addition and deletion to read as follows:

41  
42 Addressing the Health Consequences of Plastics and Microplastics in Humans

43  
44 1. Our American Medical Association recognize the potential health risks associated  
45 with plastics and microplastics exposure and encourage increased research to better  
46 understand the human health effects and environmental impacts of plastics across their  
47 lifespan microplastics, including the chemicals used in plastic production.

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

6  
7       3. Our AMA will collaborate with relevant stakeholders to promote public education about  
8       microplastics, their sources, potential health risks, and possible strategies for reducing  
9       exposure.

10  
11      4. Our AMA will study and report back with policy recommendations on ways to reduce  
12       plastic pollution and its impact on climate change and health, including but not limited to  
13       federal, state, and local taxes and limitations on the use of single use plastic consumer  
14       products and other types of plastic, interventions to reduce microplastics, and alternatives  
15       to plastic.

16  
17      4. Our AMA supports policies to reduce plastic pollution, such as limits on single-use  
18       plastics (for example plastic bags), incentivizing non-plastic alternatives such as reusable  
19       bags, food containers, and packaging, incentivizing alternative reformulations of synthetic  
20       plastics (such as bioplastics), and improving recycling infrastructure and systems to better  
21       manage plastic waste.

22  
23      2. That Policy D-135.976, “Modernization of the Federal Toxic Substances Control Act  
24       (TSCA) of 1976” be amended by addition and deletion to read as follows:

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

38  
39       Your Reference Committee heard unanimously supportive testimony for this report noting  
40       that the report discusses environmental and health impacts of plastic across the product  
41       lifespan, as well as tangible strategies for reducing those impacts. A delegation proffered  
42       an amendment to change the word “support” to “advocate for” in Policy D-135.976 noting  
43       that the AMA needs to lead the way in advocating for better regulations on production, use  
44       and disposal of plastic chemicals. Your Reference Committee agrees with this  
45       amendment. Therefore, your Reference Committee recommends adoption of the  
46       recommendations in CSAPH Report 3 as amended.

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

3  
4 RECOMMENDATION A:

5  
6 Your Reference Committee recommends Resolution  
7 902 be amended by addition and deletion to read as  
8 follows:

9  
10 RESOLVED, that our American Medical Association  
11 advocate for peer reviewed, evidence-based guidance  
12 for states on innovative health systems solutions to  
13 reduce specific barriers to the diagnosis and treatment  
14 of autism, including and complex care coordination in  
15 the medical home by primary care team members  
16 trained in the diagnosis and treatment of autism.  
17 (Directive to Take Action)

18  
19 RECOMMENDATION B:

20  
21 Your Reference Committee recommends that  
22 Resolution 902 be adopted as amended.

---

24 HOD ACTION: Resolution 902 be adopted as amended.

25  
26 ADOPTED LANGUAGE:

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

---

32  
33 RESOLVED, that our American Medical Association advocate for peer reviewed,  
34 evidence-based guidance for states on innovative health systems solutions to reduce  
35 specific barriers to the diagnosis of autism and complex care coordination in the medical  
36 home by primary care team members trained in the diagnosis of autism. (Directive to Take  
37 Action)

38  
39 The Reference Committee only heard supportive testimony regarding Resolution 902.  
40 Speakers emphasized the importance of this policy. Members shared compelling personal  
41 stories illustrating the challenges families face when navigating the diagnostic process  
42 and coordinating care for children with autism. Members noted that these barriers to care  
43 not only strain families financially and emotionally but also delay timely interventions that  
44 are critical for positive outcomes. Resolution 902 was described as a meaningful step  
45 toward reducing these burdens and ensuring equitable, comprehensive care for  
46 individuals with autism and their families. An amendment was proffered to expand the  
47 language of the resolution, which your Reference Committee agreed with and provided  
48 additional editorial changes to include treatment, as testimony noted the importance of  
49

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

3  
4 (13) RESOLUTION 905 - STANDARDIZING BRAIN DEATH  
5 POLICIES

6  
7 RECOMMENDATION A:

8  
9 Your Reference Committee recommends the second  
10 Resolve clause of Resolution 905 be amended by  
11 addition and deletion to read as follows:

12  
13 RESOLVED, that our AMA work with interested parties  
14 to develop and disseminate model hospital policy for a  
15 single, unified method of declaration or determination  
16 of encourage and support legislative and regulatory  
17 efforts to have one uniform set of standards for brain  
18 death/death by neurologic criteria used throughout the  
19 United States. (New HOD Policy)

20  
21 RECOMMENDATION B:

22  
23 Your Reference Committee recommends that  
24 Resolution 905 be adopted as amended.

---

25  
26 HOD ACTION: Resolution 905 be adopted as amended.

27  
28 ADOPTED LANGUAGE:

29 RESOLVED, that our American Medical Association collaborate with appropriate  
30 stakeholders to identify “accepted medical standards” for determination of brain  
31 death/death by neurologic criteria (BD/DNC) as required by the Uniform  
32 Determination of Death Act.

33  
34 RESOLVED, that our AMA work with interested parties to develop and disseminate  
35 model hospital policy for a single, unified method of declaration or determination  
36 of brain death/death by neurologic criteria.

---

38  
39 RESOLVED, that our American Medical Association collaborate with appropriate  
40 stakeholders to identify “accepted medical standards” for determination of brain  
41 death/death by neurologic criteria (BD/DNC) as required by the Uniform Determination of  
42 Death Act (Directive to Take Action); and be it further

43  
44 RESOLVED, that our AMA encourage and support legislative and regulatory efforts to  
45 have one uniform set of standards for brain death/death by neurologic criteria used  
46 throughout the United States. (New HOD Policy)

47  
48 Your Reference Committee heard mixed testimony for Resolution 905 online and in  
49 person. There was strong support for the first Resolve, with multiple delegations and

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

17  
18 (14) RESOLUTION 907 - IN-OFFICE DISPENSING OF  
19 GENERIC MEDICATIONS

20  
21 **RECOMMENDATION A:**

22  
23 Your Reference Committee recommends that the first  
24 Resolve clause of Resolution 907 be amended by  
25 addition and deletion to read as follows:

26  
27 **RESOLVED**, that our AMA consider developing support  
28 development of educational material for physicians  
29 interested in dispensing generic medications to reduce  
30 patient costs, improve access, and decrease  
31 unnecessary prior authorization requirements  
32 (Directive to Take Action); and be it further

33  
34 **RECOMMENDATION B:**

35  
36 Your Reference Committee recommends that  
37 Resolution 907 be adopted as amended.

---

38  
39 **HOD ACTION: Resolution 907 be adopted as amended.**

40  
41 **ADOPTED LANGUAGE:**

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

45  
46 **RESOLVED**, that our AMA encourage medical associations in states with  
47 restrictive dispensing laws to advocate for legislation allowing physicians to  
48 dispense generic medications to patients.

---

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

5  
6 RESOLVED, that our AMA encourage medical associations in states with restrictive  
7 dispensing laws to advocate for legislation allowing physicians to dispense generic  
8 medications to patients.

9  
10 Your Reference Committee heard varied testimony on this resolution. Largely there was  
11 support for this resolution noting the goal of improving access for patients to affordable  
12 medications. Further benefits were noted regarding how this work supports physician  
13 practice and patients, particularly in areas of pharmacy deserts. Opposition and calls for  
14 referral were rendered detailing the potential complexities and burden for physicians to  
15 implement a generic medication dispensing process as well as the many regulatory  
16 components from federal and state entities. Those opposed to referral highlighted the  
17 individualized, voluntary nature of the resolution, where this resolution is not requiring  
18 physicians to dispense if the practice is onerous and is more an olive branch of support  
19 with educational materials. An amendment was proffered to strengthen the first Resolve,  
20 and a second amendment was proffered to broaden the second Resolve. While your  
21 Reference Committee accepted the amendment to the first Resolve, we felt the  
22 amendment to the second Resolve broadened the policy beyond the intent and was  
23 redundant with current policy H-120.99, "Physician Dispensing." Therefore, your  
24 Reference Committee recommends adoption as amended.

25  
26 (15) RESOLUTION 909 - CLINICAL SIGNIFICANCE OF  
27 SLEEPINESS

28  
29 RECOMMENDATION A:

30  
31 Your Reference Committee recommends that the first  
32 Resolve of Resolution 909 be amended by addition and  
33 deletion to read as follows:

34  
35 RESOLVED, that our AMA support the evaluation and  
36 management of sleepiness using validated clinical  
37 tools as a vital component of routine clinical services  
38 ~~that are essential for patient safety and patient-centered~~  
39 ~~care (New HOD Policy); and be it further~~

40  
41 RECOMMENDATION B:

42  
43 Your Reference Committee recommends that the  
44 second Resolve of Resolution 909 be amended by  
45 addition and deletion to read as follows:

46  
47 RESOLVED, that our AMA support initiatives that  
48 ~~strengthen the clinical assessment assess the impact~~  
49 ~~of sleepiness and improve pathways to and its~~

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

3  
4                   **RECOMMENDATION C:**

5  
6                   Your Reference Committee recommends that  
7                   **Resolution 909 be adopted as amended.**

8  
9                   **HOD ACTION: Resolution 909 be adopted as amended.**

10  
11                  **ADOPTED LANGUAGE:**

12                  **RESOLVED, that our AMA support the evaluation and management of sleepiness**  
13                  **using validated clinical tools as a vital component of routine clinical services.**

14  
15                  **RESOLVED, that our AMA support initiatives that strengthen the clinical**  
16                  **assessment of sleepiness and improve pathways to treatment.**

18  
19                  **RESOLVED, that our AMA support the evaluation and management of sleepiness as vital**  
20                  **clinical services that are essential for patient safety and patient-centered care (New HOD**  
21                  **Policy); and be it further**

22  
23                  **RESOLVED, that our AMA support initiatives that assess the impact of sleepiness and its**  
24                  **treatment on daytime functioning and quality of life in diverse populations. (New HOD**  
25                  **Policy)**

26  
27                  Your Reference Committee heard strong support for Resolution 909. One delegation  
28                  proposed amendments to both resolves to improve clarity of the author's original intent.  
29                  Specifically, in the first Resolve, language was added to highlight the importance of using  
30                  validated clinical tools for evaluation and management of sleepiness. In the second  
31                  Resolve, language was revised to highlight the need for initiatives that strengthen the  
32                  clinical assessment and improve treatment pathways. Testimony also noted that it was  
33                  important to expand beyond daytime sleepiness, and your Reference Committee agrees.  
34                  These amendments were unanimously supported. Therefore, your Reference Committee  
35                  recommends adoption of Resolution 909 as amended.

36  
37                  (16)    **RESOLUTION 911- SAFEGUARDING NIH-FUNDED AND**  
38                  **OTHER WOMEN'S HEALTH RESEARCH IN PEER-**  
39                  **REVIEWED PUBLISHING**

40  
41                  **RECOMMENDATION A:**

42  
43                  Your Reference Committee recommends that **the first**  
44                  **Resolve clause of Resolution 911 be amended by**  
45                  **deletion to read as follows:**

46  
47                  **RESOLVED, that our American Medical Association**  
48                  **supports the independence of scientific research**  
49                  **concerning women and underrepresented populations**

1 and the integrity of peer-reviewed medical journals  
2 (New HOD Policy); and be it further  
3

4 **RECOMMENDATION B:**  
5

6 Your Reference Committee recommends that the  
7 second Resolve clause of Resolution 911 be amended  
8 by addition and deletion to read as follows:  
9

10 RESOLVED, that our AMA advocates for continued  
11 dissemination of rigorous women's health research in  
12 respected, independent journals and oppose measures  
13 that could impede access to this research ~~silence or~~  
14 ~~sideline these efforts~~ (Directive to Take Action); and be  
15 it further  
16

17 **RECOMMENDATION C:**  
18

19 Your Reference Committee recommends that  
20 Resolution 911 be adopted as amended.  
21

---

22 **HOD ACTION: Resolution 911 be adopted as amended.**  
23

24 **ADOPTED LANGUAGE:**

25 RESOLVED, that our American Medical Association supports the independence of  
26 scientific research and the integrity of peer-reviewed medical journals; and be it  
27 further  
28

29 RESOLVED, that our AMA advocates for continued dissemination of rigorous  
30 women's health research in respected, independent journals and oppose measures  
31 that could impede access to this research; and be it further  
32

33 RESOLVED, that our AMA publicly supports the freedom of the National Institutes  
34 of Health and other federally funded scientists and researchers to publish in  
35 independent, peer-reviewed journals of their choosing.  
36

---

37 RESOLVED, that our American Medical Association supports the independence of  
38 scientific research concerning women and underrepresented populations and the integrity  
39 of peer-reviewed medical journals (New HOD Policy); and be it further  
40

42 RESOLVED, that our AMA advocates for continued dissemination of rigorous women's  
43 health research in respected, independent journals and oppose measures that could  
44 silence or sideline these efforts (Directive to Take Action); and be it further  
45

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

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

8  
9 (17) RESOLUTION 912 - INCREASING ACCESS THROUGH  
10 FEDERATED HEALTHCARE DATA ARCHITECTURE

11  
12 RECOMMENDATION A:

13  
14 Your Reference Committee recommends that  
15 Resolution 912 be amended by addition to read as  
16 follows:

17  
18 RESOLVED, that our American Medical Association  
19 study federated and other data architecture to evaluate  
20 its utility in expanding access to large de-identified  
21 healthcare datasets across institutions with the aims of  
22 enhancing interoperability through multi-center  
23 collaboration, preserving confidentiality by avoiding  
24 centralization of PHI, and accelerating ethical research  
25 and precision care. (Directive to Take Action)

26  
27 RECOMMENDATION B:

28  
29 Your Reference Committee recommends that  
30 Resolution 912 be adopted as amended.

---

31  
32 HOD ACTION: Resolution 912 be adopted as amended.

33  
34 ADOPTED LANGUAGE:

35  
36 RESOLVED, that our American Medical Association study federated and other  
37 data architecture to evaluate its utility in expanding access to large de-identified  
38 healthcare datasets across institutions with the aims of enhancing interoperability  
39 through multi-center collaboration, preserving confidentiality by avoiding  
40 centralization of PHI, and accelerating ethical research and precision care.

41  
42 RESOLVED, that our American Medical Association study federated data architecture to  
43 evaluate its utility in expanding access to large de-identified healthcare datasets across  
44 institutions with the aims of enhancing interoperability through multi-center collaboration,  
45 preserving confidentiality by avoiding centralization of PHI, and accelerating ethical  
46 research and precision care. (Directive to Take Action)

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

10  
11 (18) RESOLUTION 933 - ADDRESSING GAPS IN NATIONAL  
12 HEALTHCARE SAFETY NETWORK (NHSN) DATA  
13 QUALITY

14  
15 **RECOMMENDATION A:**

16  
17 Your Reference Committee recommends the second  
18 Resolve clause of Resolution 933 be amended by  
19 addition and deletion to read as follows:

20  
21 RESOLVED, that our AMA advocate for the CDC to  
22 establish ~~and enforce~~ consistent NHSN data collection  
23 methods for surgical site infection (SSI) surveillance  
24 across hospitals and audit hospital NHSN data quality  
25 for SSI regardless of hospital performance status.  
26 (Directive to Take Action)

27  
28 **RECOMMENDATION B:**

29  
30 Your Reference Committee recommends that  
31 Resolution 933 be adopted as amended.

---

32  
33 **HOD ACTION: Resolution 933 be adopted as amended.**

34  
35 **ADOPTED LANGUAGE:**

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

40  
41 RESOLVED, that our AMA advocate for the CDC to establish consistent NHSN  
42 data collection methods for surgical site infection (SSI) surveillance across  
43 hospitals and audit hospital NHSN data quality for SSI regardless of hospital  
44 performance status.

---

45  
46  
47 RESOLVED, that our American Medical Association advocate for the CDC to use its  
48 January 2024 definition of Surgical Site Infection (SSI) in the National Healthcare Safety

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

3  
4 RESOLVED, that our AMA advocate for the CDC to establish and enforce consistent  
5 NHSN data collection methods across hospitals and audit hospital NHSN data quality  
6 regardless of hospital performance status. (Directive to Take Action)

7  
8 Your Reference Committee heard limited but mostly supportive testimony on Resolution  
9 933. One delegation in support noted the importance of having an acceptable definition of  
10 surgical site infection. Another delegation noted that while they support the first resolved  
11 clause, the second clause could be misinterpreted as endorsing sweeping new data  
12 mandates that lack clear evidence of benefit and could introduce infrastructure burdens  
13 without improving patient care. Your Reference Committee agrees with this issue and has  
14 proffered an amendment to address this concern by narrowing the scope of the second  
15 Resolved clause to surgical site infections. Therefore, your Reference Committee  
16 recommends Resolution 933 be adopted as amended.

17  
18 (19) RESOLUTION 935 - ENHANCING HEALTHCARE  
19 SYSTEM PREPAREDNESS TO ADDRESS VETERAN-  
20 SPECIFIC HEALTH DISPARITIES

21  
22 RECOMMENDATION A:

23  
24 Your Reference Committee recommends that the  
25 second Resolve in Resolution 935 be amended by  
26 addition and deletion to read as follows:

27  
28 RESOLVED, that our AMA actively advocate with  
29 medical education accrediting bodies to require  
30 encourage medical schools, residency programs, and  
31 providers of continuing medical education providers to  
32 incorporate training on military service-related health  
33 conditions, occupational exposure assessment, and  
34 Veteran-specific screening protocols into curricula in  
35 order and licensure requirements to improve  
36 preparedness of the healthcare workforce (Directive to  
37 Take Action); and be it further

38  
39 RECOMMENDATION B:

40  
41 Your Reference Committee recommends that the  
42 remainder of Resolution 935 be adopted as amended.

43  
44 HOD ACTION: Resolution 935 be adopted as amended.

45  
46 ADOPTED LANGUAGE:

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

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

4  
5 RESOLVED, that our AMA actively advocate with medical education accrediting  
6 bodies to encourage medical schools, residency programs, and providers of  
7 continuing medical education to incorporate training on military service-related  
8 health conditions, occupational exposure assessment, and Veteran-specific  
9 screening protocols into curricula in order to improve preparedness of the  
10 healthcare workforce.

11  
12 RESOLVED, that our AMA advocate for, and facilitate, robust collaboration with  
13 Veterans Service Organizations, medical specialty societies, and state public health  
14 authorities to develop, disseminate, and promote adoption of evidence-based  
15 clinical guidelines for Veteran-specific health conditions.

16  
17 RESOLVED, that our AMA advocate for inclusion of Veteran health considerations  
18 in all relevant health equity initiatives, community health needs assessments, and  
19 population health frameworks, at all levels of government, recognizing that  
20 systematic identification, documentation, and management of service-connected  
21 conditions are critical to addressing health disparities for those who have served.

22  
23  
24 RESOLVED, that our American Medical Association actively advocate for federal, state,  
25 and local legislation and regulatory action requiring healthcare systems to develop and  
26 implement standardized protocols for identifying Veterans in patient populations, including  
27 documenting military service history (deployment locations and occupational exposures),  
28 and stratifying quality and safety data by Veteran status, in accordance with Joint  
29 Commission accreditation standards (Directive to Take Action); and be it further

30  
31 RESOLVED, that our AMA actively advocate with medical education accrediting bodies to  
32 require medical schools, residency programs, and continuing medical education providers  
33 to incorporate training on military service-related health conditions, occupational exposure  
34 assessment, and Veteran-specific screening protocols into curricula and licensure  
35 requirements to improve preparedness of the healthcare workforce (Directive to Take  
36 Action); and be it further

37  
38 RESOLVED, that our AMA advocate for, and facilitate, robust collaboration with Veterans  
39 Service Organizations, medical specialty societies, and state public health authorities to  
40 develop, disseminate, and promote adoption of evidence-based clinical guidelines for  
41 Veteran-specific health conditions (Directive to Take Action); and be it further

42  
43 RESOLVED, that our AMA advocate for inclusion of Veteran health considerations in all  
44 relevant health equity initiatives, community health needs assessments, and population  
45 health frameworks, at all levels of government, recognizing that systematic identification,  
46 documentation, and management of service-connected conditions are critical to  
47 addressing health disparities for those who have served. (Directive to Take Action)

1 Your Reference Committee heard near-unanimous support for this resolution. Many  
2 delegations and individuals testified to the importance of veterans' health as an issue that  
3 should be addressed similarly to social determinants of health (SDOH). One delegation  
4 noted that many veterans seek care outside the Veterans Health Administration (VA),  
5 either due to access issues or a preference for community-based care. They emphasized  
6 that physicians practicing outside the VA need additional education and awareness to  
7 screen for veterans' status, which is associated with multiple health conditions. Your  
8 Council on Medical Education testified in opposition to the second Resolve, which  
9 originally called for the AMA to advocate for mandatory medical school and licensure  
10 requirements. This recommendation conflicts with existing policy H-300.953, which states  
11 that the AMA and other medical organizations do not have the authority or responsibility  
12 to set standards and curricula for continuing medical education (CME), and that state  
13 medical societies should amend their own CME mandates. Further, testimony supported  
14 the view that mandates could have unintended consequences, and that the AMA should  
15 prioritize further education and advocacy rather than requiring new competencies. In  
16 response, your Reference Committee proposed an amendment to remove the mandate in  
17 the second Resolve. Therefore, your Reference Committee recommends that Resolution  
18 935 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

&lt;divRESOLVED, 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

1       **RESOLVED**, that our AMA support ongoing research on  
2        pseudofolliculitis barbae and related dermatologic  
3        conditions, including medical management, equity  
4        impacts of grooming practices, and evidence-based  
5        approaches to accommodations within the Uniformed  
6        Services. (New HOD Policy)  
7

---

8       **HOD ACTION: Alternate Resolution 931 be adopted in lieu of Resolution 931.**  
9

10      **ADOPTED LANGUAGE:**

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

13  
14      **RESOLVED**, that our American Medical Association advocate against Uniformed  
15        Services policy changes that restrict or eliminate evidence-based, medically  
16        necessary shaving waivers for service members, and oppose administrative or  
17        physical evaluation board separation on this basis when service members  
18        otherwise meet qualifications for continued service;

19  
20      **RESOLVED**, that our AMA urge the Uniformed Services to implement any changes  
21        to shaving waiver policy through an evidence-based and transparent process that  
22        incorporates input from Uniformed Services dermatologists, occupational health  
23        experts, affected service members, and other interested parties with relevant  
24        expertise;

25  
26      **RESOLVED**, that our AMA advocate for consistent and equitable shaving waiver  
27        policies across all Uniformed Services branches, including standardized criteria,  
28        clear re-evaluation intervals and portability of waivers across duty stations;

29  
30      **RESOLVED**, that our AMA urge the Uniformed Services to authorize permanent  
31        shaving waivers for service members with severe or refractory pseudofolliculitis  
32        barbae, especially those who have already received Uniformed Services  
33        dermatologist recommendations for permanent waivers and are unresponsive to  
34        optimized medical therapy, and to extend this option consistently across all  
35        service branches;

36  
37      **RESOLVED**, that our AMA support ongoing research on pseudofolliculitis barbae  
38        and related dermatologic conditions, including medical management, equity  
39        impacts of grooming practices, and evidence-based approaches to  
40        accommodations within the Uniformed Services.

---

41  
42  
43      **RESOLVED**, that our American Medical Association advocate against Department of War  
44        policy changes that restrict or eliminate evidence-based, medically necessary shaving  
45        waivers for service members, and oppose administrative or physical evaluation board  
46        separation on this basis when service members otherwise meet qualifications for  
47        continued service (Directive to Take Action); and be it further  
48

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.

## 1 RECOMMENDED FOR REFERRAL

2  
3 (21) RESOLUTION 906 - RETHINKING THE MEDICARE  
4 ANNUAL WELLNESS VISIT

5  
6 **RECOMMENDATION:**

7  
8 Your Reference Committee recommends that  
9 Resolution 906 be referred.

10  
11 **HOD ACTION: Resolution 909 be referred.**  
12

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13  
14 RESOLVED, that our American Medical Association advocate for a thoughtful  
15 reevaluation of the Medicare annual wellness visit and consider replacing it with an annual  
16 comprehensive examination that would integrate preventive care services, a thorough  
17 physical exam, and the management of acute or chronic health conditions. (Directive to  
18 Take Action)

19  
20 Your Reference Committee heard mixed testimony on this item. One delegation noted that  
21 current evidence supports periodic provision of many services, but it doesn't include a  
22 comprehensive examination. One delegation in support of adoption noted that the  
23 Medicare Wellness Visit (AWV) has proven to be cumbersome, with little benefits from its  
24 implementation and that a comprehensive physical would be better utilization of physician  
25 time. A delegation and multiple individuals noted that while the AWV might warrant  
26 scrutiny, available evidence does not indicate that there is a health benefit to performing  
27 routine, complete exams and therefore proposed referral of this item for study. Given the  
28 mixed testimony and the complexity of this issue, your Reference Committee recommends  
29 that Resolution 906 be referred.

30  
31 (22) RESOLUTION 917 - URGING COMPREHENSIVE  
32 RESEARCH AND SAFETY TESTING OF INDUSTRY-  
33 ENGINEERED FOOD ADDITIVES (IEFAS), INCLUDING  
34 HIGH FRUCTOSE CORN SYRUP

35  
36 **RECOMMENDATION:**

37  
38 Your Reference Committee recommends that  
39 Resolution 917 be referred.

40  
41 **HOD ACTION: Resolution 917 be referred.**  
42

---

43  
44 RESOLVED, that our American Medical Association supports stronger safety protocols  
45 and regulatory oversight of food additives, to protect the health and well-being of the  
46 American public (New HOD Policy); and be it further

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

5  
6 The Reference Committee heard mixed testimony on Resolution 917 calling for  
7 comprehensive research and safety testing of industry-engineered food additives (IEFAs),  
8 including high fructose corn syrup. Testimony reflected broad concern about the potential  
9 health impacts of these additives and emphasized the need for stronger regulatory  
10 oversight. However, the issue was acknowledged as complex, involving multiple  
11 stakeholders and intersecting with broader food policy considerations. Several speakers  
12 noted that while the intent of the resolution is important, more information is needed to  
13 fully understand the implications and scope of such research and regulation. It was also  
14 highlighted that a CSAPH report on food subsidies will be presented at the upcoming  
15 Annual Meeting, which will highlight food additives including high fructose corn syrup  
16 related policy discussions. However, there was concern that this would not sufficiently  
17 address issues in this resolution. Therefore, your Reference Committee recommends that  
18 Resolution 917 be referred.

19  
20 (23) RESOLUTION 918 - REMOVE OUTDATED BARRIERS TO  
21 GENETIC TESTING

22  
23 **RECOMMENDATION:**

24  
25 Your Reference Committee recommends that  
26 Resolution 918 be referred.

27  
28 **HOD ACTION: Resolution 918 be referred.**

---

29  
30  
31 RESOLVED, that our American Medical Association advocate for federal and state  
32 legislation to remove requirements for separate written consent for genetic or genomic  
33 testing, and to eliminate unnecessary restrictions on sharing test result records with the  
34 treating team of providers, while preserving essential patient protections, including  
35 safeguards against discrimination by insurance companies (Directive to Take Action); and  
36 be it further

37  
38 RESOLVED, that our AMA advocate for changes to laws nationwide in the states that  
39 continue to impose barriers to genetic or genomic testing in the form of written consent  
40 requirements in Massachusetts, Michigan, Nebraska, New York, South Dakota, and that  
41 our AMA report on the status of this resolution at the 2026 Annual Meeting. (Directive to  
42 Take Action)

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

9

10 (24) RESOLUTION 921 - PRIORITIZING DESPREScribing  
11 IN SENIORS

12

13 **RECOMMENDATION:**

14

15 Your Reference Committee recommends that  
16 Resolution 921 be referred.

17

---

18 **HOD ACTION: Resolution 921 be referred.**

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20

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

26

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

30

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

34

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

37

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

42

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

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

7

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

10

11 **RECOMMENDATION:**

12

13 Your Reference Committee recommends that  
14 Resolution 927 be referred.

15

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16 **HOD ACTION: Resolution 927 be referred.**

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17

18

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

25

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

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

4

5 **RECOMMENDATION:**

6

7 Your Reference Committee recommends that  
8 Resolution 930 be referred.

9

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10 **HOD ACTION: Resolution 930 be referred.**

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11

12

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

16

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

20

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

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

## 1 RECOMMENDED FOR REFERRAL FOR DECISION 2

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

8  
9 **RECOMMENDATION:**

10  
11 Your Reference Committee recommends that Alternate  
12 Resolution 919 be referred for decision.

---

13 **HOD ACTION: Resolution 919 be referred for decision.**

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

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

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

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

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

32 Your Reference Committee heard mixed testimony on alternate Resolution 919. There  
33 was broad recognition that it is imperative for physicians and the public to have evidence-  
34 based guidance on preventive services, including vaccines, that they can rely on. It is also  
35 clear based on testimony that this is of urgent concern given the changes made to the  
36 ACIP as well as the possible changes to the USPSTF. While some who testified supported  
37 alternate Resolution 919 citing the need for a transparent process that can best serve  
38 patients, others noted that efforts are already underway in response to the emergency  
39 resolution adopted by the House of Delegates at A-25, and there is no need to  
40 unnecessarily impede the AMA's ability to act. There was also concern regarding the  
41 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.

## 1 RECOMMENDED FOR NOT ADOPTION 2

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

5 **RECOMMENDATION:**

6 Your Reference Committee recommends that  
7 **Resolution 904 be not adopted.**

---

8 **HOD ACTION: Resolution 904 not adopted.**

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9  
10 RESOLVED, that our American Medical Association support and endorse the Certified in  
11 Public Health (CPH) credential as a valuable certification for public health professionals  
12 (New HOD Policy); and be it further

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

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

21  
22 (29) RESOLUTION 908 - SUPPORT OF ACCESS TO INSULIN-  
23 DETERMIR

24 **RECOMMENDATION:**

25 Your Reference Committee recommends that  
26 **Resolution 908 be not adopted.**

---

27 **HOD ACTION: Resolution 908 not adopted.**

---

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

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

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

1  
2 RESOLVED, that our American Medical Association lobby Congress to pass legislation,  
3 or a similarly effective action, to accomplish the goals outlined in this resolution. (Directive  
4 to Take Action)

5  
6 Your Reference Committee heard testimony that access to insulin and diabetes  
7 treatments is critical to their patients. However, there was opposition to each of the  
8 resolves for different reasons. First, there was significant opposition to advocating for  
9 insulin detemir to be deemed an over-the-counter product due to the potential for adverse  
10 events as a high-risk medication. Testimony was additionally heard in opposition to  
11 adjustments to the Special Diabetes Program funding which may hinder research and  
12 work in Type 1 Diabetes and underserved tribal populations. Finally, there was concern  
13 on amendments proffered to advocating for a drug to be deemed a drug shortage outside  
14 of the FDA regulated pathway. It was noted that new long-acting biosimilar insulin is soon  
15 to be on the market at a lower cost to minimize the challenge of insulin detemir being  
16 pulled from the market. Therefore, your Reference Committee recommends that this  
17 resolution be not adopted.

1                   **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**  
2

3                   (30)    RESOLUTION 903 - NITROUS OXIDE INHALANT ABUSE  
4

5                   **RECOMMENDATION:**  
6

7                   Your Reference Committee recommends that policy D-  
8                   95.951 be reaffirmed in lieu of Resolution 903.  
9

10                  **HOD ACTION: Resolution 903 adopted as amended with a title change.**  
11

12                  **ADOPTED LANGUAGE:**  
13                  **NITROUS OXIDE INHALANT MISUSE**

14                  **RESOLVED**, that our American Medical Association encourage and support the  
15                  regulation of the branding of nitrous oxide canisters by U.S. Food and Drug  
16                  Administration.  
17

18

---

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

22

23                  Your Reference Committee heard limited and mixed testimony on this resolution. One  
24                  delegation agreed with reaffirmation due to the similarity of existing policy D-95.951.  
25                  Another delegation supported the original resolution and disagreed with reaffirmation due  
26                  to the coercive branding employed by nitrous oxide manufacturers that policy D-95.951  
27                  does not cover. The authors proffered an amendment to replace the term "branding" with  
28                  "labeling". However, despite this effort, there continues to be limited clarity around what  
29                  the regulation would actually entail on the label related to nitrous oxide inhalant misuse  
30                  and a lack of clarity of what the Resolve would actually accomplish. Therefore, your  
31                  Reference Committee recommends that policy D-95.951 be reaffirmed in lieu of  
32                  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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Jade A. Anderson, MD  
Radiological Society of North America

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Beulette Hooks, MD  
American Academy of Family  
Physicians

---

Shanna M. Combs, MD (Alternate)  
Texas

---

Charles Lopresto, DO  
Medical Society of the State of New  
York

---

Oluwasegun Paul Emenogu, MD  
Resident and Fellow Section

---

Arlene Seid, MD, MPH  
American Association of Public Health  
Physicians

---

Samuel Huang, MD  
California  
Chair

### Amendments

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



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