AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 921
(I-25)

Introduced by: Senior Physicians Section

Subject: Prioritizing Deprescribing in Seniors

Referred to: Reference Committee K

Whereas, despite American Medical Association policy on polypharmacy D-120.928, the prevalence of polypharmacy has tripled over the last twenty years[1]; and

Whereas, 4 out of 10 people older than 65 take five or more medications, putting them at risk of adverse drug toxicity, falls, delirium, cognitive impairment and decreased quality of life[1]; and

Whereas, the demographic surge of people older than 65 will only make the problem more prevalent; and

Whereas, deprescribing, the proactive and systematic identification and discontinuation of medications with potential risk greater than potential benefits, offers a significant opportunity to improve patient safety and quality of care; and

Whereas, the Agency for Healthcare Research and Quality (AHRQ) has designated deprescribing as a patient safety priority[2]; therefore be it

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)

Fiscal Note: Modest – between $1,000 - $5,000

Received: 9/26/25

REFERENCES

1. Lown Institute. (n.d.). *Medication overload and older Americans: How the drive to prescribe is harming older Americans.* Retrieved September 2, 2025, from https://lowninstitute.org/projects/medication-overload-how-the-drive-to-prescribe-is-harming-older-americans/
2. Linsky AM, Motala A, Lawson E, et al. Deprescribing To Reduce Medication Harms in Older Adults: Rapid Response. 2024 Feb. In: Making Healthcare Safer IV: A Continuous Updating of Patient Safety Harms and Practices [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2023 Jul-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK600387/

RELEVANT AMA POLICY

Safe and Efficient E-Prescribing H-120.921
Our AMA encourages health care stakeholders to improve electronic prescribing practices in meaningful ways that will result in increased patient safety, reduced medication error, improved care quality, and reduced administrative burden associated with e-prescribing processes and requirements. Specifically, the AMA encourages:
A. E-prescribing system implementation teams to conduct an annual audit to evaluate the number, frequency and user acknowledgment/dismissal patterns of e-prescribing system alerts and provide an audit report to the software vendors for their consideration in future releases.
B. Health care organizations and implementation teams to improve prescriber end-user training and on-going education.
C. Implementation teams to prioritize the adoption of features like structured and codified Sig formats that can help address quality issues, allowing for free text when necessary.
D. Implementation teams to enable functionality of pharmacy directories and preferred pharmacy options.
E. Organizational leadership to encourage the practice of inputting a patient's preferred pharmacy at registration, and re-confirming it upon check-in at all subsequent visits.
F. Implementation teams to establish interoperability between the e-prescribing system and the EHR to allow prescribers to easily confirm continued need for e-prescription refills and to allow for ready access to pharmacy choice and selection during the refill process.
G. Implementation teams to enhance EHR and e-prescribing system functions to require residents assign an authorizing attending physician when required by state law.
H. Organizational leadership to implement e-prescribing systems that feature more robust clinical decision support, and ensure prescriber preferences are tested and seriously considered in implementation decisions.
i. Organizational leadership to designate e-prescribing as the default prescription method.
J. The DEA to allow for lower-cost, high-performing biometric devices (e.g., fingerprint readers on laptop computers and mobile phones) to be leveraged in two-factor authentication.
K. States to allow integration of PDMP data into EHR systems.
L. Health insurers, pharmacies and e-prescribing software vendors to enable real-time benefit check applications that enable more up to date prescription coverage information and allow notification when a patient changes health plans or a health insurer has changed a pharmacy's network status.
M. Functionality supporting the electronic transfer and cancellation of prescriptions.
Citation: BOT Rep. 20, A-19

Reducing Polypharmacy as a Significant Contributor to Senior Morbidity D-120.928

1. Our American Medical Association will work with other organizations e.g., AARP, other medical specialty societies, PhRMA, and pharmacists to educate patients about the significant effects of all medications and most supplements, and to encourage physicians to teach patients to bring all medications and supplements or accurate, updated lists including current dosage to each encounter.
2. Our AMA along with other appropriate organizations encourages physicians and ancillary staff if available to initiate discussions with patients on improving their medical care through the use of only the minimal number of medications (including prescribed or over-the-counter, including vitamins and supplements) needed to optimize their health.
3. Our AMA will work with other stakeholders and EHR vendors to address the continuing problem of inaccuracies in medication reconciliation and propagation of such inaccuracies in electronic health records.
4. Our AMA will work with other stakeholders and EHR vendors to include non-prescription medicines and supplements in medication lists and compatibility screens

Citation: Res. 515, A-22