Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
ETHICS & BYLAWS				
007	• American College of Obstetricians and Gynecologists • (Arizona) • (California) • (Hawaii) • (Idaho) • (Montana) • (New Mexico) • (Washington)	**Improving Protection for Reproductive Health Information** *RESOLVED, that our American Medical Association support the prohibition against the use or disclosure of protected health information (PHI) to conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability for the mere act of seeking, obtaining, providing, or facilitating reproductive health care. (New HOD Policy)* ***RECOMMENDATION A:** Your Reference Committee recommends that Resolution 007 be amended by addition and deletion as follows:* *RESOLVED, that our American Medical Association ~~support the prohibition against~~ legislation prohibiting the use or disclosure of protected health information (PHI), outside of the medicolegal death investigation, to conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability for the mere act of seeking, obtaining, providing, or facilitating reproductive health care. (New HOD Policy)* ***RECOMMENDATION B:** That Resolution 007 be adopted as amended.*	**ADOPTED AS AMENDED**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
008	• College of American Pathologists	**Health Plan In-Network Steering of Pathology/Laboratory Services** *RESOLVED, that our American Medical Association support state and federal legislative efforts to expressly prohibit in-network steering by health insurance plans, or by laboratory benefit managers under contract with such plans, to "preferred" or "designated" in-network laboratories or pathologists, thereby excluding other in-network pathology and laboratory providers (New HOD Policy); and be it further* *RESOLVED, that our AMA advocate in partnership with state medical societies and medical specialty societies to protect ordering physician discretion to refer pathology and laboratory specimens to any in-network pathologist or in-network laboratory of their choice, based upon relevant medical considerations in the best interest of patient care, consistent with AMA Code of Medical Ethic. (Directive to Take Action)*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**
REFERENCE COMMITTEE B				
201	• American Association of Clinical Urologists • (Utah Medical Association)	**Model State Legislation incorporating Medical Malpractice Tort Reform Based on Utah H.B. 503 (2025)**	**ADOPTION AS AMENDED**	**NO POSITION**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		RESOLVED, that our American Medical Association develop model state legislation incorporating medical malpractice tort reform based on Utah H.B. 503 enacted into law March 27, 2025. (Directive to Take Action) ***RECOMMENDATION A:*** *Your Reference Committee recommends that Resolution 201 be amended by addition and deletion to read as follows:* *RESOLVED, That our American Medical Association develop model state legislation incorporating state medical liability malpractice tort 16 reforms, ~~based on Utah H.B. 503 enacted into law March 27, 2025.~~ including but not be limited to provisions that: (1) limit economic damages for past medical expenses to amounts actually paid; (2) safeguard physicians' personal assets; (3) prohibit plaintiffs from making allegations that are irrelevant, coercive, or pertain to a physician's income or personal assets; (4) address prelitigation review panels; and (5) expand circumstances where physicians are entitled to attorney fees.* ***RECOMMENDATION B:*** *Your Reference Committee recommends that Resolution 201 be adopted as amended.* ***RECOMMENDATION C:*** *Your Reference Committee recommends that the title of Resolution 201 be changed to read as follows:* ***MODEL STATE LEGISLATION INCORPORATING MEDICAL MALPRACTICE TORT REFORM***		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
207	• American Academy of Family Physicians	**Support for a Federal Tax Incentive for Volunteer Community Preceptors** *RESOLVED, that our American Medical Association advocate for the establishment of a national tax credit or tax deduction for physicians who serve as community preceptors for medical students and residents, provided these services are rendered without financial compensation from any educational institution. (Directive to Take Action)* ***RECOMMENDATION A:*** *Your Reference Committee recommends that Resolution 207 be amended by addition and deletion to read as follows:* *RESOLVED, that our American Medical Association ~~advocate for the establishment of a national~~ support proposals to establish a federal tax credit or tax deduction for physicians who serve as community preceptors for medical students and residents, provided these services are rendered without financial compensation from any educational institution. (Directive to Take Action)* ***RECOMMENDATION B:*** *Your Reference Committee recommends that Resolution 207 be adopted as amended.*	**ADOPTION AS AMENDED**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
212	• American Society of Addiction Medicine	**Acknowledging Flexibility on Buprenorphine Mono-product Use for Opioid Use Disorder** *RESOLVED, that our American Medical Association advocate at the state and federal level to remove "red-flag" or "suspicious order" designations suspecting or distinguishing between buprenorphine mono-product and buprenorphine/naloxone that are approved for treatment of OUD (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate that Medicare, Medicaid, and all commercial health plans and other payers, be required to cover medications to treat opioid use disorder in all formulations without prior authorization, step therapy, fail first requirements, or other inappropriate utilization management. (Directive to Take Action)*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**
225	• American Academy of Emergency Medicine	**Federal Legislation to Prohibit the Corporate Practice of Medicine** *RESOLVED, that our American Medical Association advocate for federal legislation that prohibits lay corporations, including insurance companies, private equity firms, and other non-physician-owned entities, from owning or controlling medical practices and healthcare decision making, and prohibits such entities from participation in federal healthcare payment programs, in order to protect physician autonomy and strengthen the physician-patient relationship (Directive to Take Action); and be it further*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		RESOLVED, that our AMA amend Policy H-215.981 - Corporate Practice of Medicine under items #1 and #2 by addition and deletion as follows: *1. Our American Medical Association ~~vigorously opposes any effort to pass federal legislation or regulation preempting state laws~~ supports the passage of federal legislation prohibiting the corporate practice of medicine.* *2. Our AMA vigorously opposes any effort to pass state or federal legislation or regulation that removes or weakens existing state laws prohibiting the corporate practice of medicine. (Modify Current HOD Policy)*		
226	• American Academy of Emergency Medicine	**Transparency with the Term "Emergency Department"** *RESOLVED, that our American Medical Association advocates for the designation of "emergency department" or "emergency room" to be restricted to facilities with the presence of* at *least one physician on-site and on-duty, who is responsible for the emergency department at all times (Directive to Take Action); and be it further* *RESOLVED, that our AMA recommends that facilities without physician staffing use alternative terminology, such as Acute Care Unit, as a matter of truth and transparency for patients, so that patients are not expecting care by a physician (New HOD Policy); and be it further*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		RESOLVED, that our AMA work with the Joint Commission, Det Norske Veritas (DNV), and other authorities/regulators to educate them about this issue, and to encourage them to implement correct "emergency department" terminology designations to ensure truth and transparency at all times for our patients. (Directive to Take Action)		
230	• American College of Rheumatology • American College of Physicians • American Association of Geriatric Psychiatry • American Society for Gastrointestinal Endoscopy	**Banning Non-compete Agreements in States** *RESOLVED, that our American Medical Association will work with state medical societies, national specialty societies and/or other interested parties to advocate for legislation or regulation that would prohibit covenants not-to-compete for all physicians in clinical practice who hold employment contracts with for-profit or non-profit hospital, hospital system, or staffing company employers, across all states in which a ban on non-to-compete agreements is not in place. (Directive to Take Action)*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**
232	• American Society for Reproductive Medicine	**Safeguarding Access to IVF Amid Restorative Reproductive Medicine Legislation** *RESOLVED, that our American Medical Association opposes any efforts to limit patient access to the full scope of evidence-based fertility treatments, including but not limited to: In Vitro Fertilization (IVF) (New HOD Policy); and be it further* *RESOLVED, that our AMA should advocate for increased NIH funding for women's health, including reproductive health, so that we can expand research on the*	**ADOPTION AS AMENDED**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		potential underlying causes of infertility (Directive to Take Action); and be it further *RESOLVED, that our AMA acknowledges that practices considered "restorative reproductive medicine" constitute part of what Reproductive Endocrinology and Infertility physicians, Urologists, and other fertility specialists provide in their daily practice through patient-centered evaluation and individualized treatment of underlying conditions (New HOD Policy); and be it further* *RESOLVED, that our AMA acknowledges that IVF is an important part of the comprehensive, evidence-based infertility treatment options that should be offered to patients and is often the most successful option for many patients looking to grow or start their families. (New HOD Policy)* ***RECOMMENDATION A:** Your Reference Committee recommends that the second resolve of Resolution 232 be amended by deletion to read as follows:* *RESOLVED, that our AMA should advocate for ~~increased~~ NIH funding for women's health, including reproductive health, so that we can expand research on the potential underlying causes of infertility (Directive to Take Action); and be it further* ***RECOMMENDATION B:** Your Reference Committee recommends that Resolution 232 be adopted as amended.*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
233	• American Academy of Child and Adolescent Psychiatry	**Renewing Mental Health Infrastructure in the School System** *RESOLVED, that our American Medical Association advocate for federal legislation establishing a permanent School Mental Health Infrastructure Fund, modeled on a federal–state partnership such as the FMAP, to ensure stable and equitable financing for the training, placement, and retention of school-based mental health professionals, with priority given to rural and underserved communities (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate for federal legislation incorporating automatic continuity protections (such as bridge funding or carryover authority) within school-based mental health programs, to prevent disruptions in student care and workforce stability when federal appropriations are delayed or rescinded. (Directive to Take Action)* ***RECOMMENDATION A:** Your Reference Committee recommends that the first resolve of Resolution 233 be amended by addition and deletion to read as follows:* *RESOLVED, that our American Medical Association support sustained, stable, and equitable state and federal funding ~~advocate for federal legislation establishing a permanent School Mental Health Infrastructure Fund, modeled on a federal–state partnership such as the FMAP, to ensure stable and equitable financing~~ for the training, placement, and retention of school-based mental health professionals,*	**ADOPTION AS AMENDED**	**RETURN TO ORIGINAL LANGUAGE**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		with priority given to rural and underserved communities (Directive to Take Action); and be it further ***RECOMMENDATION B:*** *Your Reference Committee recommends that the second resolve of Resolution 233 be amended by addition and deletion to read as follows:* *RESOLVED, that our AMA advocate for federal legislation incorporating automatic continuity protections (such as bridge funding or carryover authority) within school-based mental health programs, to prevent disruptions in student services ~~care~~ and workforce stability when federal appropriations are delayed or rescinded. (Directive to Take Action)* ***RECOMMENDATION C:*** *Your Reference Committee recommends that Resolution 37 be adopted as amended.*		
234	• Association for Clinical Oncology • American College of Rheumatology	**Study on Impact of Inflation Reduction Act on Oncology, Other Physician Practices** *RESOLVED, that our American Medical Association will work with relevant stakeholders to conduct a comprehensive study on the impact of the Inflation Reduction Act's (IRA) drug price negotiation provisions, particularly for drugs covered under Medicare Part B and physician administered drugs due to concerns it could jeopardize patient access to critical therapies as the IRA's potential for reimbursement reductions may lead to less availability of these medications in*	**ADOPTION AS AMENDED**	**SUPPORT ORIGINAL LANGUAGE**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		smaller, community-based clinics where a significant amount of care is provided (Directive to Take Action); and be it further *RESOLVED, that our AMA will specifically evaluate the potential impact on the sustainability of community-based physician practices, with a particular focus on oncology practices (Directive to Take Action); and be it further* *RESOLVED, that our AMA will consider using the findings of this study to inform its advocacy efforts to ensure that any future drug pricing policies balance patient affordability with the stability of physician practices, patient access, and the continued advancement of drug innovation. (Directive to Take Action).* ***RECOMMENDATION A:** Your Reference Committee recommends that the first resolve of Resolution 234 be amended by addition and deletion to read as follows:* *RESOLVED, that our American Medical Association will work with ~~relevant stakeholders to conduct a comprehensive study~~ interested parties to monitor, evaluate, and educate on the impact of the Inflation Reduction Act's (IRA) drug price negotiation provisions, particularly for drugs covered under Medicare Part B and physician-administered drugs due to concerns it could jeopardize patient access to critical therapies as the IRA's potential for reimbursement reductions may lead to less availability of these medications in smaller, community based clinics where a significant amount of care is provided (Directive to Take Action); and be it further*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		RECOMMENDATION B: *Your Reference Committee recommends that the second and third resolves of Resolution 234 be deleted:* ~~*RESOLVED, that our AMA will specifically evaluate the potential impact on the sustainability of community-based physician practices, with a particular focus on oncology practices (Directive to Take Action); and be it further*~~ ~~*RESOLVED, that our AMA will consider using the findings of this study to inform its advocacy efforts to ensure that any findings this study to inform its advocacy efforts to ensure that any future drug pricing policies balance patient affordability with the stability of physician practices, patient access, and the continued advancement of drug innovation. (Directive to Take Action).*~~ ***RECOMMENDATION C:*** *Your Reference Committee recommends that Resolution 234 be adopted as amended.*		
236	• College of American Pathologists	**Deceptive Advertising in Accredited Allied Health Professional, Non-Physician Graduate Programs** *RESOLVED, that our AMA support state and national medical societies to advance "Truth & Transparency" legislation, inclusive of accredited allied health professional, non-physician graduate education programs to instill transparency in*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		non-physicians' scope of practice and training under the direction of a licensed physician (New HOD Policy); and be it further *RESOLVED, that Our AMA advocate for legislation and refinements to "Truth & Transparency" laws to prohibit production and dissemination of deceptive advertising and marketing materials by accredited allied health professional, non-physician graduate programs. These requirements should:* *1. Prohibit deceptive, misleading or false advertising inclusive of professional titles and scope of the allied health professional completing the program.* *2. Require that the advertised course of study at such programs is clearly consistent with applicable state laws and well-established and widely accepted medical standards for allied health professionals' training, certification, and scope of practice.* *3. Mandate all advertising materials include clear and unambiguous statements that clarify the requisite levels of physician supervision for non-physician, allied health professionals, that will complete the program. (Directive to Take Action)*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
REFERENCE COMMITTEE C				
311	• American Academy of Ophthalmology	**Gender and URiM Disparities in Surgical Training Volumes** *RESOLVED, that our American Medical Association recognize gender- and URiM-based disparities in surgical training volumes as an equity issue in graduate medical education, distinct from resident competency (New HOD Policy); and be it further* *RESOLVED, that our AMA advocate for the Accreditation Council for Graduate Medical Education (ACGME) and specialty boards to collect and publish aggregate, de-identified surgical case volume data stratified by gender and URiM status (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate that surgical residency and fellowship programs implement monitoring mechanisms to promote equitable case allocation, while reaffirming that all graduates meet established training requirements (Directive to Take Action); and be it further* *RESOLVED, that our AMA support the development and dissemination of best practices— including mentorship initiatives, equitable case distribution systems, and supportive leave policies—to ensure fairness in operative experience across all surgical specialties (New HOD Policy)*	**ADOPTION AS AMENDED**	**POSTPONE UNTIL TIME CERTIAN**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		RECOMMENDATION A: *Your Reference Committee recommends that the first resolve of Resolution 311 be amended by addition to read as follows:* *RESOLVED, that our American Medical Association recognize gender- and URiM-based disparities in procedural and surgical case training volumes as an equity issue in graduate medical education, distinct from resident competency (New HOD Policy); and be it further* ***RECOMMENDATION B****: Your Reference Committee recommends that the second resolve of Resolution 311 be amended by addition and deletion to read as follows:* *RESOLVED, that our AMA recommend that ~~advocate for~~ the Accreditation Council for Graduate Medical Education (ACGME) and specialty boards to collect and publish aggregate, de-identified procedural and surgical case volume data stratified by gender and URiM status (Directive to Take Action); and be it further* ***RECOMMENDATION C:*** *Your Reference Committee recommends that the third resolve of Resolution 311 be amended by addition and deletion to read as follows:* *RESOLVED, that our AMA encourage ~~advocate that~~ ~~surgical~~ residency and fellowship programs to implement ~~monitoring~~ mechanisms to promote equitable procedure and surgical case allocation, while recognizing ~~reaffirming~~ that all*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		graduates must meet established training requirements (Directive to Take Action); and be it further ***RECOMMENDATION D:*** *Your Reference Committee recommends that the fourth resolve of Resolution 311 be amended by addition and deletion to read as follows:* *RESOLVED, that our AMA encourage ~~support the~~ development and dissemination of best practices to include ~~—including~~ mentorship and ~~initiatives~~, equitable case distribution systems, and ~~supportive leave policies —~~to ensure fairness in procedural and surgical ~~operative~~ case experience across all surgical specialties (New HOD Policy)* ***RECOMMENDATION E:*** *Your Reference Committee recommends that Resolution 311 be adopted as amended.* ***RECOMMENDATION F:*** *Your Reference Committee recommends a change in title to read as follows:* ***GENDER AND URIM DISPARITIES IN PROCEDURAL AND SURGICAL TRAINING VOLUMES***		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
REFERENCE COMMITTEE F				
602	• American Academy of Family Physicians	**Standardizing the Appointment Process for AMA Councils** *RESOLVED, that our American Medical Association develop a phased implementation plan – including selection criteria, procedural steps, and necessary bylaw amendments – to establish a House of Delegates-elected Nominating Committee responsible for the appointment and reappointment of all Council members, subject to final approval by the Board of Trustees. (Directive to Take Action)*	**RECOMMENDED FOR NOT ADOPTION**	**NO POSITION**
REFERENCE COMMITTEE J				
805	• American College of Lifestyle Medicine • (New England Delegation)	**Shared Medical Appointments** *RESOLVED, that our American Medical Association recognizes Shared Medical Appointments, also known as Group Medical Visits, as an effective model of care delivery (New HOD Policy); and be it further* *RESOLVED, that our AMA advocate to hospitals and health systems that they support physicians and other clinicians who desire to host Shared Medical*	**ADOPTION AS AMENDED**	**SUPPORT AS AMENDED**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		Appointments, also known as Group Medical Visits (Directive to Take Action); and be it further *RESOLVED, that our AMA advocate to Medicare, Medicaid, private insurers, and other appropriate indemnity organizations, for payment of in-person or telehealth Shared Medical Appointments, also known as Group Medical Visits, commensurate with standard Evaluation and Management billing codes (i.e., 99212-99215) based on Medical Decision Making criteria or the time spent in the delivery of individualized care, with individual assessments occurring either within the group setting or in private. (Directive to Take Action)* ***RECOMMENDATION A:** Your Reference Committee recommends that the first resolve of Resolution 805 be amended by addition and deletion to read as follows:* *RESOLVED, that our American Medical Association recognizes Shared Medical Appointments, ~~also known as~~ and/or Group Medical Visits, as an effective model of care delivery (New HOD Policy); and be it further* ***RECOMMENDATION B:** Your Reference Committee recommends that the second resolve of Resolution 805 be amended by addition and deletion to read as follows:* *RESOLVED, that our AMA advocate to hospitals and health systems that they support physicians and other clinicians who desire to host Shared Medical*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		Appointments, ~~also known as~~ and/or Group Medical Visits (Directive to Take Action); and be it further ***RECOMMENDATION C:** Your Reference Committee recommends that the third resolve of Resolution 805 be amended by addition and deletion to read as follows:* *RESOLVED, that our AMA advocate to ~~Medicare, Medicaid, private insurers, and other appropriate indemnity organizations~~, for payment of in-person or telehealth Shared Medical Appointments, ~~also known as~~ and/or Group Medical Visits, utilizing CPT codes and AMA-CPT coding guidance ~~commensurate with standard Evaluation and Management billing codes (i.e., 99212-99215) based on Medical Decision Making criteria or the time spent in the delivery of individualized care, with individual assessments occurring either within the group setting or in private.~~ (Directive to Take Action)* ***RECOMMENDATION D:** Your Reference Committee recommends that Resolution 805 be adopted as amended.*		
812	• American Academy of Physical Medicine and Rehabilitation	**Discontinue Review Choice Demonstration Project for Inpatient Rehabilitation Hospital Admissions** *RESOLVED, that our American Medical Association oppose CMS's expansion of the Inpatient Rehabilitation Facility Review Choice Demonstration Project and advocate that the project be immediately discontinued. (Directive to Take Action)*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
821	• American Society of Retina Specialists • American Society of Cataract and Refractive Surgery • (Oklahoma)	**Improving Access to Emergency Ophthalmologic Surgical Care** *RESOLVED, that our American Medical Association supports policies aimed at enhancing access to emergency ophthalmic care—including vitreoretinal surgical services and traumatic open globe injuries— through initiatives such as improved operating room availability, facility reimbursement reforms, and changes to hospital privileging that exclude economic criteria to facilitate timely surgical care (New HOD Policy); and be it further* *RESOLVED, that our AMA advocates to reduce payer barriers, including prior authorization and inadequate Medicaid and Medicare reimbursement, that hinder access to surgical ophthalmologic emergency care including vitreoretinal surgery and traumatic open globe injuries (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate for reducing geographic and socioeconomic barriers to timely ophthalmologic emergency care - including both surgical vitreoretinal services and traumatic open globe injuries—in alignment with AMA health equity policies, with emphasis on rural and underserved communities. (Directive to Take Action)*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
823	• American College of Rheumatology • Association for Clinical Oncology • American Academy of Dermatology • American Society of Anesthesiologists • American Gastroenterological Association • American College of Physicians • American Association for Geriatric Psychiatry • American Society for Gastrointestinal Endoscopy • American Society of Nuclear Cardiology	**Accountability in the Use of Augmented Intelligence for Prior Authorization** *RESOLVED, that our American Medical Association will amend policy D-480.956, "Use of 33 Augmented Intelligence for Prior Authorization," by addition and deletion to read as follows:* *Our American Medical Association will work with stakeholders ~~advocates~~ to advocate for legislative and/or regulatory action for greater regulatory oversight of related to the use of augmented intelligence for review of patient claims and prior authorization requests, including whether insurers and/or contracted third parties are using a thorough and fair process that:* *1. is based on accurate and up-to-date clinical criteria derived from national medical specialty societies' evidence-based guidelines and peer-reviewed clinical literature.* *2. includes reviews by doctors and other health care professionals who are not incentivized to deny care and with expertise for the service under review.* *~~3. requires such reviews include human examination of patient records prior to a care denial~~*	**ADOPTION AS AMENDED**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
	• Society for Cardiovascular Magnetic Resonance	*3. provides for transparency and accountability over the use of augmented intelligence for all medical service denials, to include a direct review of patient records by a qualified clinician.* *4. requires direct review of the patient record by a qualified clinician of all medications flagged for denial by augmented intelligence platforms that were previously approved by payers.* *5. provides robust appeals processes and guardrails to prevent algorithmic discrimination and ensure equitable access to care.* *(Modify Current HOD Policy); and be it further* *RESOLVED, that our AMA will report on actions taken by the 2026 Annual Meeting of the AMA House of Delegates. (Directive to Take Action)* ***RECOMMENDATION A:** our Reference Committee recommends that the first resolve, subclause of Resolution 823 be amended by addition to read as follows:* *RESOLVED, that our American Medical Association will amend policy D-480.956, "Use of Augmented Intelligence for Prior Authorization," by addition and deletion to read as follows:* *Our American Medical Association will work with stakeholders ~~advocates~~ to advocate for legislative and/or regulatory action for greater regulatory oversight*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		~~of~~ related to the use of augmented intelligence for review of patient claims and prior authorization requests, including whether insurers and/or contracted third parties are using a thorough and fair process that: 1) is based on accurate and up-to-date clinical criteria derived from national medical specialty societies' evidence-based guidelines and peer-reviewed clinical literature. 2) includes reviews by ~~doctors~~ physicians and other health care professionals who are not incentivized to deny care and with expertise for the service under review.. ~~3)requires such reviews include human examination of patient records prior to a care denial~~ 3) provides for transparency and accountability over the use of augmented intelligence for all medical service denials, to include a direct review of patient records by a qualified clinician. 4) requires direct review of the patient record by a qualified clinician of all medications flagged for denial by augmented intelligence platforms that were previously approved by payers. 5) provides robust appeals processes and guardrails to prevent algorithmic discrimination and ensure equitable access to care.		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		RECOMMENDATION B: *Your Reference Committee recommends that Resolution 823 be adopted as amended.*		
827	• Association for Clinical Oncology • American College of Rheumatology • American Society for Radiation Oncology • (California Medical Association)	**Opposition to Prior Authorization in Medicare Fee-for-Service, Burdensome Administrative Requirements** *RESOLVED, that our American Medical Association opposes the use of prior authorization (PA) and pre-payment review in Medicare Fee-for-Service (FFS), including the proposed Wasteful and Inappropriate Service Reduction (WISeR) Model which would implement a technology enabled review system (including augmented intelligence/artificial intelligence) (New HOD 34 Policy); and be it further* *RESOLVED, that our AMA will advocate against the implementation of the WISeR Model and any similar programs that impose new PA requirements in Medicare FFS, while continuing its efforts to educate Congress, the Centers for Medicare & Medicaid Services, and the public on the harms of PA to both patients and physicians, leveraging data from its own surveys and the experiences of its members (Directive to Take Action); and be it further* *RESOLVED, that our AMA will continue to advocate for a legislative and regulatory framework that streamlines administrative processes, prioritizes patient access to timely care, and replaces burdensome PA with clinically-sound alternatives, such*	**RECOMMENDED FOR ADOPTION**	**POSTPONE UNTIL TIME CERTAIN**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		as the adoption of "gold card" programs for high-performing providers and the greater use of evidence-based clinical guidelines. (Directive to Take Action)		
828	• Association for Clinical Oncology • (California) • (Arizona) • (Hawaii) • (Idaho) • (Montana) • (New Mexico) • (Washington)	**Creating a Public Scorecard on Insurer Delays in Care and Payment Caused by Prior Authorization** *RESOLVED, that our American Medical Association continue to lead the advocacy effort and assist state medical associations with the implementation of timely, non-aggregated public reporting by private and public plans that engage in prior authorization related to the services subject to prior authorization, the number of services approved, denied and overturned on appeal, and the timeframes for responding to requests for authorization and paying physician claims (Directive to Take Action); and be it further* *RESOLVED, that our AMA work with interested organizations in the development and publication of public and private plan scorecards related to prior authorization approvals, denials, appeals, and the timeframes for responding to requests for authorization and processing physician payments to better inform patients, physicians, and purchasers of insurance. (Directive to Take Action)*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
REFERENCE COMMITTEE K				
909	• American Academy of Sleep Medicine	**Clinical Significance of Sleepiness** *RESOLVED, that our AMA support the evaluation and management of sleepiness as vital clinical services that are essential for patient safety and patient-centered care (New HOD Policy); and be it further* *RESOLVED, that our AMA support initiatives that assess the impact of sleepiness and its treatment on daytime functioning and quality of life in diverse populations. (New HOD Policy)* ***RECOMMENDATION:** Your Reference Committee recommends that policy H29 440.791 be reaffirmed in lieu of Resolution 909.*	**RECOMMENDED FOR REAFFIRMATION IN LIEU OF**	**SUPPORT**
919	• American Association of Public Health Physicians	**Strengthening Trust through AMA-Based Leadership for Evidence-Based Vaccines (STABLE Vaccines)** *RESOLVED, that our American Medical Association will serve as a convener of key stakeholders to advance science-based vaccine recommendations (Directive to Take Action); and be it further*	**RECOMMENDED FOR ADOPTION IN LIEU OF**	**POSTPONE UNTIL TIME CERTAIN**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		RESOLVED, that our AMA will establish itself as a trusted, centralized source and public-facing megaphone for science-based vaccine guidance (Directive to Take Action); and be it further *RESOLVED, that our AMA will contribute expertise and funding, as appropriate, to advance the mission of coordinating and promoting scientifically grounded and reliable vaccine guidance. (Directive to Take Action)* ***RECOMMENDATION:** Your Reference Committee recommends that that alternate Resolution 919 be adopted in lieu of Resolutions 919 and 925.* ***LEADERSHIP FOR EVIDENCE-BASED VACCINE AND PREVENTIVE SERVICES RECOMMENDATIONS*** *RESOLVED, that our American Medical Association will serve as a convener of key stakeholders to advance science-based vaccine recommendations (Directive to Take Action); and be it further* *RESOLVED, that our AMA will serve as a trusted, centralized source and public-facing amplifier of science-based vaccine guidance, and will contribute expertise and funding, as appropriate, to promote unified messaging regarding evidence-based preventive services for clinicians and patients (Directive to Take Action); and be it further*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		RESOLVED, that our AMA will coordinate with payer and manufacturer organizations to ensure continued coverage and production of vaccines (Directive to Take Action); and be it further *RESOLVED, that our AMA will study options for replacing, to the extent possible, the ACIP and USPSTF at the earliest possible time with a national entity which will develop and publish credible evidence-based recommendations for vaccines and preventive services. (Directive to Take Action)*		
926	• American Urological Association • American Association of Clinical Urologists • (Washington) • (California)	**Establishment of Federal and State Offices of Men's Health** *RESOLVED, that our American Medical Association amend Policy D-160.985, Establishment of an Office of Men's Health, to read as follows:* ***Establishment of ~~an~~ Federal and State Offices of Men's Health*** *1. Our AMA encourages the establishment of an Office of Men's Health ~~at the U.~~S. within the federal Department of Health and Human Services to coordinate awareness, outreach, and outcomes on men's health.* *2. Our AMA encourages the establishment of an Office of Men's Health within each state's Department of Health and Human Services to coordinate awareness, outreach, and outcomes on men's health. (Modify Current HOD Policy)*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
927	• Federal Services	**Battlefield Acupuncture – An Educational Call to Arms** *RESOLVED, that our American Medical Association encourage greater awareness of and/or instruction in the use of Battlefield Acupuncture as a quick, safe, and effective means to treat acute and chronic pain in patients, given its exceptional safety record, high level of reproducibility, and ability to be administered in an extremely cost-effective manner, without concerns for drug-drug interactions or dependence on narcotic analgesics. (New HOD Policy)*	**RECOMMENDED FOR ADOPTION**	**OPPOSE**
929	• American Academy of Child and Adolescent Psychiatry	**Protecting Access to Evidence-based Psychotropic Medication for the Treatment of Pediatric Mental Illness** *RESOLVED, that our American Medical Association opposes limitations on access to psychotropic medication as part of a comprehensive mental health treatment plan (New HOD Policy); and be it further* *RESOLVED, that our AMA advocates that the U.S. Department of Health and Human Services and Congress use peer reviewed pediatric mental health research, and evidence based clinical guidelines developed by non-profit medical professional societies to inform pediatric mental health policy. (Directive to Take Action)*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
931	• American Academy of Dermatology • Society for Investigative Dermatology • American Contact Dermatitis Society • American Society for Dermatologic Surgery • National Medical Association	**Preserving Evidence-Based, Equitable Grooming Standards in Military Service** *RESOLVED, that our American Medical Association advocate against Department of War policy changes that restrict or eliminate evidence-based, medically necessary shaving waivers for service members, and oppose administrative or physical evaluation board separation on this basis when service members otherwise meet qualifications for continued service (Directive to Take Action); and be it further* *RESOLVED, that our AMA urge the Department of War to implement any changes to shaving waiver policy through an evidence-based and transparent process that incorporates input from military 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 military service branches, including standardized criteria, clear re-evaluation intervals and portability of waivers across duty stations (Directive to Take Action); and be it further* *RESOLVED, that our AMA urge the Department of War to authorize permanent shaving waivers for service members with severe or refractory pseudofolliculitis barbae, especially those who have already received military dermatologist recommendations for permanent waivers and are unresponsive to optimized*	**RECOMMENDED FOR ADOPTION IN LIEU OF**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		medical therapy, and to extend this option consistently across all service branches (Directive to Take Action); and be it further *RESOLVED, that our AMA support ongoing research on pseudofolliculitis barbae and related dermatologic conditions, including medical management, equity impacts of grooming practices, and evidence-based approaches to accommodations within the Armed Forces. (New HOD Policy)* ***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*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		experts, affected service members, and other interested parties with relevant expertise (Directive to Take Action); and be it further *RESOLVED, that our AMA advocate for consistent and equitable shaving waiver policies across all Uniformed Services branches, including standardized criteria, clear re-evaluation intervals and portability of waivers across duty stations (Directive to Take Action); and be it further* *RESOLVED, that our AMA urge the Uniformed Services to authorize permanent shaving waivers for service members with severe or refractory pseudofolliculitis barbae, especially those who have already received Uniformed Services dermatologist recommendations for permanent waivers and are unresponsive to optimized medical therapy, and to extend this option consistently across all service branches (Directive to Take Action); and be it further* *RESOLVED, that our AMA support ongoing research on pseudofolliculitis barbae and related dermatologic conditions, including medical management, equity impacts of grooming practices, and evidence-based approaches to accommodations within the Uniformed Services. (New HOD Policy)*		
932	• American College of Radiology • American Society of Radiation Oncology	**Shared Decision-Making and Low Dose CT Lung Cancer Screening in Clinical Practice** *RESOLVED, that our American Medical Association, in conjunction with other interested national specialty societies of expertise (e.g., ACP, AAFP, ACR, etc.),*	**RECOMMENDED FOR ADOPTION**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
	• American Academy of Family Physicians • American College of Radiation Oncology	*create and share educational resources and training to help physicians efficiently discuss and document LDCT lung cancer screening during shared decision-making visits for high-risk populations. (Directive to Take Action)*		
933	• American College of Surgeons	**Addressing Gaps in National Healthcare Safety Network (NHSN) Data Quality** *RESOLVED, that our American Medical Association advocate for the CDC to use its January 2024 definition of Surgical Site Infection (SSI) in the National Healthcare Safety Network (NHSN), and require documented clinical impression of an SSI (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate for the CDC to establish and enforce consistent NHSN data collection methods across hospitals and audit hospital NHSN data quality regardless of hospital performance status. (Directive to Take Action)* ***RECOMMENDATION A:** Your Reference Committee recommends the second resolve clause of Resolution 933 be amended by addition and deletion to read as follows:* *RESOLVED, that our AMA advocate for the CDC to establish ~~and enforce~~ consistent NHSN data collection methods for surgical site infection (SSI) surveillance across hospitals and audit hospital NHSN data quality for surgical site*	**ADOPTION AS AMENDED**	**SUPPORT**

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	ORC Recommendation	SSS Action
		infection (SSI) regardless of hospital performance status. (Directive to Take Action) ***RECOMMENDATION B:*** *Your Reference Committee recommends that Resolution 933 be adopted as amended.*		
RESOLUTIONS NOT FOR CONSIDERATION				
235	• American College of Emergency Physicians	**Ensuring Medical Liability Insurance Transparency and Continuity** *RESOLVED, that our American Medical Association advocate for legislation requiring immediate (within 3 business days) notification by the medical liability insurance carrier to the covered physician for any policy changes, cancellation, or missed payment (Directive to Take Action); and be it further* *RESOLVED, that our AMA recognize that occurrence-based medical liability insurance or claims-made medical liability insurance with a pre-paid tail is the gold standard for medical liability coverage (New HOD Policy); and be it further* *RESOLVED, that our AMA policy D-215.980 "Support Before, During, and After Hospital Closure or Reduction in Services" be amended so as to include physician group closures. (Modify Current HOD Policy)*	**N/A**	**SUPPORT**

NON-SPECIALTY RESOLUTIONS (discussed during SSS Virtual Meeting)

CMS REPORT 4-1-25	• Report of the Council on Medical Service (Reference Committee J)	**Payment for Biosimilars** *RECOMMENDATIONS* *The Council on Medical Service recommends that the following be adopted in lieu of Resolution 103-A-25, and the remainder of the report be filed:* *1. That our American Medical Association (AMA) supports the revision of the Average Sales Price (ASP) calculation of biologic/biosimilar drugs to more accurately represent the cost of drugs for the physician practice. (New HOD Policy)* *2. That our AMA encourages public and private payers to implement comprehensive payment structures that allow for fair and timely payment for biologic/biosimilar drugs that:* *a. Maintain patient access to biologic/biosimilar drugs prescribed by their physician;* *b. Account for physician/practice administrative and acquisition costs, including but not limited to, obtaining, storing, and administering the drug;* *c. Incentivize the use of biosimilars when safe, clinically appropriate, and agreed upon by the patient and physician; and* *d. Ensure that patient out-of-pocket costs are affordable. (New HOD Policy)* *3. That our AMA supports calculating the ASP for biologic/biosimilar drugs under Medicare Part B as the average price paid for a reference biologic and its interchangeable biosimilars adjusted by the market share of each product while ensuring payment is adequate to maintain the financial viability of physician practices. (New HOD Policy)*	**RECOMMENDED FOR ADOPTION AS AMENDED**	**POSTPONE TO TIME CERTAIN**

		4. That our AMA reaffirm Policy H-100.940, which supports incentivizing the use of biosimilars when appropriate, eliminating acquisition costs/reimbursement disparities, and patient education. (Reaffirm HOD Policy) *5. That our AMA reaffirm Policy H-110.959, which opposes drug payment methodologies that result in physicians being paid less than cost of the drug and related clinical services. (Reaffirm HOD Policy)* *6. That our AMA reaffirm Policy H-125.972, which supports the education of physicians on biosimilars and their involved processes as well as encourages data collection and evaluation by the Food & Drug Administration. (Reaffirm HOD Policy)* *7. That our AMA reaffirm Policy D-110.987, which presents guidelines supportive of the regulation of pharmacy benefit managers in a manner that encourages transparency. (Reaffirm HOD Policy)* ***RECOMMENDATION A:** Your Reference Committee recommends that Recommendation of Council on Medical Service Report 4 be amended by addition to read as follows:* *2. That our AMA encourages public and private payers to implement comprehensive payment structures that allow for fair and timely payment for biologic/biosimilar drugs that:* *a. Maintain patient access to biologic/biosimilar drugs prescribed by their physician consistent with AMA Policy H-100.940;* *b. Account for physician/practice administrative and acquisition costs, including but not limited to, obtaining, storing, and administering the drug through a flat*		

		payment rate that covers these costs rather than a percent of the Average Sales Price (ASP); *c. Incentivize the use of biosimilars when safe, clinically appropriate, and agreed upon by the patient and physician; and* *d. Ensure that patient out-of-pocket costs are affordable. (New HOD Policy)* ***RECOMMENDATION B:** Your Reference Committee recommends that the third recommendation of Council on Medical Service Report 4 to be deleted.* *3.That our AMA supports calculating the ASP for biologic/biosimilar drugs under Medicare Part B as the average price paid for a reference biologic and its interchangeable biosimilars adjusted by the market share of each product while ensuring payment is adequate to maintain the financial viability of physician practices. (New HOD Policy)* ***RECOMMENDATION C:** Your Reference Committee recommends that Council on Medical Service Report be amended by addition of a new recommendation to read as follows:* *3. That our AMA support and advocate for policies that require physicians to be reimbursed by public and private payers at 100% of the drug acquisition price to a physician practice.* ***RECOMMENDATION D:** Your Reference Committee recommends that the Recommendations in Council on Medical Service Report be adopted as amended and the remainder of the report be filed.*		

CLPRD Report 2	• Report of the Council on Long Range Planning and Development (Reference Committee F)	**Evaluation of the Structure of the AMA House of Delegates** *RECOMMENDATION* *The Council on Long Range Planning and Development recommends that the delegate apportionment for the AMA House of Delegates be paused at 2025 levels through year-end 2026 and that this report be filed.* ***RECOMMENDATION:*** *Your Reference Committee recommends that the Recommendation in Council on Long Range Planning and Development Report not be adopted and the remainder of the Report be filed.*	**RECOMMENDED FOR NOT ADOPTION**	**OPPOSE**
231	• (LGBTQ+ Section)	**Ensuring Equitable and Timely Medical Licensure for Physicians Providing Abortion and Gender-Affirming Care** *RESOLVED, that our American Medical Association advocate that no physician be disqualified from medical licensure or subject to unnecessary delay in the licensure process solely due to having provided abortion care or gender-affirming care in accordance with then-current standards of medical practice and/or while such care was legal in their jurisdiction (Directive to Take Action); and be it further* *RESOLVED, that our AMA support policies and legislation that prohibit discrimination by state medical boards or licensing authorities against applicants based on their provision of abortion or gender-affirming care (New HOD Policy); and be it further* *RESOLVED, that our AMA work with relevant stakeholders, including state medical boards and specialty societies, to develop guidance ensuring that physicians seeking licensure are evaluated in a timely manner, equitably and without bias*	**ADOPTION AS AMENDED**	**SUPPORT**

		relating to reproductive or gender affirming care practices. (Directive to Take Action) ***RECOMMENDATION A:*** *Your Reference Committee recommends that the second resolve of Resolution 231 be amended by addition and deletion to read as follows:* *RESOLVED, that our AMA support ~~policies and legislation~~ policies, legislation, and state medical society initiatives that prohibit discrimination by state medical boards or licensing authorities against applicants based on their provision of abortion or gender-affirming care (Directive to Take Action); and be it further* ***RECOMMENDATION B:*** *Your Reference Committee recommends that the third resolve of Resolution 231 be amended by addition and deletion to read as follows:* *RESOLVED, that our AMA work with relevant interested parties ~~stakeholders~~, including state medical boards and specialty societies, to develop guidance ensuring that physicians seeking licensure are evaluated in a timely manner, equitably and without bias relating to reproductive or gender-affirming care practices.* ***RECOMMENDATION C:*** *Your Reference Committee recommends that Resolution 231 be adopted as amended.*		
905	• (Organized Medical Staff Section) • (Massachusetts)	**Standardizing Brain Death Policies** *RESOLVED, that our American Medical Association collaborate with appropriate stakeholders to identify "accepted medical standards" for determination of brain death/death by neurologic criteria (BD/DNC) as required by the Uniform Determination of Death Act (Directive to Take Action); and be it further*	**ADOPTION AS AMENDED**	**SUPPORT**

		RESOLVED, that our AMA encourage and support legislative and regulatory efforts to have one 46 uniform set of standards for brain death/death by neurologic criteria used throughout the United States. (New HOD Policy) ***RECOMMENDATION A:*** *Your Reference Committee recommends the second Resolve clause of Resolution 905 be amended by addition and deletion to read as follows:* *RESOLVED, that our AMA work with interested parties to develop and disseminate model hospital policy for a single, unified method of declaration or determination of brain death/death by neurologic criteria ~~encourage and support legislative and regulatory efforts to have one uniform set of standards for brain death/death by neurologic criteria used throughout the United States.~~ (New HOD Policy)* ***RECOMMENDATION B:*** *Your Reference Committee recommends that Resolution 905 be adopted as amended.*		