AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-26)

Final Report of the Organized Medical Staff Section Reference Committee

Alan Klitzke, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION AS AMENDED; FUTURE FORWARD

1. Resolution 3 – More Monitoring for GIP & GLP-1 Receptor Agonist Medications
2. Resolution 5 – Mitigating the Burden of Staff Medical Leave on Medical Practices
3. Resolution 6 – Strengthening Medicare and Accreditation Standards for Organized Medical Staff Independence

RECOMMENDED FOR ADOPTION AS AMENDED; IMMEDIATE FORWARD

4. Resolution 1 – Physician-Led Governance of the Use of Augmented Intelligence in Hospital Credentialing, Privileging, and Peer Review
5. Resolution 2 – Joint Commission Standards for Medical Staff Self-Governance
6. Resolution 4 – Testosterone Testing for Active Duty Servicemembers

RECOMMENDED FOR ADOPTION AS AMENDED, FUTURE FORWARD

(1) RESOLUTION 3 – MORE MONITORING FOR GIP & GLP-1 RECEPTOR AGONIST MEDICATIONS

RECOMMENDATION A:

The third whereas in Resolution 3 be <u>amended by deletion</u> to read as follows:

Whereas, there are no long-term studies of the potential side effects of these medications and there have been many alarming side effects reported~~, including studies linking these medications to Wernicke's Encephalopathy~~; and

RECOMMENDATION B:

The fourth whereas in Resolution 3 be <u>amended by deletion</u> to read as follows:

Whereas, there are no current recommendations to better safeguard patients taking these medications and patients are not required to be monitored by qualified health professionals~~, such as obesity specialists, endocrinologists, or gastroenterologists before ad while taking these medications~~; therefore be it

RECOMMENDATION C:

The first resolve in Resolution 3 be <u>deleted</u>:

~~RESOLVED, that our American Medical Association advocates for more long-term studies to identify and better address the potential side-effects of GIP & GLP-1 receptor agonist medications, especially in the older (65 years and up) population (Directive to Take Action); and be it further~~

RECOMMENDATION D:

The second resolve in Resolution 3 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, that our ~~AMA~~ <u>American Medical Association</u> advocates <u>that individuals using</u> ~~for close monitoring of patients taking~~ GIP and GLP-1 receptor agonist medications <u>be regularly monitored</u> by qualified healthcare professionals <u>for occurrence of medication-related side effects as well as benefits</u> (Directive to Take Action)~~.~~<u>;</u> <u>and be it further</u>

RECOMMENDATION E:

Resolution 3 be amended by addition of a new second resolve to read as follows:

RESOLVED, that our AMA amend Policy D-100.960 to read as follows:

Our AMA supports and calls for a registry of GIP and GLP-1 receptor agonists' side effects, as well as potential impacts on pregnancy and patients older than 65.

(Modify Current HOD Policy).

RECOMMENDATION F:

Resolution 3 be adopted as amended.

RECOMMENDATION G:

Resolution 3 be held back and forwarded for consideration at the 2027 Annual Meeting of the AMA House of Delegates.

RESOLVED, that our American Medical Association advocates for more long-term studies to identify and better address the potential side-effects of GIP & GLP-1 receptor agonist medications, especially in the older (65 years and up) population (Directive to Take Action); and be it further

RESOLVED, that our AMA that our AMA advocates for close monitoring of patients taking GIP and GLP-1 receptor agonist medications by qualified healthcare professionals (Directive to Take Action).

Your Reference Committee heard testimony in support of Resolution 3, though with a few recommendations for amendment. Despite only resolve clauses being germane to enacted AMA policy, the Committee heard testimony from several individuals who recommended altering language in two whereas clauses that could be interpreted to read that the only physicians qualified to manage patients' use of GIP and GLP-1 medications are obesity specialists, endocrinologists or the like, specifically not including primary care physicians. Likewise, some found that language linking use of these medications with specific patient outcomes that have not been fully established resulted in the resolution raising issues that weren't relevant to its own goals. As such, the Committee recommends amending those whereas clauses, with full understanding that such clauses do not go on to become functional policy.

The Committee considered additional testimony offering language to expand the resolution's directive for more information about GIP and GLP-1 use but ultimately concluded that a more focused approach would make for more successful information gathering should Resolution 3 be enacted. The Committee also sought to consolidate Resolution 3's clauses with existing AMA policy by offering a new amendment that incorporates the original author's first resolve clause. This was done to streamline the final results as well as to improve the resolution's likelihood for success. While the Committee supports the resolution and agrees with the largely supportive testimony of it, it believes it is best held back and submitted at Annual 2027, as the Committee did not find Resolution 3 would be likely to be accepted under the call for advocacy-related resolutions at Interim 2026.

Your Reference Committee thus recommends that Resolution 3 be adopted as amended and held back for consideration by the House of Delegates at the 2027 Annual Meeting.

(2) RESOLUTION 5 – MITIGATING THE BURDEN OF STAFF MEDICAL LEAVE ON MEDICAL PRACTICES

RECOMMENDATION A:

The first resolve in Resolution 5 be deleted.

~~RESOLVED, that our American Medical Association advocate for systematic (i.e., legislative or regulatory) support for medical practices when staff is absent under the Family Medical Leave Act or more stringent state medical leave acts, federally and/or state by state (Directive to Take Action); and be it further~~

RECOMMENDATION B:

The second resolve in Resolution 5 be amended by addition to read as follows:

RESOLVED, that our American Medical Association advocate for, or work with other stakeholders to sponsor, an updated study of the impact of the Family Medical Leave Act in states with, and those without, paid family leave acts ~~on~~ upon independent medical practices of different sizes, with an emphasis on small practices, as well as other medical care models, including financial, patient-access-to-care, and staff burnout factors (Directive to Take Action).

RECOMMENDATION C:

Resolution 5 be adopted as amended.

RECOMMENDATION D:

Resolution 5 be held back and forwarded for consideration at the 2027 Annual Meeting of the AMA House of Delegates.

RESOLVED, that our American Medical Association advocate for systematic (i.e., legislative or regulatory) support for medical practices when staff is absent under the Family Medical Leave Act or more stringent state medical leave acts, federally and/or state by state (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for, or work with other stakeholders to sponsor, an updated study of the impact of the Family Medical Leave Act in states with, and those without, paid family leave acts on independent medical practices of different sizes as well as other medical care models, including financial, patient-access-to-care, and staff burnout factors (Directive to Take Action).

Your Reference Committee heard generally strong support for Resolution 5, though several testaments voiced concern that any study put forth might fail to take into account the specific experiences of small practices without additional direction, leading the Committee to recommend amending the second resolve clause to make this intent clearer. The Committee found itself in agreement with both resolve clauses, however after discussion it wondered if the second clause needed to happen before the first could be accomplished; The Committee considered that advocacy requires data and a sound grounding and as such recommended deleting the first clause and strengthening the second. The Committee hopes that this will provide the OMSS, and any other interested party, the information it needs to then return to the advocacy request in the first resolve clause at a future meeting. Because the Committee recommends refocusing Resolution 5 on a study rather than strict advocacy action, it believes the resolution should be held back for Annual 2027 when the House of Delegates will accept non-advocacy-related resolutions.

Your Committee thus recommends that Resolution 5 be adopted as amended and held back for consideration by the House of Delegates at the 2027 Annual Meeting.

(3) RESOLUTION 6 – STRENGTHENING MEDICARE AND ACCREDITATION STANDARDS FOR ORGANIZED MEDICAL STAFF INDEPENDENCE

RECOMMENDATION A:

The first resolve in Resolution 6 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, that our American Medical Association advocate that the Centers for Medicare & Medicaid Services (CMS) <u>establish standards requiring</u> ~~require~~, as a Condition of Participation for hospitals participating in Medicare, that Medical Staff Office personnel ~~assigned to support the organized medical staff report functionally to, are supervised by, and have their performance concerning medical staff duties evaluated by~~ <u>performing functions on behalf of organized medical staff have clearly defined functional accountability to the organized medical staff, through</u> the Medical Executive Committee or its designee ~~with respect to~~ <u>for</u> credentialing, privileging, peer review, corrective action, medical staff governance, quality oversight, and other organized medical staff functions~~, while hospital administration retains responsibility for compensation, payroll, benefits, and general human resources administration~~; (Directive to Take Action); and be it further

RECOMMENDATION B:

The third resolve in Resolution 6 be <u>amended by addition</u> to read as follows:

RESOLVED, that our AMA advocate that CMS-approved hospital accrediting organizations adopt ~~equivalent~~ <u>uniform</u> standards concerning Medical Staff Office functional accountability, protected

medical staff resources, access to independent legal counsel when appropriate, and confidentiality of credentialing, privileging, peer review, quality-improvement, corrective-action, and disciplinary information (Directive to Take Action).

RECOMMENDATION C:

Resolution 6 be <u>adopted as amended</u>.

RECOMMENDATION D:

Resolution 6 be <u>held back and forwarded for consideration at the 2027 Annual Meeting of the AMA House of Delegates.</u>

RESOLVED, that our American Medical Association advocate that the Centers for Medicare & Medicaid Services (CMS) require, as a Condition of Participation for hospitals participating in Medicare, that Medical Staff Office personnel assigned to support the organized medical staff report functionally to, are supervised by, and have their performance concerning medical staff duties evaluated by the Medical Executive Committee or its designee with respect to credentialing, privileging, peer review, corrective action, medical staff governance, quality oversight, and other organized medical staff functions, while hospital administration retains (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that CMS require hospital medical staff bylaws or related governing documents approved through the medical staff bylaw process to define the Medical Staff Office reporting structure, authority over medical-staff work assignments and performance evaluation, safeguards against administrative interference or retaliation, and standards governing access to, use of, and disclosure of confidential medical staff information (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that CMS-approved hospital accrediting organizations adopt equivalent standards concerning Medical Staff Office functional accountability, protected medical staff resources, access to independent legal counsel when appropriate, and confidentiality of credentialing, privileging, peer review, quality-improvement, corrective-action, and disciplinary information (Directive to Take Action).

Your Reference Committee heard strong support for Resolution 6 with several members voicing concern about the threats to medical staff independence they have personally witnessed in recent years. The Committee's recommended amendments reflect only attempts to clarify that medical staff independence remains solid and that the medical staff roles are clear and delineated. While the Committee recognizes the timeliness of the resolution, it nevertheless recommends holding it back until Annual as the Committee was not convinced the House of Delegates would accept it under the umbrella of advocacy required for Interim Meeting business.

Your Committee thus recommends that Resolution 6 be adopted as amended and held back for consideration by the House of Delegates at the 2027 Annual Meeting.

RECOMMENDED FOR ADOPTION AS AMENDED, IMMEDIATE FORWARD

(4) RESOLUTION 1 – PHYSICIAN-LED GOVERNANCE OF THE USE OF AUGMENTED INTELLIGENCE IN HOSPITAL CREDENTIALING, PRIVILEGING, AND PEER REVIEW

RECOMMENDATION A:

The first resolve in Resolution 1 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association ~~oppose~~ advocate that any ~~the~~ use of augmented intelligence in credentialing, privileging, peer review, quality review, or corrective action ~~unless~~ requires physician-led oversight and this be codified in medical staff bylaws ~~is in place (New HOD Policy)~~ (Directive to Take Action); and be it further

RECOMMENDATION B:

The second resolve in Resolution 1 be deleted.

~~RESOLVED, that our AMA oppose any adverse medical staff action based in whole or in part on augmented intelligence unless the affected physician receives timely and meaningful notice of the basis for the action, access to the underlying data and conclusions, and a fair opportunity to challenge them before final action (New HOD Policy); and be it further~~

~~**RECOMMENDATION C:**~~

~~**The fourth resolve in Resolution 1 be deleted.**~~

~~RESOLVED, that our AMA will communicate its policy on requiring physician-led oversight of augmented intelligence when used in credentialing, privileging, peer review and quality review on a continuing basis to the American Hospital Association, Federation of American Health System, and other appropriate organizations (Directive to Take Action); and be it further~~

RECOMMENDATION C:

The fifth resolve in Resolution 1 be deleted.

~~RESOLVED, that our AMA support medical staff bylaws, rules, and/or regulations language requiring physician-led oversight of augmented intelligence used in credentialing, privileging, peer review, and~~

~~quality review; transparency regarding data sources and validation; meaningful due process to challenge algorithmic outputs; and explicit protections against retaliation for good-faith patient safety reporting, advocacy, or participation in organized medical staff governance (Directive to Take Action); and be it further~~

RECOMMENDATION D:

Resolution 1 be adopted as amended.

RECOMMENDATION E:

Resolution 1 be immediately forwarded for consideration at the 2026 Interim Meeting of the AMA House of Delegates.

RESOLVED, that our American Medical Association oppose the use of augmented intelligence in credentialing, privileging, peer review, quality review, or corrective action unless physician-led oversight is in place (New HOD Policy); (Directive to Take Action); and be it further

RESOLVED, that our AMA oppose any adverse medical staff action based in whole or in part on augmented intelligence unless the affected physician receives timely and meaningful notice of the basis for the action, access to the underlying data and conclusions, and a fair opportunity to challenge them before final action (New HOD Policy); and be it further

RESOLVED, that our AMA encourage the requirement of hospital and health systems to fully disclose the data sources, validation, limitations, governance, and intended use of any augmented intelligence tool used in medical staff processes (Directive to Take Action); and be it further

RESOLVED, that our AMA will communicate its policy on requiring physician-led oversight of augmented intelligence when used in credentialing, privileging, peer review and quality review on a continuing basis to the American Hospital Association, Federation of American Health System, and other appropriate organizations (Directive to Take Action); and be it further

RESOLVED, that our AMA support medical staff bylaws, rules, and/or regulations language requiring physician-led oversight of augmented intelligence used in credentialing, privileging, peer review, and quality review; transparency regarding data sources and validation; meaningful due process to challenge algorithmic outputs; and explicit protections against retaliation for good-faith patient safety reporting, advocacy, or participation in organized medical staff governance (Directive to Take Action); and be it further

RESOLVED, that our AMA reaffirm policy H-225.942, Physician and Medical Staff Member Bill of Rights, that opposes any retaliatory peer review privileging action, corrective action,

or employment action taken against a physician for good-faith safety reporting advocacy, or participation in organized medical staff governance (Reaffirm HOD Policy)

Your Reference Committee heard testimony strongly supporting Resolution 1. It was, however, concerned that Resolution 1 contains too many resolve clauses and that simplifying those would greatly improve its chances for final passage in the House of Delegates. The Committee did not wish to dilute any of the "asks," and found nothing objectionable in any of them, so instead makes its recommended amendments only to streamline the clauses and fold them into each other. The Committee finds the issue of adoption of augmented intelligence into daily practice to be timely and important and believes it can be rightfully considered as "advocacy" under the House of Delegates' rules for Interim 2026. The Committee thus believes Resolution 1 should be adopted as amended and immediately advanced to the House of Delegates for consideration at the 2026 Interim Meeting.

Upon hearing additional testimony on this Reference Committee Report, the Committee considered a recommendation that the original recommendation C to delete the fourth resolve in Resolution 1 be defeated and that the original language be restored. Testimony argued the resolve clause was not redundant and instead advanced adoption and implementation of the larger policy in question. The Committee agreed with this sentiment, and thus removes its original Recommendation C to delete the fourth resolve in Resolution 1.

(5) RESOLUTION 2 – JOINT COMMISSION STANDARDS FOR MEDICAL STAFF SELF-GOVERNANCE

RECOMMENDATION A:

The second resolve in Resolution 2 be amended by substitution to read as follows:

~~RESOLVED, that our AMA, through its appointees to the Joint Commission Board of Governors and other appropriate means, will advocate for clear Joint Commission standards that include language protecting medical staff self-governance and autonomy via our representatives on the Joint Commission Board of Commissioners as well as other appropriate venues (Directive to Take Action).~~

RESOLVED, that our American Medical Association, through its representatives to the Joint Commission Board of Commissioners and other appropriate channels, advocate for restoring clear accreditation standards affirming meaningful medical staff self-governance and physician-led oversight of credentialing, privileging, peer review, professional competence, quality improvement,

patient safety, and other matters involving the professional practice of medicine. (Directive to Take Action).

RECOMMENDATION B:

Resolution 2 be adopted as amended.

RECOMMENDATION C:

Resolution 2 be immediately forwarded for consideration at the 2026 Interim Meeting of the AMA House of Delegates.

RESOLVED, that our American Medical Association, through its appointees to the Joint Commission Board of Commissioners and other appropriate means, will seek clarification from the Joint Commission and its committees that changes to its standards do not reduce the expectation that medical staff self-governance is required of hospitals it accredits (Directive to Take Action); and be it further

RESOLVED, that our AMA, through its appointees to the Joint Commission Board of Governors and other appropriate means, will advocate for clear Joint Commission standards that include language protecting medical staff self-governance and autonomy via our representatives on the Joint Commission Board of Commissioners as well as other appropriate venues (Directive to Take Action).

Your Reference Committee heard support for Resolution 2 with recommendations for specific amendments that could help to strengthen its resolves. The Committee consulted with materials and opinions from experts in medical staff self-governance and, along with proposed amendments supplied in testimony, makes its recommendations here. The Committee's amendments specifically are designed to highlight that the AMA call for language explicitly asserting medical staff independence be restored, emphasizing it as a previously established standard that has become weakened, rather than a new right or privilege being asked for. The Committee strongly agreed with testimony that the issue is timely and emergent and appropriate for Interim 2026. Your Reference Committee recommends that Resolution 2 be adopted as amended and immediately forwarded for consideration by the House of Delegates at the 2026 Interim Meeting.

Upon hearing further testimony on the preliminary Reference Committee Report, your Reference Committee heard testimony proposing that the Committee's recommendation of amending the second resolve by addition and deletion be instead amended by substitution of a new resolve clause. Testimony proposed the new substitute amendment strengthens the resolution by providing more detail on which areas of practice physician-led oversight is most essential while maintaining the balance between hospital and medical staff governance without sacrificing the independence of the medical staff. The Committee found itself agreeing with the testimony provided, but still believed the final language should reflect that this autonomy and independence needs to be restored, as it has been chipped away with or otherwise removed. Your Reference Committee thus recommends substituting the second resolve clause in Resolution 2 with the amended clause included here.

(6) RESOLUTION 4 – TESTOSTERONE TESTING FOR ACTIVE DUTY SERVICEMEMBERS

RECOMMENDATION A:

The first resolve in Resolution 4 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association oppose all mandatory, non-indication-based federal hormone screening programs, including policies requiring annual testosterone testing ~~for all male active-duty servicemembers aged 30 years and older,~~ and affirms that hormone testing should be guided by individualized clinical judgment and evidence-based medical indications, rather than imposed through categorical or population-based mandates (Directive to Take Action); and be it further

RECOMMENDATION B:

The second resolve in Resolution 4 be deleted.

~~RESOLVED, that our AMA advocate that any federally mandated hormone testing, including testosterone testing among active duty servicemembers, be conducted in accordance with established clinical guidelines and evidence-based algorithms, including appropriate confirmatory testing, follow-up evaluation, and management by qualified healthcare professionals (Directive to Take Action); and be it further~~

RECOMMENDATION C:

The third resolve in Resolution 4 be deleted.

~~RESOLVED, that our AMA advocate that the results of federally mandated hormone testing, including testosterone testing among active duty servicemembers, be maintained in compliance with HIPAA privacy protections and not be accessed or utilized by government agencies or other entities for discriminatory or non-clinical purposes, including fitness-for-duty, promotion, or separation determinations (Directive to Take Action); and be it further~~

RECOMMENDATION D:

The fourth resolve in Resolution 4 be deleted.

~~RESOLVED, that our AMA urge that federally mandated hormone testing, including testosterone testing among active duty servicemembers, be accompanies by appropriate clinical counseling emphasizing the identification and management of underlying conditions, as well as education regarding the risks associated with self-treatment and the use of unregulated supplements, including concerns related to safety, purity, and quality control (Directive to Take Action); and be it further~~

RECOMMENDATION E:

The fifth resolve in Resolution 4 be deleted.

~~RESOLVED, that our AMA urge that proposals for federal testing of hormone levels (such as requiring annual testosterone testing of male active duty servicemembers aged 30 or older) should be evaluated for cost-effectiveness and resource stewardship, relative to indication-based clinical testing, including the downstream costs of confirmatory testing, specialty referral, and longitudinal monitoring, prior to implementation (Directive to Take Action); and be it further~~

RECOMMENDATION F:

Resolution 4 be adopted as amended with a change in title to read:

OPPOSITION TO MANDATORY TESTOSTERONE TESTING FOR ACTIVE DUTY SERVICEMEMBERS

RECOMMENDATION G:

Resolution 4 be immediately forwarded for consideration at the 2026 Interim Meeting of the AMA House of Delegates.

TESTOSTERONE TESTING FOR ACTIVE DUTY SERVICEMEMBERS

RESOLVED, that our American Medical Association oppose mandatory, non-indication-based federal hormone screening programs, including policies requiring annual testosterone testing for all male active-duty servicemembers aged 30 years and older, and affirms that hormone testing should be guided by individualized clinical judgment and evidence-based medical indications, rather than imposed through categorical or population-based mandate (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that any federally mandated hormone testing, including testosterone testing among active duty servicemembers, be conducted in accordance with established clinical guidelines and evidence-based algorithms, including

appropriate confirmatory testing, follow-up evaluation, and management by qualified healthcare professional (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that the results of federally mandated hormone testing, including testosterone testing among active duty servicemembers, be maintained in compliance with HIPAA privacy protections and not be accessed or utilized by government agencies or other entities for discriminatory or non-clinical purposes, including fitness-for-duty, promotion, or separation determinations (Directive to Take Action); and be it further

RESOLVED, that our AMA urge that federally mandated hormone testing, including testosterone testing among active duty servicemembers, be accompanies by appropriate clinical counseling emphasizing the identification and management of underlying conditions, as well as education regarding the risks associated with self-treatment and the use of unregulated supplements, including concerns related to safety, purity, and quality control (Directive to Take Action); and be it further

RESOLVED, that our AMA urge that proposals for federal testing of hormone levels (such as requiring annual testosterone testing of male active duty servicemembers aged 30 or older) should be evaluated for cost-effectiveness and resource stewardship, relative to indication-based clinical testing, including the downstream costs of confirmatory testing, specialty referral, and longitudinal monitoring, prior to implementation (Directive to Take Action); and be it further

RESOLVED, that our AMA reaffirm policy H-260.963 and call for those principles to be applied to any federal hormone screening program, including the use of standardized, validated testosterone assays and clinician education on assay variability (Directive to Take Action); and be it further

RESOLVED, that our OMSS forward this resolution immediately to AMA-HOD at I-26 (Directive to Take Action).

Your Reference Committee heard strong support for Resolution 4 with multiple members providing testimony highlighting the importance of ensuring that diagnostic testing and treatment be conducted and guided by clinical judgement rather than by administrative policy. The Committee is also concerned that such policies could run counter to patient safety as well as speaking to the AMA's long-held belief that physicians should bear the responsibility of determining an appropriate course of action for any health concern and that procedures or treatments that are determined for a physician by public policy are inappropriate and unacceptable. Though not specifically cited, the Committee also recognizes that the underlying issue of requiring evaluation and treatment surrounding testosterone in servicemembers is likely at least partially motivated by the current administration's stance on removing transgender servicemembers from active duty, an approach that could potentially be in opposition to established AMA policy on appropriate care for transgender patients.

The Committee heard strong support for the Resolution's ask that our AMA strongly oppose any mandate for testosterone testing— as stated in the first resolve. The Committee felt that once the AMA opposes the practice of such mandatory testing that adding provisos and recommendations for how such testing should or should not be

done and the recommendation for a comprehensive cost analysis of such an unwanted program risked losing the emphasis of the blanket opposition to such a mandatory screening practice. The Committee also noted that the asks in the second and fourth resolves seem to be emphasizing existing policies of clinical practice.

The Committee was concerned about the length of Resolution 4 and the Committee worried that the number of resolves could make the resolution vulnerable to being watered down or potentially rejected entirely without addressing the underlying problem the resolution strives to confront. The Committee strongly supports advancing Resolution 4 to the House of Delegates for immediate consideration; it makes its recommended amendments in the spirit of streamlining the language to improve its possibility for success.

Your Reference Committee thus recommends that Resolution 4 be adopted as amended and immediately forwarded for consideration by the House of Delegates at the 2026 Interim Meeting.

Doctor Chair, this concludes the report of the Organized Medical Staff Section Reference Committee. I would like to thank Drs. Chris Bush, Shanna Combs, Matt Gold, Chris Gribbin, and Paul Wertsch as well as all those who testified before the Committee.

Alan Klitzke, MD
Chair, OMSS Reference Committee

Chris Bush, MD

Shanna Combs, MD

Matthew D. Gold, MD

Christopher Gribbin, MD

Paul Wertsch, MD