DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2026 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-26)

Final Report of Reference Committee F

Hillary Johnson-Jahangir, MD, PhD, MS, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 1 - Study of Grading Systems in AMA Board Reports
2. Council on Long Range Planning and Development Report 2 - Underrepresented in Medicine Advocacy Section Five-Year Review
3. Council on Long Range Planning and Development Report 3 - Integrated Physician Practice Section Five-Year Review
4. Report of the House of Delegates Committee on the Compensation of the Officers
5. *Resolution 602 - Enhancing Equity in House of Delegates Resolution Process by Removal of the Resolutions Committee and Broadening of the Interim Meeting's Focus
6. Resolution 604 - Increasing Time Between Handbook Release and Opening of Online Reference Committees
7. *Resolution 606 – Expanding the AMA A-28 Elections Endorsement Window

RECOMMENDED FOR ADOPTION AS AMENDED

8. *Board of Trustees Report 13 - Enhancing the Work of the Center for Digital Health and AI

RECOMMENDED FOR REFERRAL

9. Council on Long Range Planning and Development Report 1 - Evaluation of the Size and Structure of the AMA House of Delegates
10. *Speakers' Report 1 - Election Rule Updates

RECOMMENDED FOR REFERRAL FOR DECISION

11. *Board of Trustees Report 10 - AMA Reimbursement of Necessary HOD Business Meeting Expenses for Delegates and Alternates

RECOMMENDED FOR NOT ADOPTION

12. Resolution 601 - Strengthening Board Oversight and Engagement in Major AMA Federal Advocacy
13. Resolution 603 - Ensuring Relevance and Mission Alignment in House of Delegates Business
14. *Resolution 605 – Insurance Company Misuse of Current Procedural Terminology

RECOMMENDED FOR ADOPTION

(1) BOARD OF TRUSTEES REPORT 1 - STUDY OF GRADING SYSTEMS IN AMA BOARD REPORTS

RECOMMENDATION:

Your Reference Committee recommends that the Recommendation in Board of Trustees Report 1 be adopted and the remainder of the Report be filed.

HOD ACTION:
Board of Trustees Report 1 adopted and remainder of report filed.

The Board of Trustees recommends that Resolution 520, A-25, "Study of Grading Systems in AMA Board Reports" not be adopted and the remainder of the report be filed.

Limited testimony outlined concerns associated with applying grading systems to Board of Trustees reports. Testimony indicated that Board of Trustees reports often deal with complex issues that require an overview of evidence and rationale for recommendations. Grading systems could contribute to a “false sense of correctness” that may minimize significant evidence and expertise and, in turn, further hamper effective advocacy and policymaking.

Your Reference Committee recommends Board of Trustees Report 1 be adopted.

(2) COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT REPORT 2 - UNDERREPRESENTED IN MEDICINE ADVOCACY SECTION FIVE-YEAR REVIEW

RECOMMENDATION:

Your Reference Committee recommends that the Recommendation in Council on Long Range Planning and Development Report 2 be adopted and the remainder of the Report filed.

HOD ACTION:
Council on Long Range Planning and Development Report 2 adopted and remainder of report filed.

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Underrepresented in Medicine

Advocacy Section through 2031 with the next review no later than the 2031 Interim Meeting and that the remainder of this report be filed. (Directive to Take Action)

Your Reference Committee expresses its appreciation to the Council on Long Range Planning and Development and the Underrepresented in Medicine Advocacy Section for their collaboration in completing a comprehensive review of the Section. Your Reference Committee notes that no opposing testimony was received and recommends that the Council on Long Range Planning and Development Report 2 be adopted.

(3) COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT REPORT 3 - INTEGRATED PHYSICIAN PRACTICE SECTION FIVE-YEAR REVIEW

RECOMMENDATION:

Your Reference Committee recommends that the Recommendation in Council on Long Range Planning and Development Report 3 be adopted and the remainder of the Report be filed.

HOD ACTION:
Council on Long Range Planning and Development Report 2 adopted and remainder of report filed.

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Integrated Physician Practice Section through 2031 with the next review no later than the 2031 Interim Meeting and that the remainder of this report be filed. (Directive to Take Action)

Your Reference Committee acknowledges the work of the Council on Long Range Planning and Development and the Integrated Physician Practice Section in evaluating the Section's status. Your Reference Committee notes that no opposing testimony was received and recommends that the Council on Long Range Planning and Development Report 3 be adopted.

(4) REPORT OF THE HOUSE OF DELEGATES COMMITTEE ON THE COMPENSATION OF THE OFFICERS

RECOMMENDATION:

Your Reference Committee recommends that the Recommendations in the Report of the House of Delegates Committee on the Compensation of the Officers be adopted and the remainder of the Report be filed.

HOD ACTION:
Report of the House of Delegates Committee on the Compensation of the Officers adopted and remainder of report filed.

Based on the Committee's review of Board leadership, Speaker and Vice Speaker compensation and recent changes to Officer compensation approved effective July 1, 2025, and July 1, 2026, the Committee on Compensation of the Officers recommends the following changes to Officer compensation be adopted effective July 1, 2027:

1. That the Governance Honorariums for the President, President-Elect, Immediate Past President, Board Chair, Board Chair-Elect, Speaker and Vice Speaker be increased by 3.5% effective July 1, 2027.

2. That the Governance Honorariums under Rule I. Compensation and Travel Expense Reimbursement in the Standing Rules, section A, be changed as follows:

~~July 2026 - June 2027~~ July 2027 - June 2028 Governance Honorarium

~~$298,865~~ $309,325	President
~~$290,659~~ $300,832	President-Elect and Immediate Past President
~~$285,886~~ $295,892	Board Chair
~~$211,630~~ $219,037	Board Chair-Elect
~~$125,000~~ $129,375	Speaker of the House of Delegates
~~$115,000~~ $119,025	Vice Speaker of the House of Delegates
$68,500	All other officers

3. That a new cyber security benefit be provided to the Board President, President Elect, Immediate Past President and Board Chair effective January 1, 2027, that is consistent with the program provided to AMA senior executives.

4. That the remainder of the report be filed.

Testimony reflected support for the report, with no opposition expressed. A question was raised regarding the proposed cybersecurity benefit, noting that the report identifies the Board President, President-Elect, Immediate Past President, and Board Chair as eligible effective January 1, 2027, while not listing other Board positions or explaining the basis for that distinction.

Your Reference Committee recommends that the Report of the House of Delegates Committee on the Compensation of the Officers be adopted.

(5) *RESOLUTION 602 - ENHANCING EQUITY IN HOUSE OF DELEGATES RESOLUTION PROCESSES BY REMOVAL OF THE RESOLUTIONS COMMITTEE AND BROADENING OF THE INTERIM MEETING'S FOCUS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 602 be adopted.

HOD ACTION:
Resolution 602 adopted.

RESOLVED, that our American Medical Association rescind the Resolution Committee as defined in Bylaw 2.13.3 (Directive to Take Action); and be it further

RESOLVED, that our AMA remove constraints on the scope of business at Interim Meetings, which is regulated by the Resolution Committee, by amending AMA Bylaw B-2.12.1.1. (Directive to Take Action)

Resolution 602 addresses two related, yet distinct, issues—retaining the Resolution Committee and modifying the scope of business at Interim Meetings. Your Reference Committee received mixed, yet predominantly favorable testimony in response to Resolution 602.

Testimony in support argued that the current process can create procedural barriers that may disproportionately affect smaller delegations and historically marginalized voices. Some supporters further argued that nearly all AMA business can reasonably be understood as advocacy, potentially leading to inconsistent evaluation when reviewing resolutions. Further, supportive testimony contended that the Resolution Committee has screened out more items in recent years, shifting the House debate toward whether resolutions may be heard. Rather than improving efficiency, excluded items can still consume time either during the Interim Meeting or when resubmitted at subsequent meetings.

Supporting and opposing testimony both underscored recent procedural improvements and technology that have made the House of Delegates more efficient, citing recent meetings that ended early as evidence that the organization can manage a broader Interim Meeting agenda without the additional screening step. Additional testimony supported retaining the Resolution Committee while members continue to become acclimated to these process improvements.

Testimony in opposition emphasized that the narrow scope of Interim Meeting helps the AMA respond quickly to legislative and regulatory issues and supports coordinated advocacy work between meetings. Opponents cautioned that removing the Resolution Committee and broadening the meeting's scope could impact meeting length, administrative costs, and engagement by delegates and sponsoring organizations.

While the existing process already includes mechanisms for flexibility and reconsideration, concerns regarding equity and access raised by supporters are meaningful and deserve continued attention. Given the potential to enhance processes related to policymaking while protecting the democratic process, your Reference Committee recommends that Resolution 602 be adopted.

(6) RESOLUTION 604 - INCREASING TIME BETWEEN HANDBOOK RELEASE AND OPENING OF ONLINE REFERENCE COMMITTEES

RECOMMENDATION:

Your Reference Committee recommends that Resolution 604 be adopted.

HOD ACTION:
Resolution 604 adopted.

RESOLVED, that our American Medical Association ensure that the House of Delegates handbook is released at least five business days before the opening of the Online Reference Committees to allow adequate time to read and evaluate handbook materials and formulate testimony, while also maintaining the current 21-day window of ORC comment period. (Directive to Take Action)

Testimony was overwhelmingly supportive of increasing time between the House of Delegates Handbook release and the opening of the Online Reference Committees.

Supporters argued the need for adequate time to review the Handbook and ensure meaningful participation leading up to each national AMA meeting. Testimony highlighted the recent House of Delegates policymaking process updates, including the preliminary reference committee reports, which place greater importance on crafting strong online testimony. Additionally, the testimony emphasized the need for the timeline change given the high volume of House of Delegates business and differing bandwidth of delegations based on size and competing timelines.

A significant concern was expressed in the testimony regarding the possible unintended consequence of an earlier resolution submission deadline. Your Reference Committee notes that the on-time resolution deadline is 45 days prior to the commencement of the meeting and an earlier deadline could pose a problem for delegations to coordinate and participate. Your Reference Committee requested clarification from the HOD Speakers who assured your Reference Committee that adoption of this resolution would not result in an earlier resolution submission deadline.

Given this assurance, your Reference Committee agrees with the broad consensus that an increased amount of time between Handbook release and the opening of the Online

Reference Committees would benefit the House of Delegates; therefore, your Reference Committee recommends Resolution 604 be adopted.

(7) *RESOLUTION 606 – EXPANDING THE AMA A-28 ELECTIONS ENDORSEMENT WINDOW

RECOMMENDATION:

Your Reference Committee recommends that Resolution 606 be adopted.

HOD ACTION:
Resolution 606 adopted as amended.

RESOLVED, that our American Medical Association will expand the endorsement window for AMA elections at A-27 and A-28, which will open at the conclusion of I-26 and close immediately prior to the opening of the campaign window for 2027 and 2028, respectively.

RESOLVED, that our American Medical Association will expand the endorsement window for AMA elections at A-28, which will open at the conclusion of I-26 and close immediately prior to the opening of the campaign window for 2028. (Directive to Take Action)

Supportive testimony favored reopening the elections endorsement window to allow candidates sufficient time to obtain support and afford delegations an opportunity to thoroughly evaluate endorsement requests. It was further noted that the current endorsement window of 48 hours may present operational and administrative constraints for various groups considering candidate support.

Your Reference Committee also heard testimony favoring referral to develop solutions that support navigating the endorsement process and promote understanding of election rules while avoiding adverse impacts on potential candidates. However, referral may delay addressing immediate needs for elections to be held at the 2028 Annual Meeting.

Your Reference Committee was persuaded by testimony favoring adoption to develop short-term solutions. Therefore, your Reference Committee recommends that Resolution 606 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(8) *BOARD OF TRUSTEES REPORT 13 – ENHANCING THE WORK OF THE CENTER FOR DIGITAL HEALTH AND AI

RECOMMENDATION A:

Your Reference Committee recommends that Board of Trustees Report 13 be amended by addition of a Recommendation as follows:

RECOMMENDATION

That our AMA establish a special committee of the House of Delegates focused on digital health, informatics, and AI to be convened beginning at Annual 2027 with the following structure and purview:

1) The special committee shall be composed of seven members of the House of Delegates, including at least one resident or fellow physician and at least one medical student.

2) The members of the special committee, except for the medical student and resident or fellow physician members, shall be appointed by the Speaker for three years. The medical student and resident or fellow physician members shall be appointed by the Speaker for one year with the opportunity for additional one-year appointments over the three-year interval.

3) The special committee shall meet at least twice annually.

4) The special committee shall provide expertise related to digital health, artificial intelligence, and informatics to the Board of Trustees and the House of Delegates.

RECOMMENDATION B:

Your Reference Committee recommends that Board of Trustees Report 13 be adopted as amended and the remainder of the report be filed.

HOD ACTION:
Board of Trustees Report 13 referred with report back at A-27.

Policy G-615.998 Creation of an AMA Council with a Focus on Digital Health Technologies and AI, directed the American Medical Association (AMA) to establish a task force by the 2024 Interim Meeting focused on digital health, technology, informatics, and augmented/artificial intelligence (AI) with the potential to transition this task force to a new council and report back at the 2025 Annual Meeting on this transition.

Board of Trustees Report 25-A-25 amended the policy to direct the task force on AI, Digital Health, and Informatics to work toward an informed recommendation on the long-term model for House of Delegates (HOD) input with a report back at the 2026 Interim Meeting.

This report shares the work of the task force and presents the creation of a physician network of experts with representation from the HOD and all AMA members to provide guidance to the Center on Digital Health and AI. The network will also be available to provide other entities of the AMA, including the Board of Trustees and Councils with expertise as needed and requested.

Your Reference Committee heard supportive testimony regarding the establishment of a special committee of the House of Delegates experts focused on digital health and artificial intelligence. Testimony indicated that this body could serve as an important resource to the House of Delegates policymaking processes, improve coordination across the organization, and assist in proactively identifying emerging issues among Federation members. Testimony further highlighted the need for physicians to be at the forefront of exploring opportunities and solutions to better educate patients in the digital health and artificial intelligence space.

Limited opposition to amendments focused on concern that a new committee-like structure would require Bylaws changes. However, your Reference Committee notes per AMA Bylaw 2.13.6 special committees can be established by the House of Delegates.

Your Reference Committee is supportive of the expressed needs within the House of Delegates and therefore recommends that Board of Trustees Report 13 be adopted as amended.

RECOMMENDED FOR REFERRAL

(9) COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT REPORT 1 - EVALUATION OF THE SIZE AND STRUCTURE OF THE AMA HOUSE OF DELEGATES

RECOMMENDATION A:

Your Reference Committee recommends that Recommendation 1 in Council on Long Range Planning and Development Report 1 be adopted.

HOD ACTION:
Recommendation 1 in Council on Long Range Planning and Development Report 1 adopted.

RECOMMENDATION B:

Your Reference Committee recommends that Recommendations 2, 3, and 4 in Council on Long Range Planning and Development Report 1 be referred.

HOD ACTION:
Recommendations 2,3, and 4 in Council on Long Range Planning and Development Report 1 referred.

The Council on Long Range Planning and Development recommends that the following recommendations be adopted and the remainder of the report be filed:

1. That delegate apportionment will be capped at its current level (793 delegates) for 2027 apportionment. Constituent association allocation will remain 351 with a corresponding number of 351 specialty society delegates to be apportioned according to established procedures. All other delegations will continue at their A-26 apportionment. 2028 apportionment will be based on year-end 2027 membership figures and so forth moving forward.

2. That, for 2027 apportionment and onward, the bylaws be amended to delete all apportionment language which includes "or fraction thereof" when apportioning any additional delegates beyond the first, so that additional delegates will not be added for a fraction of the recommended apportionment ratio.

3. That specialty society membership numbers will be obtained every three years as opposed to every five years for increased accuracy.

4. That there is a review of current apportionment rules and procedures with a report back to the HOD at the 2027 Interim Meeting, including assessing the ability to and costs associated with obtaining specialty society membership figures on an annual basis.

Your Reference Committee wants to thank the Council on Long Range Planning and Development for broadly soliciting member input on the size and structure of the House of Delegates. Testimony in response to the Council on Long Range Planning and Development Report 1 was largely opposed to addressing the size and structure of the House of Delegates before defining the function. Furthermore, testimony from the Board of Trustees affirmed a commitment to work in partnership with the House of Delegates on next steps to ensure the function of the House of Delegates is clarified before any restructuring is enacted.

Your Reference Committee notes that logistical issues associated with the House of Delegates meetings necessitate immediate action until a comprehensive long-term solution is implemented. Accordingly, your Reference Committee believes that capping delegate apportionment at its current level, as noted in the report's first recommendation, would provide stability to current House of Delegates composition while providing an opportunity to identify practical solutions to increasing delegate counts. The Speakers shared that if an immediate cap is not implemented and the House of Delegates is allowed to further expand, there may be difficulties accommodating all delegates at currently contracted venues.

Your Reference Committee acknowledges this has been an ongoing issue and agrees that finding a timely solution is important. Further study to identify solutions is needed to appropriately address operational concerns, garner insights for member composition, mitigate adverse impacts for smaller delegations, and support advocacy engagement. Referring the second, third, and fourth recommendations would provide additional time to evaluate and vet all potential options for the future size and structure of the House of Delegates, including continued growth, maintaining stability, or decreasing the size of delegations.

Therefore, your Reference Committee recommends that the first recommendation in Council on Long Range Planning and Development Report 1 be adopted and that the remainder of the recommendations be referred. Your Reference Committee notes that, contingent upon adoption of Recommendation 1, the Council on Constitution and Bylaws has prepared and distributed the appropriate bylaws language for consideration to effect the proposed change.

(10) *SPEAKERS' REPORT 1 - ELECTION RULE UPDATES

RECOMMENDATION:

Your Reference Committee recommends that the Recommendations in Speakers' Report 1 be referred.

HOD ACTION:
Recommendations in Speakers' Report 1 referred.

Your Speakers recommend that the following updates be made to the AMA election rules and that the remainder of the report be filed:

1. That any written or oral questioning of an announced candidate is considered an interview and subject to the interview rules. Groups may utilize either a written questionnaire or an oral interview process, but not both, in any given contest. No additional candidate or campaign information, other than pertinent contact information, may be requested from candidates or shared with the group by candidates.

2. That all candidates may participate in the endorsement interview process during the identified endorsement window for the election cycle in which they are running for office even if they have previously announced their candidacy.
3. That the term "support" be defined as an internal decision, made in a closed meeting (e.g. only members of the group are present) to recommend a specific candidate for a given contest. This support should not be shared with the candidate or otherwise announced or made public by the group and should not imply a requirement for group members to vote for the supported candidate.

Limited testimony on Recommendations 1 and 2 posed clarifying questions on the process for candidate interviews and the timing of the endorsement window. Testimony indicated that the purpose of Recommendation 1 is to reinforce current election rules that prohibit groups from utilizing two interview processes (i.e., written questionnaires and oral interviews). Further testimony specified that Recommendation 2 reconciles a conflict with existing policy that would have prevented announced candidates from participating in endorsement interviews.

Most of the testimony focused on Recommendation 3, with concerns that defining "support" too rigidly could create confusion, regulate common usage unnecessarily, and lead to unintentional campaign violations that would be difficult to verify and enforce. Questions were also raised as to whether existing definitions of endorsement and sponsorship already provide sufficient structure. In response, the Speakers proffered an amendment proposing definitions to distinguish "internal candidate support" from an endorsement. However, testimony was not in support of the proffered amendment.

Testimony indicated that the complexity of current campaign rules may deter potential candidates from running for an AMA position. Implementation and compliance were cited

as underlying factors that could contribute to inadvertent campaign violations. Additional clarification, along with possible simplification, was requested to mitigate these concerns.

Your Reference Committee believes that further review of the campaign rules is warranted and recommends that Speakers' Report 1 be referred.

RECOMMENDED FOR REFERRAL FOR DECISION

(11) *BOARD OF TRUSTEES REPORT 10 - AMA REIMBURSEMENT OF NECESSARY HOD BUSINESS MEETING EXPENSES FOR DELEGATES AND ALTERNATES

RECOMMENDATION:

Your Reference Committee recommends that the Recommendation in Board of Trustees Report 10 be referred for decision.

HOD ACTION:
Recommendation in Board of Trustees Report 10 referred for decision.

The Board of Trustees recommends that Policy D-600.951, "Reimbursement of Necessary Business Meeting Expenses for Delegates and Alternates," be rescinded as having been accomplished by this report and the remainder of the report be filed.

The Board of Trustees stated that the Emergency Assistance Program was established as a temporary measure, that its continuation would create an ongoing obligation, and that this report satisfies the reporting requirement set forth in policy.

Your Reference Committee notes that any financial assistance program (such as the prior Emergency Assistance Program) could not be established or extended by action of the House of Delegates due to legal concerns. Decisions regarding the prior Emergency Assistance Program's continuation, modification, or discontinuation rested with the Board of Trustees. Although the House of Delegates may express its concerns and offer recommendations, the authority to determine the future of such a program resides with the Board of Trustees, consistent with its fiduciary responsibilities. Your Reference Committee heard extensive testimony including proposed amendments in opposition to ending the Emergency Assistance Program and rescinding the related policy in the absence of a sustainable long-term solution. However, because this is not actionable by the House of Delegates, proffered amendments could not be adopted.

Testimony asserted that the report itself demonstrates that the underlying affordability concerns remain unresolved. Those testifying described a continuing, and in some cases increasing, need for assistance; emphasized that the program has helped preserve participation by delegations facing financial constraints; and maintained that ending the program at this time would be premature. Several speakers further indicated that the policy's reporting requirements related to cost mitigation and long-term solutions have not yet been fully met. In addition, expenditures associated with the Emergency Assistance Program have remained below the anticipated budget.

Your Reference Committee was persuaded by the testimony opposing discontinuation of the Emergency Assistance Program and determined that the only viable pathway to

address this matter is to refer for decision in order to provide the Board of Trustees an opportunity to respond expeditiously in advance of Federation members' planning for the 2027 Annual Meeting. The Reference Committee further notes that the Board of Trustees expressed its willingness to accept referral and acknowledged the testimony regarding the urgent need for assistance during this period of evaluation.

Accordingly, your Reference Committee recommends that Board of Trustees Report 10 be referred for decision.

RECOMMENDED FOR NOT ADOPTION

(12) RESOLUTION 601 - STRENGTHENING BOARD OVERSIGHT AND ENGAGEMENT IN MAJOR AMA FEDERAL ADVOCACY

RECOMMENDATION:

Your Reference Committee recommends that Resolution 601 not be adopted.

HOD ACTION:
Resolution 601 not adopted.

RESOLVED, that our American Medical Association develop and maintain an appropriate process to ensure that the Board of Trustees receives timely information regarding significant state and federal advocacy initiatives, negotiations, and policy developments that could substantially affect patients, physicians, physician practices, or the health care system (Directive to Take Action); and be it further

RESOLVED, that our AMA ensure that, except when immediate action is reasonably necessary, the Board of Trustees is informed and provided an appropriate opportunity for consultation before AMA management endorses, formally supports, or commits the AMA to a significant state or federal legislative or regulatory proposal that could substantially affect physician payment, patient access to care, administrative burden, or other significant aspects of the practice of medicine (New HOD Policy); and be it further

RESOLVED, that when immediate action is reasonably necessary and prior consultation is not practicable, our AMA inform the Board of Trustees of the action taken as soon as practicable thereafter (New HOD Policy); and be it further

RESOLVED, that our AMA report to the House of Delegates on the process developed pursuant to this resolution at the next meeting of the House. (Directive to Take Action)

Testimony was mixed, with supporting comments emphasizing stronger oversight and opposing comments raising substantial concerns about governance, clarity, and the need for additional policy requirements.

Supporting testimony stated that the resolution would improve transparency, accountability, and Board of Trustees oversight by ensuring timely notice to the Board and a meaningful opportunity for consultation before the AMA commits to major advocacy positions. Supporting testimony further asserted that this approach would better align advocacy decisions with House of Delegates policy, strengthen deliberation on consequential legislative and regulatory proposals, and preserve needed flexibility when urgent action is required.

Opposing testimony agreed with the underlying goals of strong communication and oversight but contended that the resolution is unnecessary and could be counterproductive. Opposing testimony emphasized that the existing governance framework already clearly assigns policymaking to the House of Delegates, oversight to the Board of Trustees, and operational execution to management and staff. Opposing testimony further argued that the resolution relies on an undefined standard for what constitutes a "significant" matter, creating ambiguity about when consultation would be required and risking confusion over the respective roles of the Board of Trustees and management. Several comments also stated that any needed improvements in communication or oversight can readily be addressed by the Board of Trustees within the current governance structure, without adoption of additional House of Delegates policy.

Your Reference Committee recommends that Resolution 601 not be adopted.

(13) RESOLUTION 603 - ENSURING RELEVANCE AND MISSION ALIGNMENT IN HOUSE OF DELEGATES BUSINESS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 603 not be adopted.

HOD ACTION:
Resolution 603 not adopted.

RESOLVED, that our American Medical Association require that all submitted resolutions include a brief statement describing the direct relevance within the United States to the mission of our AMA "to promote the art and science of medicine and the betterment of public health" and explaining how the subject matter and action requested of our AMA fall within its medical, health policy, or public health expertise (New HOD Policy); and be it further

RESOLVED, that our AMA direct reference committees, in collaboration with the Speakers, to consider relevance to the AMA's mission and jurisdiction and whether the action requested of our AMA by the resolution falls within its medical, health policy, or public health expertise when making recommendations on resolutions at meetings of the HOD (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage and publicize the use of alternative mechanisms for consideration of issues that do not meet criteria for policy actions or in lieu of resolutions asking for reaffirmation or minor changes which would not substantially alter the AMA's ability to take action based upon existing policy (Directive to Take Action); and be it further

RESOLVED, that our AMA report back at the 2028 Annual Meeting of the House of Delegates on the implementation and impact of these guidelines on the volume and scope of resolutions considered by the House of Delegates. (Directive to Take Action)

Testimony in response to Resolution 603 was mostly in opposition.

Opponents argued that our AMA has existing policies addressing the mission, strategic planning, and resolution drafting. Opposing testimony further emphasized that current AMA policies and procedures allow the House of Delegates to function as a democracy and the changes proposed, especially in the first and second resolve clauses, would hinder the democratic process.

Conversely, supporters argued that AMA's resolution submission and consideration processes need to be more rigorous to ensure that the House of Delegates only debates policies within the AMA's purview. The testimony highlighted that our AMA has limited resources and additional standards should be implemented to ensure items of business are directly relevant to our AMA's mission.

Ultimately, the prevailing sentiment is that this item would hinder the democratic policymaking process of the House of Delegates; therefore, your Reference Committee recommends Resolution 603 not be adopted.

(14) *RESOLUTION 605 – INSURANCE COMPANY MISUSE OF CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES

RECOMMENDATION:

Your Reference Committee recommends that Resolution 605 not be adopted.

HOD ACTION:
Resolution 605 not adopted.

RESOLVED, that our American Medical Association review the terms of its CPT® licensing agreements and assess whether these have been violated by licensees through widespread downcoding (Directive to Take Action); and be it further

RESOLVED, that our AMA consider legal or administrative action against any companies that have violated the terms of use for CPT® codes where appropriate. (New HOD Policy)

Testimony in response to 605 was predominantly opposed.

The AMA has extensive policy supporting appropriate use of CPT codes and opposing downcoding. Testimony emphasized important clarifications that CPT is a code set created by experts and the use of any related guidelines are not mandated. Thus, any

concerns regarding CPT licensing terms should be evaluated through legal review on a case-by-case basis.

Your Reference Committee agrees with testimony that the resolution is not enforceable, and it may also create potential organizational risk. Your Reference Committee recommends Resolution 605 not be adopted.

This concludes the report of Reference Committee F. I would like to thank Richard A. Geline, MD, Cheryl L. Hurd, MD, MA, Man-Kit Leung, MD, Jayme N. Looper, MD, MSE, Raymond P. Lorenzoni, III, MD, Yasser F. Zeid, MD, MHA, and all those who testified before the Committee.

Richard A. Geline, MD (Alternate)
Illinois

Jayme N. Looper, MD, MSE
American Society of Anesthesiologists

Cheryl L. Hurd, MD, MA
American Psychiatric Association

Raymond P. Lorenzoni, III, MD
(Alternate)
Connecticut

Man-Kit Leung, MD
California

Yasser F. Zeid, MD, MHA
Texas

Hillary Johnson-Jahangir, MD, PhD, MS
American Academy of Dermatology Association
Chair