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 K

Mary LaPlante, MD, MPH, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. BOT 03 – Reduce Environmental Impact of Medical Journals
2. BOT 04 – Informed Consent for Genetic Testing
3. CSAPH 03 – Establishing Fire Risk Standards for Civilian and Non-Industrial Clothing
4. CSAPH 04 –Deprescribing in Clinical Practice
5. CSAPH 05 – Battlefield Acupuncture
6. Resolution 903 – Improving Health Outcomes in Native Hawaiian Populations
7. Resolution 905 – Integrating Drowning Prevention Counseling and Resource Referral into Pediatric Preventive Care
8. Resolution 906 – Establishing Menstrual Products as a Standard of Inpatient Care
9. Resolution 907 – Affirming Support for the National Institutes of Health Advisory Councils
10. Resolution 908 – Improving Access to Phenotype-Matched Blood for Transfusion-Dependent Patients
11. Resolution 912 – Reducing Medical Waste Through Electronic Instructions for Use (e-IFU) for Surgical and Medical Device Products
12. Resolution 919 – Protecting the Use of Evidence-Based Psychotropic Medications for the Treatment of Psychiatric Conditions
13. Resolution 921 – Transgender and Gender Diverse Cancer Research
14. Resolution 922 – Eliminating Tax Barriers to Equitable Clinical Trial Participation
15. Resolution 923 – Research the Community Health Impacts of Data Centers
16. Resolution 924 – Ensuring Evidence-Based Nutrition Guidance in Public Health and Clinical Practice
17. Resolution 925 – Opposition to Mandatory Testosterone Testing for Active Duty Servicemembers
18. Resolution 929 – Strengthening Physician Education and Standardized Protocols for Human Rabies Post-Exposure Prophylaxis
19. Resolution 931 – Allocation, Liability Protections, & Generic Drug Shortages
20. *Resolution 934 – Protecting Evidence-Based Family Planning Services in Title X-Funded Programs
21. *Resolution 935 – Opposition to EPA Rules Delaying and Rescinding Federal PFAS Drinking Water Standards

22. *Resolution 938 – Urging Federal Action to Rescind Administrative Directives Permitting Unapproved Synthetic Peptides and Enforce Patient Safety

RECOMMENDED FOR ADOPTION AS AMENDED

23. BOT 12 – Rethink the Medicare Annual Wellness Visit
24. *CSAPH 01 – Drug Shortages: 2026 Update
25. *CSAPH 02 – Urging Comprehensive Research and Safety Testing of Industry-Engineered Food Additives (IEFAs), Including High Fructose Corn Syrup
26. Resolution 901 – The Establishment of Mandatory National Reporting of Naegleria Fowleri and Other Amebic Encephalitides
27. Resolution 910 – Consolidating and Modernizing AMA Policy on Alcohol Excise Taxation
28. Resolution 916 – Opposition to Recreational Nicotine Products in Federal Correctional Facilities
29. Resolution 917 – Modernizing Sunscreen Regulation to Advance Skin Cancer Prevention and Public Health
30. Resolution 920 – Improving Protection for Patient Medical Records and Health Care
31. *Resolution 928 – Electric Bike and Scooter Safety, Regulation, and Enforcement

RECOMMENDED FOR ADOPTION IN LIEU OF

32. BOT 05 – Increasing Access through Federated Healthcare Data Architecture and Resolution 902 – Illegal Electronic Health Record Sharing and Patient Trust
33. *Resolution 904 – Regulation of Organ Transplant Open Offers and Resolution 927 – Patient Safety and Clinical Authority in Deceased Organ Donation and Procurement
34. Resolution 909 – Public Emergency Alert Reporting Requirements on Private Platforms
35. *Resolution 914 – National Strategy to Close the Women's Health Gap
36. Resolution 915 – Ensuring Expert and Lived Experience Input in Federal National Health
37. *Resolution 918 – Strengthening the Radiation Protection Standard
38. *Resolution 932 – Recognizing the Challenge of Tobacco Use in the Era of Commercial E-Cigarettes and Nicotine Products
39. Resolution 933 – Preventing Silicosis Associated with Engineered Stone Countertops
40. *Resolution 936 – Signed Consent for Antidepressant Use in the Veterans Administration

RECOMMENDATION FOR REFERRAL

41. *Resolution 930 – Supporting the Use of Firearm Suppressors to Prevent Hearing Loss

RECOMMENDATION FOR REFERRAL FOR DECISION

42. *Resolution 937 – Protect Communities from Health and Environmental Impacts of Data Centers

RECOMMENDATION FOR REAFFIRMATION IN LIEU OF

43. Resolution 926 – Support for One Health Approaches to Protect Human, Animal, and Environmental Health

*Your Reference Committee recommendation has changed from the Preliminary Report

RECOMMENDED FOR ADOPTION

(1) BOARD OF TRUSTEES (BOT) 03 – REDUCE ENVIRONMENTAL IMPACT OF MEDICAL JOURNALS

RECOMMENDATION:

Your Reference Committee recommends that the Board of Trustees Report 03 be adopted.

HOD ACTION: BOT 03 adopted and the remainder of the Report filed.

The Board of Trustees recommends that the following be adopted in lieu of Resolution 406-A-26 and the remainder of the report be filed:

Recommendation 1: That our AMA support continued efforts to reduce print circulation that weigh the impact to membership and Publishing revenue models.

Recommendation 2: That our AMA continue the current practice during the member onboarding process to require eligible members be asked to select their preferred delivery format—print or digital—for their subscription.

Recommendation 3: That our AMA support JAMA Network undertaking a study to evaluate options for climate friendly alternatives to the plastic packaging used for paper journals including recycled paper, bamboo, and other options the printers may recommend. (New HOD Policy)

Your Reference Committee heard unanimously supportive testimony for this report and its recommendations. Testimony highlighted the importance of reducing the environmental impact of print journals as important component of environmental stewardship. There was also stated interest in seeing the third recommendation of this resolution implemented, which supports the study of environmentally friendly alternatives to plastic packaging. Therefore, your Reference Committee recommends that the recommendations in BOT Report 03 be adopted and the remainder of the report be filed.

(2) BOT 04 – INFORMED CONSENT FOR GENETIC TESTING

RECOMMENDATION:

Your Reference Committee recommends that the Board of Trustees Report 04 be adopted.

HOD ACTION: BOT 04 adopted and the remainder of the Report filed.

The Board of Trustees recommends that the following policies D-315.970, “Consumer Genetic Testing and Privacy,” H-480.944, “Improving Genetic Testing and Counseling

Services," Code of Medical Ethics 2.1.1, "Informed Consent," and Code of Medical Ethics 4.1.1, "Genetic Testing & Counseling" be reaffirmed in lieu of Resolution 918-I-25 and that the remainder of the report be filed**.**

Your Reference Committee heard widespread support for this report's recommendations. Testimony noted that existing AMA policy on informed consent for genetic testing is sufficiently robust and flexible to deal with a rapidly changing clinical reality and that reaffirmation is prudent until clear consensus on a new approach is reached. Testimony also noted that the policies recommended for reaffirmation reinforce patient autonomy, informed decision-making, and trust in the physician-patient relationship. A concern was raised that the report and its recommendations do not sufficiently address the question of written informed consent; however, this perspective was not supported by other testimony. Therefore, your Reference Committee recommends that the recommendations in BOT Report 04 be adopted and the remainder of the report be filed.

(3) COUNCIL ON SCIENCE AND PUBLIC HEALTH (CSAPH) 03 – ESTABLISHING FIRE RISK STANDARDS FOR CIVILIAN AND NON-INDUSTRIAL CLOTHING

RECOMMENDATION:

Your Reference Committee recommends that the Council on Science and Public Health Report 03 be <u>adopted</u>.

HOD ACTION: CSAPH 03 <u>adopted</u> and the remainder of the Report filed.

The Council on Science and Public Health recommends that the following be adopted and the remainder of this report be filed.

1) Our American Medical Association supports continued research on both the efficacy of flame retardants in reducing fire frequency, injuries, deaths, and other damages as well as the adverse health and environmental impacts of flame retardants, using a class-based approach when possible. (New HOD Policy)

2) Our AMA supports state and federal regulatory and legislative efforts to reduce exposure to toxic flame retardants, including clear and transparent flame retardant and flammability labeling practices. (New HOD Policy)

3) Our AMA supports efforts to raise awareness and improve public education of fire risks, fire safety, and the safety of flame retardants. (New HOD Policy)

Your Reference Committee heard overwhelmingly supportive testimony on this report and its recommendations. Testimony highlighted that the report did an excellent job distilling a complex issue while balancing concerns about consumer safety, environmental persistence, and chemical exposures in vulnerable populations. The report's recommendations were also noted for being feasible and well aligned with state approaches on this issue. Therefore, your Reference Committee recommends that the

recommendations in CSAPH Report 03 be adopted and the remainder of the report be filed.

(4) CSAPH 04 – DEPRESCRIBING IN CLINICAL PRACTICE

RECOMMENDATION:

Your Reference Committee recommends that the Council on Science and Public Health Report 04 be <u>adopted</u>.

HOD ACTION: CSAPH 04 <u>adopted</u> and the remainder of the Report filed.

The Council on Science and Public Health recommends that the following be adopted and the remainder of this report be filed:

1) Our American Medical Association recognizes that:

a. Deprescribing is the planned, supervised process of medication dose reduction or discontinuation when a medication's continued use may no longer provide clinical benefit, may cause harm that exceeds the clinical benefit, or is misaligned with goals of care, particularly among older adults and during transitions of care.

b. Deprescribing, as a component of medication optimization, includes medication reconciliation; identification and assessment of medication risks in accordance with patient characteristics; shared decision-making; and physician-led team-based care.

c. Barriers to deprescribing include unclear professional roles; care fragmentation; and lack of clinical workflows and interoperability across healthcare entities. (New HOD Policy)

2) Our AMA encourages broader understanding of deprescribing through further research on clinical outcomes and best practices. (New HOD Policy)

Our AMA encourages educational initiatives on deprescribing for physicians, care teams, and patients. (New HOD Policy)

Your Reference Committee heard testimony in support of this report and its recommendations. Testimony supported the report's definition of deprescribing, recognition of barriers to implementation, and emphasis on physician-led, team-based medication optimization. Supportive testimony highlighted the importance of deprescribing in reducing medication burden, particularly among older adults and during transitions of care, and expressed support for continued research and education on best practices. Therefore, your Reference Committee recommends that the recommendations in CSAPH Report 04 be adopted and the remainder of the report be filed.

(5) CSAPH 05 – BATTLEFIELD ACUPUNCTURE

RECOMMENDATION:

Your Reference Committee recommends that the Council on Science and Public Health Report 05 be adopted.

HOD ACTION: CSAPH 05 adopted and the remainder of the Report filed.

The Council on Science and Public Health recommends that the following be adopted and that the remainder of the report be filed.
1) Our AMA acknowledges Battlefield Acupuncture (BFA) as a nonpharmacologic pain management modality that may provide short-term pain relief in selected clinical circumstances when administered by appropriately trained healthcare professionals; and

2) Our AMA supports ongoing quality research regarding the efficacy, feasibility, and appropriate use of BFA as a nonpharmacologic approach to pain management. (New HOD Policy)

Your Reference Committee heard testimony that was unanimously supportive of the recommendations in CSAPH Report 05. Multiple delegations and sections supported Battlefield Acupuncture (BFA) as a potentially useful, low-risk, nonpharmacologic option for short-term pain relief when administered by appropriately trained health care professionals and incorporated into multimodal pain management. Testimony also acknowledged the limitations and heterogeneity of the current evidence and supported continued high-quality research to better define BFA's effectiveness, functional outcomes, and appropriate patient populations. Therefore, your Reference Committee recommends that the recommendations in CSAPH Report 05 be adopted and the remainder of the report be filed.

(6) RESOLUTION 903 – IMPROVING HEALTH OUTCOMES IN NATIVE HAWAIIAN POPULATIONS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 903 be adopted.

HOD ACTION: Resolution 903 adopted.

RESOLVED, that our American Medical Association amend Policy D-350.988, "American Indian / Alaska Native Adolescent Suicide," as follows;

American Indian / Alaska Native / Native Hawaiian Adolescent Suicide, D-350.988
Our American Medical Association will provide active testimony in Congress for suicide prevention and intervention resources to be directed towards American Indian/Alaska

Native/Native Hawaiian communities. Our AMA will encourage significant funding to be allocated to research the causes, prevention, and intervention regarding American Indian/Alaska Native/Native Hawaiian adolescent suicide and make these findings widely available. Our AMA will lobby the Senate Committee on Indian Affairs on the important issue of American Indian/Alaska Native/Native Hawaiian adolescent suicide. (Modify Current HOD Policy); and be it further

RESOLVED, that our American Medical Association amend Policy D-350.985, "Addressing Sexual Violence and Improving American Indian and Alaska Native Women's Health Outcomes," as follows:

Addressing Sexual Violence and Improving American Indian, Alaska Native, and Native Hawaiian Women's Health Outcomes D-350.985

1. Our AMA advocates for mitigation of the critical issues of American Indian/Alaska Native/Native Hawaiian women's health that place Native women at increased risk for sexual violence, and encourages allocation of sufficient resources to the clinics serving this population to facilitate health care delivery commensurate with the current epidemic of violence against Native women.

2. Our AMA will collaborate with the Indian Health Service, Centers for Disease Control and Prevention (CDC), Tribal authorities, community organizations, and other interested stakeholders to develop programs to educate physicians and other health care professionals about the legal and cultural contexts of their American Indian, ~~and~~ Alaska Native, and Native Hawaiian female patients as well as the current epidemic of violence against Native women and the pursuant medical needs of this population.
3. Our AMA will collaborate with the Indian Health Service, CDC, Tribal authorities, and community organizations to obtain or develop appropriate American Indian, ~~and~~ Alaska Native, and Native Hawaiian women's health materials for distribution to patients in the spirit of self-determination to improve responses to sexual violence and overall health outcomes. (Modify Current HOD Policy)

Your Reference Committee heard overwhelming support of Resolution 903, underscoring the significant health inequities experienced by Native Hawaiian populations. Supporters highlighted persistent disparities in adolescent suicide, sexual violence, and women's health outcomes, emphasizing the need for culturally responsive, community-driven approaches to improve health and well-being. The resolution also aligns with the priorities of multiple organizations within the Federation that are committed to advancing health equity and reducing disparities in underserved populations. Therefore, your Reference Committee recommends that Resolution 903 be adopted.

(7) RESOLUTION 905 – INTEGRATING DROWNING PREVENTION COUNSELING AND RESOURCE REFERRAL INTO PEDIATRIC PREVENTIVE CARE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 905 be adopted.

HOD ACTION: Resolution 905 adopted.

RESOLVED, that our American Medical Association amends Policy H-10.983 entitled Swimming Safety by addition and deletion to read as follows:

~~1. Our American Medical Association strongly supports barrier fencing and pool covers for residential pools, early water safety, and water awareness programs.~~
1. Our American Medical Association support evidence-based drowning prevention strategies consistent with national guidelines, including but not limited to four-sided isolation fencing, use of U.S. Coast Guard–approved life jackets, close and constant supervision, and avoidance of ineffective or non–evidence-based interventions

2. Our AMA encourages swimming pool manufacturers and pool chemical suppliers to distribute educational materials that promote swimming and water safety.

3. Our American Medical Association support public education efforts and anticipatory guidance by physicians on drowning prevention across the lifespan, including promotion of formal swim lessons, caregiver education, and targeted risk reduction for high-risk populations.
4. Our American Medical Association advocate for policies and community partnerships that expand access to water safety education, swim instruction, and drowning prevention resources, particularly in underserved and high-risk communities. (Modify Current HOD Policy)

Your Reference Committee heard testimony that was unanimously supportive of this resolution. Drowning remains a leading cause of accidental injury and death among young children and this resolution aims to strengthen drowning prevention through routine counseling, public education, and evidence-based prevention strategies. These updates to existing policy help ensure the AMA's position is more closely aligned to specialty society guidance as well as current evidence. Therefore, your Reference Committee recommends that this resolution be adopted.

(8) RESOLUTION 906 – ESTABLISH MENSTRUAL PRODUCTS AS A STANDARD OF INPATIENT CARE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 906 be adopted.

HOD ACTION: Resolution 906 adopted.

RESOLVED, that our American Medical Association advocate with relevant interested parties for implementation of menstrual hygiene product availability at no cost to hospitalized patients who menstruate. (Directive to Take Action)

Your Reference Committee heard testimony that was largely supportive of this resolution. There was some support for reaffirmation in lieu, but the majority of testimony supported adoption. Those in support of adoption noted that existing policy does not specifically address hospitalized patients and that this resolution adds a specific advocacy directive. An amendment was proffered to change "menstruate" to "vaginal discharge or bleeding," though this did not receive support from other testimony. Your Reference Committee agrees with the points put forth by those in support of adoption and, therefore, your Reference Committee recommends that Resolution 906 be adopted.

(9) RESOLUTION 907 – AFFIRMING SUPPORT FOR THE NATIONAL INSTITUTES OF HEALTH ADVISORY COUNCIL

RECOMMENDATION:

Your Reference Committee recommends that Resolution 907 be adopted.

HOD ACTION: Resolution 907 adopted.

RESOLVED, that our American Medical Association supports initiatives to ensure continuity and stability in scientific advisory councils, including the timely and appropriate replacement of members on NIH Advisory Councils and review panels, as well as other HHS agencies, with equally qualified members to prevent the delay, interruption, or cessation of HHS-funded research initiatives (New HOD Policy); and be it further

RESOLVED, that our AMA opposes the active removal of qualified scientists from NIH advisory councils and review panels, as well as qualified leaders in other HHS agencies, without documented proof of wrongdoing or misconduct in accordance with established federal or state legal statutes. (New HOD Policy)

Your Reference Committee heard testimony that was largely supportive of Resolution 907. Testimony emphasized that continuity and stability in NIH and other federal scientific advisory councils are essential to maintaining scientific integrity and preventing disruptions or delays in biomedical research funding. A concern was raised with the second Resolve clause, with testimony noting difficulty in defining "qualified" scientists and leaders and cautioned against involving the AMA in the political aspects of advisory council appointments. Testimony in opposition noted that NIH advisory councils are already composed of qualified scientists who undergo rigorous conflict-of-interest vetting. Given the broad support for maintaining qualified scientific expertise and continuity in federal research advisory bodies, your Reference Committee recommends that Resolution 907 be adopted.

(10) RESOLUTION 908 – IMPROVING ACCESS TO PHENOTYPE-MATCHED BLOOD FOR TRANSFUSION-DEPENDENT PATIENTS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 908 be adopted.

HOD ACTION: Resolution 908 adopted.

RESOLVED, that our AMA supports expanding recruitment and retention of racially and ethnically diverse blood donors to improve access to phenotype-matched blood for high-needs patients, including those with sickle cell disease, while supporting scientifically based policies that ensure a safe national blood supply. (New HOD Policy)

Your Reference Committee heard testimony in strong support of Resolution 908, emphasizing that expanding and retaining a diverse blood donor pool can improve access to phenotype-matched blood, reduce alloimmunization and transfusion complications, and improve care for patients with sickle cell disease and other transfusion-dependent conditions. Testimony consistently supported maintaining scientifically based policies that ensure a safe and equitable national blood supply. Amendments were proffered to broaden the resolution's scope; however, testimony generally favored retaining the resolution's focused intent. Therefore, your Reference Committee recommends that Resolution 908 be adopted.

(11) RESOLUTION 912 – REDUCING MEDICAL WASTE THROUGH ELECTRONIC INSTRUCTIONS FOR USE (E-IFU) FOR SURGICAL AND MEDICAL DEVICE PRODUCTS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 912 be adopted.

HOD ACTION: Resolution 912 adopted.

RESOLVED, that our American Medical Association encourage manufacturers of surgical and medical device products across all surgical specialties to replace paper Instructions for Use (IFU) with electronic Instructions for Use (e-IFU) when feasible, consistent with patient safety and applicable regulatory requirements (New HOD Policy); and be it further

RESOLVED, that our AMA advocate to the U.S. Food and Drug Administration and relevant federal agencies to clarify and expand the regulatory pathway under the Federal

Food, Drug, and Cosmetic Act permitting e-IFU for surgical and medical device products, and to reduce inconsistent international IFU requirements that impede manufacturer adoption of e-IFU (Directive to Take Action); and be it further

RESOLVED, that our AMA share findings from published multisociety research on e-IFU with all AMA specialty sections and encourage interprofessional dialogue on sustainable device packaging practices, with the goal of developing a unified, cross-specialty position supporting e-IFU adoption across medicine. (Directive to Take Action)

Your Reference Committee heard overwhelming support for this resolution. Testimony noted that this resolution would support efforts to reduce unnecessary medical waste across surgical specialties and be well aligned with AMA's existing support for healthcare sustainability efforts. Further, results were shared from a study that examined the paper instruction inserts in botulinum toxin packages and found they could divert a significant amount of potential waste if accessing product information through a QR code. Therefore, your Reference Committee recommends that Resolution 912 be adopted.

(12) RESOLUTION 919 – PROTECTING THE USE OF EVIDENCE-BASED PSYCHOTROPIC MEDICATIONS FOR THE TREATMENT OF PSYCHIATRIC CONDITIONS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 919 be <u>adopted</u>.

HOD ACTION: Resolution 919 <u>adopted</u>.

RESOLVED, that our American Medical Association, in collaboration with relevant stakeholders, will support the development of educational materials that clearly articulate the benefits, safety, and effectiveness of appropriately used psychotropic medications and non-medication psychotherapeutic interventions, to counter misinformation and disinformation about their safety and effectiveness (Directive to Take Action); and be it further

RESOLVED, that our AMA will support physicians and other health care professionals in effectively communicating to patients, families, policymakers, and the media about the safety and effectiveness of appropriately used psychotropic medications and non-medication psychotherapeutic treatments. (New HOD Policy)

Your Reference Committee heard testimony in strong support of Resolution 919, emphasizing the importance of protecting evidence-based psychiatric care and addressing misinformation about psychotropic medications. Supporters highlighted the role of psychotropic medications, when appropriately prescribed, alongside psychotherapeutic interventions in improving patient outcomes and reducing stigma, while reinforcing that treatment decisions should be guided by scientific evidence, clinical expertise, and shared decision-making. An amendment was proffered to substitute the term "psychoactive" for "psychotropic," but the amendment did not receive support in other

testimony. Accordingly, the Reference Committee recommends adoption of Resolution 919.

(13) RESOLUTION 921 – TRANSGENDER AND GENDER DIVERSE CANCER RESEARCH

RECOMMENDATION:

Your Reference Committee recommends that Resolution 921 be <u>adopted</u>.

HOD ACTION: Resolution 921 <u>adopted</u>.

RESOLVED, that our American Medical Association support improved data collection for transgender/gender diverse patients by research bodies, while maintaining appropriate privacy protections (New HOD Policy); and be it further

RESOLVED, that our AMA support research to understand the correlations, risks and protective factors associated with hormone treatment and hormone-related cancer incidence as well as hormone treatment and non-hormone related cancer incidence for all individuals including transgender and gender diverse people (New HOD Policy); and be it further

RESOLVED, that our AMA support research regarding improved cancer detection and prevention measures for transgender and gender diverse people, taking care to consider the unique social determinants of health and systematic barriers experienced by transgender and gender diverse individuals. (New HOD Policy)

Your Reference Committee heard testimony that was unanimously supportive of Resolution 921. Multiple delegations and sections emphasized that transgender and gender-diverse patients remain underrepresented in cancer research. Testimony also emphasized the need for improved data collection with appropriate privacy protections, further research on hormone therapy and cancer risk, and evidence-based approaches to cancer prevention and detection. Therefore, your Reference Committee recommends that Resolution 921 be adopted.

(14) RESOLUTION 922 – ELIMINATING TAX BARRIERS TO EQUITABLE CLINICAL TRIAL PARTICIPATION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 922 be <u>adopted</u>.

HOD ACTION: Resolution 922 <u>adopted</u>.

RESOLVED, that our American Medical Association support exempting clinical trial participant compensation from taxable income and public assistance eligibility determinations, recognizing such payments as reimbursement rather than wages, to promote equitable participation in clinical research. (New HOD Policy)

Your Reference Committee heard broad support for this resolution. Testimony emphasized the need for diversity in research and noted that taxation of clinical trials compensation creates structural barriers to participation. Referral for study was recommended, with testimony noting that the risk of poorly designed trials could potentially exacerbate existing health disparities; however, this call for referral was not supported by other testimony. Therefore, your Reference Committee recommends that Resolution 922 be adopted.

(15) RESOLUTION 923 – RESEARCH THE COMMUNITY HEALTH IMPACTS OF DATA CENTERS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 923 be <u>adopted</u>.

HOD ACTION: Resolution 923 <u>adopted</u>.

RESOLVED, that our American Medical Association study and report on the public health impacts of data center development, including effects on air quality, water resources, soil contamination, energy infrastructure, noise exposure, and health equity. (Directive to Take Action)

Your Reference Committee heard strong and largely supportive testimony on this resolution which calls for AMA to study the health impacts of artificial intelligence (AI) data centers (it was among the most commented items in Reference Committee K). Testimony highlighted that AI data centers have the potential to negatively impact community health through many pathways and vulnerable communities, such as communities of color and underserved communities, are more likely to be impacted; thus, making this an important health equity issue. A couple amendments were proffered; one that would add the word 'biennially' to ensure that an updated report be done on a regular basis as this issue evolves and another proposed to broaden the scope of the suggested study. Additionally, AMA's Council on Science and Public Health testified in support of referral, noting that they have previously discussed and prioritized a Council initiated report on the environmental and health impacts of AI data centers and would want to broaden the scope of the report beyond what is listed in the resolution. However, there was no testimony that supported the proposed amendments or referral. Therefore, your Reference Committee recommends that Resolution 923 be adopted.

(16) RESOLUTION 924 – ENSURING EVIDENCE-BASED NUTRITION GUIDANCE IN PUBLIC HEALTH AND CLINICAL PRACTICE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 924 be adopted.

HOD ACTION: Resolution 924 adopted.

RESOLVED, that our American Medical Association advocates that nutrition recommendations used in clinical practice, state public health policy, and institutional nutrition programs be grounded in evidence-based science and informed by the scientific guidance (Directive to Take Action); and be it further

RESOLVED, that our AMA advocates for strengthened transparency, disclosure, and management of financial and non-financial conflicts of interest in the development of federal dietary guidelines and related scientific reports, including clear public reporting and exclusion of individuals with significant financial or industry-related conflicts of interest from decision-making roles. (Directive to Take Action)

Your Reference Committee heard overwhelmingly supportive testimony for this resolution which aims to ensure that nutrition programs are evidence-based and informed by scientific guidance versus unduly influenced by political opinions and special interests. Testimony expressed concern that recent federal dietary guidelines ignored recommendations from the scientific advisory committee, that industry financial influence should be eliminated to the greatest extent possible, and the public is overwhelmed by nutrition misinformation, hence why this resolution was very timely. Testimony noted the first Resolve did not reflect a clear understanding of federal nutrition policy and its implications, but no amendments were proffered and the remaining testimony was strongly in support of the resolution as written. Therefore, your Reference Committee recommends that Resolution 924 be adopted.

(17) RESOLUTION 925 – OPPOSITION TO MANDATORY TESTOSTERONE TESTING FOR ACTIVE DUTY SERVICEMEMBERS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 925 be adopted.

HOD ACTION: Resolution 925 adopted.

RESOLVED, that our American Medical Association oppose mandatory, non-indication-based federal hormone screening programs, including policies requiring annual testosterone testing 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 (New HOD Policy); 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 (New HOD Policy); 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. (Reaffirm HOD Policy)

Your Reference Committee heard broad and enthusiastic support for this resolution, with testimony noting that there currently is no evidence that supports population-based screening for hypogonadism and there may be negative downstream effects of doing so. Testimony in opposition questioned why the resolution is specific to testosterone/hormones and not inclusive of, for example, CMP and CBC, and suggested that the AMA ask the military to run a prospective study; in response, the author noted that hormone testing lacks scientific evidence as a measure of fitness or ability to serve while CMP and CBC measurements are widely accepted as health screening tools. Your Reference Committee agrees with these points and with the strong support for this resolution and, therefore, your Reference Committee recommends that Resolution 925 be adopted.

(18) RESOLUTION 929 – STRENGTHENING PHYSICIAN EDUCATION AND STANDARDIZED PROTOCOLS FOR HUMAN RABIES POST-EXPOSURE PROPHYLAXIS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 929 be <u>adopted</u>.

HOD ACTION: Resolution 929 <u>adopted</u>.

RESOLVED, that our American Medical Association support clinician education on rabies exposure risk assessment, and proper administration of Rabies Post-Exposure Prophylaxis (PEP), including correct anatomical infiltration of Rabies Immune Globulin (RIG) (New HOD Policy); and be it further

RESOLVED, that our AMA support collaboration between the Centers for Disease Control and Prevention (CDC), state public health agencies, local health departments, and local, state and federal animal control agencies to improve real-time physician access to local zoonotic surveillance data and public health consultation in addition to decreasing exposure risks. (New HOD Policy)

Your Reference Committee heard testimony that was unanimously supportive of Resolution 929. Testimony emphasized that rabies remains a rare but highly consequential disease, and highlighted the importance of timely risk assessment and appropriate post-exposure prophylaxis (PEP). Therefore, your Reference Committee recommends that Resolution 929 be adopted.

(19) RESOLUTION 931 – ALLOCATION, LIABILITY PROTECTIONS, & GENERIC DRUG SHORTAGES

RECOMMENDATION:

Your Reference Committee recommends that Resolution 931 be <u>adopted</u>.

HOD ACTION: Resolution 931 <u>adopted</u>.

RESOLVED, that our American Medical Association advocate for resource allocation frameworks, alongside federal and state statutory liability protections (civil immunity safe harbors), for physicians forced to alter or triage care due to national drug shortages (Directive to Take Action); and be it further

RESOLVED, that our AMA support federal market reforms for critical off-patent sterile injectables, including reimbursement price floors covering manufacturing costs plus operating margin, to address root economic drivers of generic drug shortages. (New HOD Policy)

Your Reference Committee heard support for this resolution. Testimony noted that drug shortages are a widespread issue that force physicians to make difficult decisions and that physicians cannot be expected to fix this supply problem at the bedside; accordingly, physicians making good-faith, clinically appropriate decisions in response to shortages beyond their control should have access to clear allocation frameworks and reasonable liability protections. The Council on Science and Public Health recommended referral for study noting sufficient complexity regarding liability protections, reimbursement price floors, etc., and suggested that further study may help provide ideas on how to enact the best policy in this important area. However, referral for study was not supported by other testimony and testimony in response stated that, while further study may help inform the implementation of these policies, the principles of the resolution warrant adoption now. Therefore, your Reference Committee recommends that Resolution 931 be adopted.

(20) RESOLUTION 934 – PROTECTING EVIDENCE-BASED FAMILY PLANNING SERVICES IN TITLE X-FUNDED PROGRAMS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 934 be adopted.

HOD ACTION: Resolution 934 adopted.

RESOLVED, that our American Medical Association (AMA) oppose federal Title X funding criteria that restrict, discourage, or otherwise condition funding on counseling that deviates from evidence-based approaches; and be it further

RESOLVED, that our AMA advocate that Title X funding requirements preserve and support the clinical judgment of physicians and other qualified health professionals to provide individualized counseling and care based on the patient's medical circumstances, reproductive goals, preferences, and informed decisions; and be it further

RESOLVED, that our AMA collaborate with relevant medical specialty societies, state medical societies, public health organizations, and patient advocacy organizations to monitor changes to Title X requirements and the public health consequences of these changes.

Your Reference Committee heard unanimously supportive testimony for this resolution. Testimony emphasized that Title X-funded health centers provide essential preventive and reproductive health services to millions of patients, specifically low-income individuals and those who face barriers to care. Therefore, your Reference Committee recommends that Resolution 934 be adopted.

(21) RESOLUTION 935 – OPPOSITION TO EPA RULES DELAYING AND RESCINDING FEDERAL PFAS DRINKING WATER STANDARDS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 935 be adopted.

HOD ACTION: Resolution 935 adopted.

RESOLVED, that our American Medical Association (AMA) amend policy H-135.916 “Per- and Polyfluoroalkyl Substances (PFAS) and Human Health” by addition to read as follows:

1. Our American Medical Association supports continued research on the impact of perfluoroalkyl and polyfluoroalkyl chemicals on human health.

2. Our AMA supports legislation and regulation seeking to address contamination, exposure, classification, and clean-up of PFAS substances.
3. Our AMA will advocate for states, at minimum, to follow guidelines presented in the Environmental Protection Agency's Drinking Water Health Advisories for perfluorooctanoic acid (PFOA) and perfluorooctane sulfonic acid (PFOS), with consideration of the appropriate use of Minimal Risk Levels (MRLs) presented in the CDC/ATSDR Toxicological Profile for PFAS.
4. Our AMA will amplify physician and public education around the adverse health effects of PFAS chemicals and potential mitigation and prevention efforts.
5. Our AMA will oppose the EPA's proposed rescission of the drinking water regulatory determinations and Maximum Contaminant Levels for perfluorohexane sulfonic acid (PFHxS), perfluorononanoic acid (PFNA), hexafluoropropylene oxide dimer acid (HFPO-DA/GenX), and the Hazard Index for mixtures of two or more PFAS).
6. Our AMA will advocate that any modification, delay, or rescission of enforceable federal drinking water standards for PFAS substances be based on peer-reviewed scientific evidence.

Your Reference Committee heard overwhelmingly supportive testimony for this proposed resolution that aims to oppose recent federal actions that would rescind adopted regulations on PFAS chemicals in public drinking water systems. Testimony noted that this is a very timely issue as the EPA announced these proposed changes just a few months ago and that the decision to rescind these standards were not done on the grounds of new scientific evidence that demonstrated these regulated PFAS were safe, but rather a legal interpretation of the Safe Drinking Water Act. Other testimony also noted that safe drinking water is fundamental to public health and that we need strong protective standards for environmental exposures, particularly for vulnerable populations such as children. Therefore, your Reference Committee recommends that Resolution 935 be adopted.

(22) RESOLUTION 938 – URGING FEDERAL ACTION TO RESCIND ADMINISTRATIVE DIRECTIVES PERMITTING UNAPPROVED SYNTHETIC PEPTIDES AND ENFORCE PATIENT SAFETY

RECOMMENDATION:

Your Reference Committee recommends that Resolution 938 be adopted.

HOD ACTION: Resolution 938 adopted.

RESOLVED, that our American Medical Association urgently advocate to the Department of Health and Human Services (HHS), the Food and Drug Administration (FDA), and relevant federal regulatory authorities to immediately rescind administrative policies, enforcement discretion directives, or policy shifts that ease restrictions on compounding and distributing unapproved, non-FDA-reviewed synthetic peptides including those for weight loss, wellness, or anti-aging (Directive to Take Action); and be it further

RESOLVED, that our AMA collaborate with federal agencies, state medical boards, and state boards of pharmacy to enforce strict regulatory oversight and pursue swift enforcement actions against compounding pharmacies, direct-to-consumer telehealth platforms, and online dispensaries distributing unapproved synthetic peptide formulations lacking FDA regulatory review (Directive to Take Action); and be it further

RESOLVED, that our AMA educate physicians, healthcare providers, and the public regarding the severe safety risks, lack of clinical efficacy, and lack of FDA oversight associated with unapproved synthetic peptide compounds and multi-peptide "stacks". (Directive to Take Action)

Your Reference Committee heard predominantly supportive testimony on Resolution 938. Testimony emphasized that synthetic peptides that have not been approved by the FDA lack the safety, efficacy, and quality evidence necessary to support their routine use in patient care, placing patients at significant risk. Speakers expressed concern that, in the absence of adequate scientific evidence, patients are effectively being asked to serve as research subjects without the protections associated with formal clinical investigation. Testimony asserted that this practice does not represent innovation, but rather experimentation in which evidence is treated as optional. Supporters further characterized the promotion and use of unapproved synthetic peptides as an unscrupulous practice that normalizes the use of products that have not met established standards for safety and effectiveness. Testimony stressed the importance of rescinding administrative policies that permit such practices and to restore appropriate regulatory oversight to protect patients. There was a call for referral of the resolution to allow additional evidence development. However, authors of peptide-related policies adopted at A-26 expressed support for the resolution, noting that it appropriately calls for timely action to address reported patient harms while the profession awaits the more comprehensive report expected at A-27. Therefore, your Reference Committee recommends adoption of Resolution 938.

RECOMMENDED FOR ADOPTION AS AMENDED

(23) BOT 12 – RETHINK THE MEDICARE ANNUAL WELLNESS VISIT

RECOMMENDATION A:

Your Reference Committee recommends that BOT Report 12 be amended by addition of an eighth Recommendation to read as follows:

8. That our American Medical Association advocate for Medicare policies that preserve recognition of and appropriate reimbursement for the distinct services that may be provided during the same comprehensive patient encounter, including: (a) preventive care through the Medicare Annual Wellness Visit; (b) significant, separately identifiable, medically necessary evaluation and management services for acute and chronic medical conditions; and (c) Advance Care Planning services when separately provided and documented in accordance with Medicare requirements; and that our AMA advocate for payment policies that adequately support these services, including opposing payment reductions, inappropriate bundling, and administrative barriers that undermine appropriate reimbursement when these services are furnished together, particularly in rural, underserved, and medically disadvantaged communities where access to physician-led care is essential.

RECOMMENDATION B:

Your Reference Committee recommends that the Recommendations in BOT Report 12 be adopted as amended.

HOD ACTION: BOT Report 12 adopted as amended and remainder of Report filed.

ADOPTED LANGUAGE:

1) That our American Medical Association (AMA) reaffirm Policy H-425.984, "Clinical Preventive Services;" Policy H-425.994, "Medical Evaluations of Healthy Persons;" Policy H-460.894, "Value of Preventive Services;" and Policy H-160.908, "Payment Mechanisms for Physician-Led Team-Based Health Care." (Reaffirm HOD Policy)

2) That our AMA develop and promote educational resources to improve understanding and appropriate use of Medicare preventive visits among beneficiaries, physicians and other members of physician-led healthcare teams,

and support broader education on evidence-based, high-value preventive care. (Directive to Take Action)

3) That our AMA advocate for greater physician flexibility to tailor the content and delivery of Medicare preventive visits to patients' individual risks, needs, clinical circumstances, and preferences. (Directive to Take Action)

4) That our AMA continue to advocate for payment policies and models that support individualized, longitudinal, physician-led, team-based preventive care. (New HOD Policy)

5) That our AMA, in collaboration with national medical specialty societies, explore approaches to modernizing preventive care, including how to prioritize evidence-based services according to individual patient needs, support longitudinal and physician-led team-based care, and align payment and incentives with effective preventive care. (Directive to Take Action)

6) That our AMA amend Policy H-425.997, "Preventive Services," paragraph 3, as follows:
3. Our AMA believes that preventive care should ideally be coordinated by a patient's physician, or, under the physician's supervision, by members of the physician-led care team. (Modify Current HOD Policy)

7) That our AMA amend Policy H-330.879, "Providers and the Annual Wellness Visit," paragraphs 2 and 3, as follows:
2. Our AMA supports that, at a minimum, any clinician physician or member of the physician-led care team performing the AWV must enumerate all relevant findings from the visit and make provisions for all appropriate follow-up care.

3. Our AMA supports that the Centers for Medicare & Medicaid Services (CMS) provide a means for physicians, patients, and members of physician-led care teams to determine whether or not Medicare has already paid for an AWV for a patient in the past 12 months. (Modify Current HOD Policy)

8) That our AMA advocate for Medicare policies that preserve recognition of and appropriate reimbursement for the distinct services that may be provided during the same comprehensive patient encounter, including: (a) preventive care through the Medicare Annual Wellness Visit; (b) significant, separately identifiable, medically necessary evaluation and management services for acute and chronic medical conditions; and (c) Advance Care Planning services when separately provided and documented in accordance with Medicare requirements; and that our AMA advocate for payment policies that adequately support these services, including opposing payment reductions, inappropriate bundling, and administrative barriers that undermine appropriate reimbursement when these services are furnished together, particularly in rural, underserved, and medically disadvantaged communities where access to physician-led care is essential.

The Board of Trustees recommends that the following be adopted and that the remainder of the report be filed:

1) That our American Medical Association (AMA) reaffirm Policy H-425.984, "Clinical Preventive Services;" Policy H-425.994, "Medical Evaluations of Healthy Persons;" Policy H-460.894, "Value of Preventive Services;" and Policy H-160.908, "Payment Mechanisms for Physician-Led Team-Based Health Care." (Reaffirm HOD Policy)

2) That our AMA develop and promote educational resources to improve understanding and appropriate use of Medicare preventive visits among beneficiaries, physicians and other members of physician-led healthcare teams, and support broader education on evidence-based, high-value preventive care. (Directive to Take Action)

3) That our AMA advocate for greater physician flexibility to tailor the content and delivery of Medicare preventive visits to patients' individual risks, needs, clinical circumstances, and preferences. (Directive to Take Action)

4) That our AMA continue to advocate for payment policies and models that support individualized, longitudinal, physician-led, team-based preventive care. (New HOD Policy)

5) That our AMA, in collaboration with national medical specialty societies, explore approaches to modernizing preventive care, including how to prioritize evidence-based services according to individual patient needs, support longitudinal and physician-led team-based care, and align payment and incentives with effective preventive care. (Directive to Take Action)

6) That our AMA amend Policy H-425.997, "Preventive Services," paragraph 3, as follows:
3. Our AMA believes that preventive care should ideally be coordinated by a patient's physician, or, under the physician's supervision, by members of the physician-led care team. (Modify Current HOD Policy)

7) That our AMA amend Policy H-330.879, "Providers and the Annual Wellness Visit," paragraphs 2 and 3, as follows:

2. Our AMA supports that, at a minimum, any clinician physician or member of the physician-led care team performing the AWV must enumerate all relevant findings from the visit and make provisions for all appropriate follow-up care.

3. Our AMA supports that the Centers for Medicare & Medicaid Services (CMS) provide a means for physicians, patients, and members of physician-led care teams to determine whether or not Medicare has already paid for an AWV for a patient in the past 12 months. (Modify Current HOD Policy)

Your Reference Committee heard testimony that was strongly supportive of BOT Report 12 and its recommendations. Testimony supported reforms to the Medicare Annual Wellness Visit that provide greater flexibility for individualized, physician-led preventive care and improve patient understanding of covered services. An additional Recommendation 8 was proffered to support appropriate recognition and reimbursement of distinct preventive, evaluation and management, and advance care planning services provided during the same encounter. Another amendment was proffered to clarify the

recommendation and address payment and administrative barriers, which the original amendment author supported. An amendment directing the AMA to immediately pursue legal remedies related to payment reductions for Modifier 25 services and requiring a report back at A-27 was also proposed but was not supported. It was noted that this issue is being addressed through Resolution 242, "Opposing Reimbursement Cuts to Modifier 25," which is being considered by Reference Committee B. Concern was expressed with the language in Recommendation 7 regarding members of physician-led care teams and preferred the original language. Given the overall supportive testimony and agreement on the additional recommendation, your Reference Committee recommends that the recommendations in BOT Report 12 be adopted as amended and the remainder of the report be filed.

(24) *CSAPH 01 – DRUG SHORTAGES: 2026 UPDATE

RECOMMENDATION A:

Your Reference Committee recommends that <u>the second Recommendation</u> in the CSAPH Report 1 be <u>amended by addition and deletion</u> to read as follows:

That Policy D-100.959, "Access to Important and Essential Drugs," be amended by addition to read as follows:

1.Our AMA will work with policymakers, regulatory bodies, drug manufacturers, and the healthcare community to address access issues and drug shortages by identifying solutions to ensure long-term stability and preserve patient access to treatments.

2.Our AMA urges Congress to pass comprehensive legislation to mitigate existing drug shortages and prevent future shortages of lifesaving and life-prolonging drugs. A comprehensive approach would include, but not be limited to the following:

a. address economic factors that drive generic manufacturers out of the market and consider stabilizing the market with long-term contracts and guaranteed prices;

b. reward reliable U.S. manufacturing of critical and supportive medications through prices that support continued quality production and investment in continuous manufacturing or other advanced manufacturing for critical drugs and active pharmaceutical ingredients (APIs), which could include onshoring or nearshoring as components of a solution;

~~c. recognize that while onshoring and nearshoring are components of increasing access, geographically diverse and quality assured sources remain the overall objective;~~

c. safeguard access to medications and precursors towards a goal of achieving geographically diverse and quality assured sources accessible to the U.S., including with support of onshoring, nearshoring, and friendshoring;

d. recognize potential shortages earlier by increasing the Food and Drug Administration's (FDA) visibility into the supply chain, including APIs and key starting materials (KSMs), so the agency can predict and respond to potential shortages earlier;

e. relay information about potential shortages to health systems and providers to help them prepare for and mitigate possible supply challenges.

RECOMMENDATION B:

Your Reference Committee recommends that the Recommendations in CSAPH Report 1 be adopted as amended.

HOD ACTION: CSAPH Report 01 adopted as amended and remainder of Report filed.

ADOPTED LANGUAGE:
1) That Policy D-110.981, "Impact of Tariffs on Healthcare Access and Costs," be amended by addition to read as follows:

1.Our American Medical Association will actively monitor and assess the impact of current and proposed tariffs on healthcare costs and patient access to medical services.

2.Our AMA supports legislative efforts aimed at mitigating the negative effects of tariffs on the healthcare system, ensuring that patient care, medical supplies, and pharmaceuticals remain accessible and affordable.

3.Our AMA recommends that generic pharmaceuticals, biosimilars, designated essential medicines, and brand-name and biologic drugs that lack therapeutic alternatives be exempt from import tariffs, in order to minimize adverse health impacts from tariffs. (Modify Current Policy)

2) That Policy D-100.959, "Access to Important and Essential Drugs," be amended by addition to read as follows:

1.Our AMA will work with policymakers, regulatory bodies, drug manufacturers, and the healthcare community to address access issues and drug shortages by identifying solutions to ensure long-term stability and preserve patient access to treatments.

2.Our AMA urges Congress to pass comprehensive legislation to mitigate existing drug shortages and prevent future shortages of lifesaving and life-prolonging drugs. A comprehensive approach would include, but not be limited to the following:

a. address economic factors that drive generic manufacturers out of the market and consider stabilizing the market with long-term contracts and guaranteed prices;

b. reward reliable U.S. manufacturing of critical and supportive medications through prices that support continued quality production and investment in continuous manufacturing or other advanced manufacturing for critical drugs and active pharmaceutical ingredients (APIs), which could include onshoring or nearshoring as components of a solution;

c. safeguard access to medications and precursors towards a goal of achieving geographically diverse and quality assured sources accessible to the U.S., including with support of onshoring, nearshoring, and friendshoring;

d. recognize potential shortages earlier by increasing the Food and Drug Administration's (FDA) visibility into the supply chain, including APIs and key starting materials (KSMs), so the agency can predict and respond to potential shortages earlier;

e. relay information about potential shortages to health systems and providers to help them prepare for and mitigate possible supply challenges.

3. Our AMA will work with stakeholders to make sure essential medicines lists are data driven and evidence based to satisfy priority health needs and provide predictability for physicians and hospitals. (Modify Current Policy)

3) That Policy H-100.956, "National Drug Shortages" be amended by addition and deletion:

10.Our AMA urges the FDA and other appropriate agencies to develop a coordinated, real-time data infrastructure by requiring manufacturers and distributors to provide greater transparency regarding the pharmaceutical product supply chain, including production locations of drugs, any unpredicted changes in product supply and demand such as import flow changes and pricing variability, and more detailed information regarding the causes and anticipated duration of drug shortages. (Modify Current Policy)

The Council on Science and Public Health recommends that the following be adopted and that the remainder of the report be filed:

1. That Policy D-110.981, “Impact of Tariffs on Healthcare Access and Costs,” be amended by addition to read as follows:

1.Our American Medical Association will actively monitor and assess the impact of current and proposed tariffs on healthcare costs and patient access to medical services.

2.Our AMA supports legislative efforts aimed at mitigating the negative effects of tariffs on the healthcare system, ensuring that patient care, medical supplies, and pharmaceuticals remain accessible and affordable.

3.Our AMA recommends that generic pharmaceuticals, biosimilars, designated essential medicines, and brand-name and biologic drugs that lack therapeutic alternatives be exempt from import tariffs, in order to minimize adverse health impacts from tariffs. (Modify Current Policy)

2. That Policy D-100.959, “Access to Important and Essential Drugs,” be amended by addition to read as follows:

1.Our AMA will work with policymakers, regulatory bodies, drug manufacturers, and the healthcare community to address access issues and drug shortages by identifying solutions to ensure long-term stability and preserve patient access to treatments.

2.Our AMA urges Congress to pass comprehensive legislation to mitigate existing drug shortages and prevent future shortages of lifesaving and life-prolonging drugs. A comprehensive approach would include, but not be limited to the following:

a. address economic factors that drive generic manufacturers out of the market and consider stabilizing the market with long-term contracts and guaranteed prices;

b. reward reliable U.S. manufacturing of critical and supportive medications through prices that support continued quality production and investment in continuous manufacturing or other advanced manufacturing for critical drugs and active pharmaceutical ingredients (APIs), which could include onshoring or nearshoring as components of a solution;

c. recognize that while onshoring and nearshoring are components of increasing access, geographically diverse and quality assured sources remain the overall objective;

d. recognize potential shortages earlier by increasing the Food and Drug Administration’s (FDA) visibility into the supply chain, including APIs and key starting materials (KSMs), so the agency can predict and respond to potential shortages earlier;

e. relay information about potential shortages to health systems and providers to help them prepare for and mitigate possible supply challenges.

3.Our AMA will work with stakeholders to make sure essential medicines lists are data driven and evidence based to satisfy priority health needs and provide predictability for physicians and hospitals. (Modify Current Policy)

1) That Policy H-100.956, "National Drug Shortages" be amended by addition and deletion:
Our AMA urges the FDA and other appropriate agencies to develop a coordinated, real-time data infrastructure by ~~to~~ requir~~e~~ing manufacturers and distributors to provide greater transparency regarding the pharmaceutical product supply chain, including production locations of drugs, any unpredicted changes in product supply and demand such as import flow changes and pricing variability, and ~~provide~~ more detailed information regarding the causes and anticipated duration of drug shortages. (Modify Current Policy)

Your Reference Committee heard support for this report and its recommendations, with testimony particularly noting its timeliness and thoroughness. Three amendments were proposed. First, an amendment was proffered to specify certain medication classes with regard to essential medicine lists and shortage prevention efforts; however, this addition was not supported by other testimony and your Reference Committee feels that the existing language is appropriately inclusive of all medication classes. Another proffered amendment specified 340b discounts as economic factors that affect drug pricing. However, this addition was not supported by other testimony, 340b pricing was not included in the report, and the testimony notes that a direct causal relationship has not been proven. Third, an amendment was proffered for D-100.959c to read, "safeguard access to medications and precursors through support of onshoring, nearshoring, and friendshoring towards a goal of achieving geographically diverse and quality assured sources accessible to the U.S." Testimony by CSAPH agreed that maintaining patient access is the primary goal and proffered an amendment to emphasize the goal of geographic diversity. Your Reference Committee agrees that this language better aligns with the overarching goal of securing access to drugs and drug precursors for Americans. Therefore, your Reference Committee recommends that this report's recommendations be adopted as amended.

(25) *CSAPH 02 – URGING COMPREHENSIVE RESEARCH AND SAFETY TESTING OF INDUSTRY-ENGINEERED FOOD ADDITIVES (IEFAS), INCLUDING HIGH FRUCTOSE CORN SYRUP

RECOMMENDATION A:

Your Reference Committee recommends that the first Recommendation in CSAPH Report 02 be amended by addition to read as follows:

1.That Policy H-150.998, "Food Additives" be amended by addition and deletion to read as follows:

Modernizing Food Additives Regulations
~~1. Our American Medical Association supports the passage of legislation that would amend the Food Additive Act to require evidence based upon scientifically reproducible studies of the association of food additives with an increased incidence of cancer in animals or humans at dosage levels related to the~~

~~amounts calculated as normal daily consumption for humans before removal of an additive from the market.~~ ~~2.~~1. Our American Medical Association advocates for the establishment of an independent, ~~joint task force~~ ongoing scientific committee whose members are selected through a transparent process based on demonstrated expertise relevant to the safety of food additives and their impact on human health, ~~comprising AMA representatives, FDA officials, USDA personnel, independent academic scientists, and relevant administration appointees~~ whose responsibility will be ~~to~~:

a. Conduct ~~a~~ regularly scheduled systematic reviews of food additives, including food colors, currently in use ~~approved~~ in the U.S. ~~but banned or restricted in other nations~~, prioritizing review of those that have been banned in U.S. states or in other countries and those with the most significant negative health impact;

b. Evaluate the scientific evidence regarding health impacts of these substances, considering emerging evidence and potential cumulative impacts on new classes of diseases, including but not limited to certain cancers, endocrine-related effects, and neurobehavioral effects; the cumulative impact of such additives with other ingredients; and potential enhanced effects on certain vulnerable populations, such as those who are pregnant or breastfeeding and children;

c. Develop a prioritized timeline for regulatory action on the most concerning additives;

d. Create transition pathways for food manufacturers to adopt safer alternatives; and

e. Engage the AMA and other interested members of the medical and scientific community throughout this process.

RECOMMENDATION B:

Your Reference Committee recommends that the Recommendations in CSAPH Report 02 be adopted as amended and the remainder of the report be filed.

HOD ACTION: CSAPH Report 02 adopted as amended and remainder of Report filed.

ADOPTED LANGUAGE:
1.That Policy H-150.998, "Food Additives" be amended by addition and deletion to read as follows:

Modernizing Food Additives Regulations

1. Our American Medical Association advocates for the establishment of an independent, ongoing scientific committee whose members are selected through a transparent process based on demonstrated expertise relevant to the safety of food additives and their impact on human health, whose responsibility will be:

a. Conduct regularly scheduled systematic reviews of food additives, including food colors, currently in use in the U.S., prioritizing review of those that have been banned in U.S. states or in other countries and those with the most significant negative health impact;

b. Evaluate the scientific evidence regarding health impacts of these substances, considering emerging evidence and potential cumulative impacts on new classes of diseases, including but not limited to certain cancers, endocrine-related effects, and neurobehavioral effects; the cumulative impact of such additives with other ingredients; and potential enhanced effects on certain vulnerable populations, such as those who are pregnant or breastfeeding and children;

c. Develop a prioritized timeline for regulatory action on the most concerning additives;

d. Create transition pathways for food manufacturers to adopt safer alternatives; and

e. Engage the AMA and other interested members of the medical and scientific community throughout this process.

2. Our AMA supports:

a. Comprehensive scientific research and safety testing for all food additives, demonstrating that they cause no statistically or clinically significant harm to human health at doses comparable to daily consumption patterns, prior to their review and approved by federal regulators.

b. Updating the Food Additives Amendment to ensure the safety of food additives through more stringent regulatory oversight, including but not limited to requiring all new "generally recognized as safe" (GRAS) determinations to be submitted to the FDA for active review;

c. The FDA having adequate resources and staff capacity to review GRAS determinations and do retroactive reviews of food additives that were previously deemed GRAS as new scientific evidence emerges; and

d. Stronger criteria for making GRAS determinations, including improved transparency of evaluation methods, and forbidding conflicts of interest for those who serve on GRAS determination panels.

3. Our AMA will continue to monitor and support efforts to advance the implementation of more rigorous food additive legislation and regulations and provide ongoing guidance to help ensure reforms achieve meaningful public health improvements. This includes, but is not limited to, supporting adequate funding for medical and scientific research. (Modify Current Policy)

The Council on Science and Public Health recommends that the following recommendation be adopted, and the remainder of this report be filed.

1.That Policy H-150.998, "Food Additives" be amended by addition and deletion to read as follows:

Modernizing Food Additives Regulations

~~1. Our American Medical Association supports the passage of legislation that would amend the Food Additive Act to require evidence based upon scientifically reproducible studies of the association of food additives with an increased incidence of cancer in animals or humans at dosage levels related to the amounts calculated as normal daily consumption for humans before removal of an additive from the market.~~

~~2.~~1.Our American Medical Association advocates for the establishment of an independent, ~~joint task force~~ ongoing scientific committee ~~comprising AMA representatives, FDA officials, USDA personnel, independent academic scientists, and relevant administration appointees~~ whose responsibility will be to:

a. Conduct ~~a~~ regularly scheduled systematic reviews of food additives, including food colors, currently in use ~~approved~~ in the U.S. ~~but banned or restricted in other nations~~, prioritizing review of those that have been banned in U.S. states or in other countries and those with the most significant negative health impact;

b. Evaluate the scientific evidence regarding health impacts of these substances, considering emerging evidence and potential cumulative impacts on new classes of diseases, including but not limited to certain cancers, endocrine-related effects, and neurobehavioral effects; the cumulative impact of such additives with other ingredients; and potential enhanced effects on certain vulnerable populations, such as those who are pregnant or breastfeeding and children;

c. Develop a prioritized timeline for regulatory action on the most concerning additives;

d. Create transition pathways for food manufacturers to adopt safer alternatives; and

e. Engage the AMA and other interested members of the medical and scientific community throughout this process.

2. Our AMA supports:

a. Comprehensive scientific research and safety testing for all food additives, demonstrating that they cause no statistically or clinically significant harm to human health at doses comparable to daily consumption patterns, prior to their review and approved by federal regulators.

b. Updating the Food Additives Amendment to ensure the safety of food additives through more stringent regulatory oversight, including but not limited to requiring all new "generally recognized as safe" (GRAS) determinations to be submitted to the FDA for active review;

c. The FDA having adequate resources and staff capacity to review GRAS determinations and do retroactive reviews of food additives that were previously deemed GRAS as new scientific evidence emerges; and

d. Stronger criteria for making GRAS determinations, including improved transparency of evaluation methods, and forbidding conflicts of interest for those who serve on GRAS determination panels.

3. Our AMA will continue to monitor and support efforts to advance the implementation of more rigorous food additive legislation and regulations ~~policies~~ and provide ongoing ~~medical and scientific~~ guidance to help ensure reforms achieve meaningful public health improvements. This includes, but is not limited to, supporting adequate funding for medical and scientific research. (Modify Current Policy)

Your Reference Committee heard strong testimony in support of this report and its recommendations. Supportive testimony recognized that our current regulatory framework on food additives is greatly lacking and that the recommendations in this report which call for stronger regulatory oversight, increased transparency, and continued evaluation of food additives are essential to protecting public health. Proposed amendments would rewrite recommendation 2(a) and add another resolve clause – 2(e) – both of which have to do with the appropriate use of non-animal toxicological test methods for assessing food safety. Another proposed amendment suggested adding conflict of interest language to the recommendation concerning a new independent scientific committee. CSAPH responded by highlighting that the proposed language concerning non-animal toxicological testing methods fall outside the scope of this report, as these issues were not specifically addressed within the body of the report. Additionally, it was noted that AMA already has established policy addressing conflicts of interest at the FDA, including FDA Conflict of Interest Policy H-265.989. While there was some support for these amendments, the overwhelming majority of testimony was supportive of the recommendations as currently written. There also were proffered amendments to define the composition of the independent ongoing scientific committee and CSAPH ultimately agreed and proffered similar amendments during the in-person hearing, which were supported by the delegation that originally introduced those amendments during online testimony. CSAPH testified that it makes sense to better clarify who would serve on this committee and what sort of qualifications they should have while still being broad enough to not be overly prescriptive. Amendments regarding nonanimal toxicological testing were

discussed again but there was limited supportive testimony, while CSAPH maintained its opposition to those amendments, stating they were not germane to what was included in the report. Your Reference Committee believes the amendments provided by CSAPH were well supported but the other proffered amendment did not receive much supportive testimony. Therefore, your Reference Committee recommends that the recommendations in CSAPH Report 02 be adopted as amended and the remainder of the report be filed.

(26) RESOLUTION 901 – THE ESTABLISHMENT OF MANDATORY NATIONAL REPORTING OF NAEGLERIA FOWLERI AND OTHER AMEBIC ENCEPHALITIDES

RECOMMENDATION A:

Your Reference Committee recommends that the first Resolve clause of Resolution 901 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association work with the Council of State and Territorial Epidemiologists (CSTE), the Centers for Disease Control and Prevention (CDC), and state public health authorities to support~~s~~ the establishment of a mandatory national reporting system for *Naegleria fowleri* and other amebic encephalitides, ~~empowering public health authorities~~ to better monitor and respond to these diseases (New HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 901 be adopted as amended.

HOD ACTION: Resolution 901 adopted as amended.

ADOPTED LANGUAGE:
RESOLVED, that our American Medical Association work with the Council of State and Territorial Epidemiologists (CSTE), the Centers for Disease Control and Prevention (CDC), and state public health authorities to support the establishment of a mandatory national reporting system for *Naegleria fowleri* and other amebic encephalitides, to better monitor and respond to these diseases (New HOD Policy); and be it further

RESOLVED, that our AMA encourages all healthcare providers to report suspected or confirmed cases to relevant public health authorities, ensuring comprehensive data collection and knowledge-sharing (New HOD Policy); and be it further

RESOLVED, that our AMA supports research funding into rapid diagnostic tests and therapeutic options, facilitating timely clinical interventions in suspected cases of amebic encephalitis (New HOD Policy); and be it further

RESOLVED, that our AMA utilizes its leadership role to raise awareness among state affiliates and policy makers for the threat posed by *Naegleria fowleri* and other amebic infections amidst changing climate conditions. (New HOD Policy)

RESOLVED, that our American Medical Association supports the establishment of a mandatory national reporting system for *Naegleria fowleri* and other amebic encephalitides, empowering public health authorities to better monitor and respond to these diseases (New HOD Policy); and be it further

RESOLVED, that our AMA encourages all healthcare providers to report suspected or confirmed cases to relevant public health authorities, ensuring comprehensive data collection and knowledge-sharing (New HOD Policy); and be it further

RESOLVED, that our AMA supports research funding into rapid diagnostic tests and therapeutic options, facilitating timely clinical interventions in suspected cases of amebic encephalitis (New HOD Policy); and be it further

RESOLVED, that our AMA utilizes its leadership role to raise awareness among state affiliates and policy makers for the threat posed by *Naegleria fowleri* and other amebic infections amidst changing climate conditions. (New HOD Policy)

Your Reference Committee heard testimony that was largely supportive of Resolution 901. Testimony emphasized that, although amebic encephalitides are rare, their high mortality warrants improved surveillance, reporting, research, and physician and public awareness. An amendment to the first Resolve clause was proffered to clarify the roles of the Council of State and Territorial Epidemiologists (CSTE), CDC, and state public health authorities in establishing a national reporting system. Your Reference Committee agrees with this amendment, particularly given the author's clarification that CSTE has previously supported nationally notifiable status for amebic encephalitis. Additional amendments were proposed to delete the first Resolve clause and remove "suspected cases" from the second Resolve clause. However, the authors opposed these changes, noting the importance of national surveillance and the need for CDC assistance to confirm suspected cases. Therefore, your Reference Committee recommends that Resolution 901 be adopted as amended.

(27) RESOLUTION 910 – CONSOLIDATING AND MODERNIZING AMA POLICY ON ALCOHOL EXCISE TAXATION

RECOMMENDATION A:

Your Reference Committee recommends that <u>the fifth Resolve</u> clause of Resolution 910 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, ~~that our AMA,~~ when state legislative efforts to increase alcohol taxes are unsuccessful, <u>and where permitted by state law,</u> ~~encourage~~ <u>that our AMA work</u>

with state medical societies to consider ballot initiatives or other democratic mechanisms~~, where permitted by state law,~~ to advance evidence-based alcohol tax policy (New HOD Policy);

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 910 be adopted as amended.

HOD ACTION: Resolution 910 be adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association support increases in federal excise taxes on beer, wine, and distilled spirits, with a meaningful portion of new revenues, where feasible, dedicated to evidence-based prevention of alcohol-related harms, treatment and recovery services for alcohol use disorder, and public health and medical services in communities disproportionately affected by alcohol-related harm (New HOD Policy); and be it further

RESOLVED, that our AMA encourage increases in state and local excise taxes on alcoholic beverages, with a meaningful portion of new revenues, where feasible, reinvested in evidence-based alcohol prevention, treatment, recovery, and community health initiatives (New HOD Policy); and be it further

RESOLVED, that our AMA support coordinated state and local alcohol tax policies that increase the price and reduce the affordability of alcoholic beverages, particularly products with high ethanol content (New HOD Policy); and be it further

RESOLVED, that our AMA collaborate with other national and state organizations committed to reducing alcohol-related harm, including national medical specialty societies, public health associations, injury prevention groups, consumer health advocates, and medical alliance organizations (New HOD Policy); and be it further

RESOLVED, when state legislative efforts to increase alcohol taxes are unsuccessful, and where permitted by state law, that our AMA work with state medical societies to consider ballot initiatives or other democratic mechanisms to advance evidence-based alcohol tax policy (New HOD Policy);

RESOLVED, that our AMA affirm that alcohol excise taxes at the federal, state, and local levels should be based on the grams of ethanol in a beverage rather than its volume or type (e.g., beer, wine, or liquor), to ensure tax fairness, public health impact, and consistency with global recommendations (New HOD Policy); and be it further

RESOLVED, that our AMA support indexing alcohol excise taxes to inflation to preserve their real value and ensure sustained public health benefit over time (New HOD Policy); and be it further

RESOLVED, that our AMA support the use of complementary pricing policies, such as minimum unit pricing (MUP), to reduce the availability of inexpensive, high-alcohol-content beverages that disproportionately contribute to high-risk alcohol use (New HOD Policy); and be it further

RESOLVED, that our AMA oppose efforts by the alcohol industry to weaken or fragment alcohol tax policy through beverage-specific exemptions, preferential or disproportionately low tax rates, or promoting misleading narratives about economic harm (New HOD Policy); and be it further

RESOLVED, that our AMA recognize alcohol excise taxation as a cost-effective population-level strategy to reduce alcohol consumption and related morbidity, mortality, and social harms, improve health outcomes, and help offset the public costs attributable to alcohol use (New HOD Policy); and be it further

RESOLVED, that our AMA rescind policies H-30.939 and H-30.932. (Rescind HOD Policy)

RESOLVED, that our American Medical Association support increases in federal excise taxes on beer, wine, and distilled spirits, with a meaningful portion of new revenues, where feasible, dedicated to evidence-based prevention of alcohol-related harms, treatment and recovery services for alcohol use disorder, and public health and medical services in communities disproportionately affected by alcohol-related harm (New HOD Policy); and be it further

RESOLVED, that our AMA encourage increases in state and local excise taxes on alcoholic beverages, with a meaningful portion of new revenues, where feasible, reinvested in evidence-based alcohol prevention, treatment, recovery, and community health initiatives (New HOD Policy); and be it further

RESOLVED, that our AMA support coordinated state and local alcohol tax policies that increase the price and reduce the affordability of alcoholic beverages, particularly products with high ethanol content (New HOD Policy); and be it further

RESOLVED, that our AMA collaborate with other national and state organizations committed to reducing alcohol-related harm, including national medical specialty societies, public health associations, injury prevention groups, consumer health advocates, and medical alliance organizations (New HOD Policy); and be it further

RESOLVED, that our AMA, when state legislative efforts to increase alcohol taxes are unsuccessful, encourage state medical societies to consider ballot initiatives or other democratic mechanisms, where permitted by state law, to advance evidence-based alcohol tax policy (New HOD Policy); and be it further

RESOLVED, that our AMA affirm that alcohol excise taxes at the federal, state, and local levels should be based on the grams of ethanol in a beverage rather than its volume or type (e.g., beer, wine, or liquor), to ensure tax fairness, public health impact, and consistency with global recommendations (New HOD Policy); and be it further

RESOLVED, that our AMA support indexing alcohol excise taxes to inflation to preserve their real value and ensure sustained public health benefit over time (New HOD Policy); and be it further

RESOLVED, that our AMA support the use of complementary pricing policies, such as minimum unit pricing (MUP), to reduce the availability of inexpensive, high-alcohol-content beverages that disproportionately contribute to high-risk alcohol use (New HOD Policy); and be it further

RESOLVED, that our AMA oppose efforts by the alcohol industry to weaken or fragment alcohol tax policy through beverage-specific exemptions, preferential or disproportionately low tax rates, or promoting misleading narratives about economic harm (New HOD Policy); and be it further

RESOLVED, that our AMA recognize alcohol excise taxation as a cost-effective population-level strategy to reduce alcohol consumption and related morbidity, mortality, and social harms, improve health outcomes, and help offset the public costs attributable to alcohol use (New HOD Policy); and be it further

RESOLVED, that our AMA rescind policies H-30.939 and H-30.932. (Rescind HOD Policy)

Your Reference Committee heard testimony that was largely supportive of this resolution, which seeks to modernize and consolidate longstanding AMA alcohol taxation policies. Those who testified noted support for increasing alcohol taxes to reduce alcohol-related morbidity, mortality, injury, and social harm. There was also strong support for directing funding from alcohol taxes toward prevention, treatment, recovery services, and community health initiatives. An amendment was suggested to make the language in the fifth Resolve more action oriented, which the resolution authors agreed with. The Council on Science and Public Health supported the intent of the resolution but questioned potential inconsistencies in the language. It should be noted that your Reference Committee has made minor grammatical revisions to the proposed language for clarity while preserving the intent. Since the testimony was largely supportive, Your Reference Committee recommends adoption of the resolution as amended.

(28) RESOLUTION 916 – OPPOSITION TO RECREATIONAL NICOTINE PRODUCTS IN FEDERAL CORRECTIONAL FACILITIES

RECOMMENDATION A:

Your Reference Committee recommends that <u>the fourth Resolve</u> clause of Resolution 916 be <u>amended by addition</u> to read as follows:

RESOLVED, that our AMA advocate for the Federal Bureau of Prisons <u>and Bureau of Indian Affairs</u> to provide evidence-based treatment for tobacco and nicotine dependence, including appropriate management of nicotine withdrawal (Directive to Take Action); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 916 be adopted as amended.

HOD ACTION: Resolution 916 be adopted as amended.

ADOPTED LANGUAGE:
RESOLVED, that our American Medical Association oppose the sale or distribution of recreational nicotine products within federal correctional facilities while supporting access to evidence-based, medically supervised treatment for tobacco and nicotine dependence (New HOD Policy); and be it further

RESOLVED, that our AMA oppose the sale of any nicotine products that are not authorized FDA to be lawfully sold in the United States in correctional facilities (New HOD Policy); and be it further

RESOLVED, that our AMA encourage the Federal Bureau of Prisons to evaluate and publicly report the health, fiscal, and health-equity impacts associated with the sale or proposed sale of recreational nicotine or tobacco products within federal correctional institutions (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for the Federal Bureau of Prisons and Bureau of Indian Affairs to provide evidence-based treatment for tobacco and nicotine dependence, including appropriate management of nicotine withdrawal (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that correctional health policies prioritize disease prevention, evidence-based tobacco dependence treatment, and long-term health outcomes over commissary revenue generated through the sale of recreational nicotine products. (Directive to Take Action)

RESOLVED, that our American Medical Association oppose the sale or distribution of recreational nicotine products within federal correctional facilities while supporting access to evidence-based, medically supervised treatment for tobacco and nicotine dependence (New HOD Policy); and be it further

RESOLVED, that our AMA oppose the sale of any nicotine products that are not authorized FDA to be lawfully sold in the United States in correctional facilities (New HOD Policy); and be it further

RESOLVED, that our AMA encourage the Federal Bureau of Prisons to evaluate and publicly report the health, fiscal, and health-equity impacts associated with the sale or proposed sale of recreational nicotine or tobacco products within federal correctional institutions (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for the Federal Bureau of Prisons to provide evidence-based treatment for tobacco and nicotine dependence, including appropriate management of nicotine withdrawal (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that correctional health policies prioritize disease prevention, evidence-based tobacco dependence treatment, and long-term health outcomes over commissary revenue generated through the sale of recreational nicotine products. (Directive to Take Action)

Your Reference Committee heard strong support of Resolution 916, with testimony emphasizing the importance of prioritizing evidence-based nicotine cessation and treatment services for incarcerated individuals rather than recreational nicotine product sales. Supporters highlighted the potential health and public health benefits of reducing nicotine dependence in correctional settings. An amendment was supported to ensure the policy's accurate and comprehensive implementation by extending its applicability to additional federal detention settings. Therefore, your Reference Committee recommends Resolution 916 be adopted as amended.

(29) RESOLUTION 917 – MODERNIZING SUNSCREEN REGULATION TO ADVANCE SKIN CANCER PREVENTION AND PUBLIC HEALTH

RECOMMENDATION A:

Your Reference Committee recommends that the first Resolve clause of Resolution 917 be amended by addition to read as follows:

RESOLVED, that our American Medical Association advocate for timely implementation of federal reforms modernizing United States Food and Drug Administration review of new sunscreen active ingredient applications, including appropriate consideration of real-world evidence, international safety and post-market experience, and scientifically validated alternative testing methods as they become accepted for relevant over-the-counter topical drug safety endpoints, while maintaining rigorous standards for safety and effectiveness and existing environmental review requirements (Directive to Take Action); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 917 be adopted as amended.

HOD ACTION: Resolution 917 be adopted as amended.

ADOPTED LANGUAGE:
RESOLVED, that our American Medical Association advocate for timely implementation of federal reforms modernizing United States Food and Drug Administration review of new sunscreen active ingredient applications, including appropriate consideration of real-world evidence, international safety and post-market experience, and scientifically validated alternative testing methods as they become accepted for relevant over-the-counter topical drug safety endpoints, while maintaining rigorous standards for safety and effectiveness and existing environmental review requirements (Directive to Take Action); and be it further

RESOLVED, that our AMA support clear and efficient regulatory pathways and other policies that promote the development, evaluation, availability, and adoption of safe and effective broad-spectrum sunscreens in the United States (New HOD Policy); and be it further

RESOLVED, that our AMA support continued postmarket surveillance and real-world safety monitoring of newly approved sunscreen active ingredients as an integral component of a modernized regulatory framework. (New HOD Policy)

RESOLVED, that our American Medical Association advocate for timely implementation of federal reforms modernizing United States Food and Drug Administration review of new sunscreen active ingredient applications, including appropriate consideration of real-world evidence, international safety and postmarket experience, and scientifically validated alternative testing methods as they become accepted for relevant over-the-counter topical drug safety endpoints, while maintaining rigorous standards for safety and effectiveness (Directive to Take Action); and be it further

RESOLVED, that our AMA support clear and efficient regulatory pathways and other policies that promote the development, evaluation, availability, and adoption of safe and effective broad-spectrum sunscreens in the United States (New HOD Policy); and be it further

RESOLVED, that our AMA support continued postmarket surveillance and real-world safety monitoring of newly approved sunscreen active ingredients as an integral component of a modernized regulatory framework. (New HOD Policy)

Your Reference Committee heard robust and generally supportive testimony for this resolution. Testimony highlighted that this resolution is an important step in helping reduce skin cancer risk, which was noted as the most common form of malignancy. However, it was mentioned that while improved chemical sunscreens can offer more sunscreen options for humans, they can also have deleterious impacts on the environment, particularly marine life and coral reefs. This testimony noted that they would appreciate amendments to the resolution to address environmental considerations. The resolution authors appreciated this stated concern and offered an amendment that would speak to environmental review. An additional amendment was offered that would considerably edit

the resolution with testimony that the CARES Act has already accomplished what the resolution is aiming to do. Testimony was overwhelmingly in opposition to these proposed changes and in support of the resolution and the Reference Committee's recommendation in the preliminary report. Therefore, your Reference Committee recommends that Resolution 917 be adopted as amended.

(30) RESOLUTION 920 – IMPROVING PROTECTION FOR PATIENT MEDICAL RECORDS AND HEALTH CARE

RECOMMENDATION A:

Your Reference Committee recommends that the first Resolve clause of Resolution 920 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association oppose governmental efforts to compel the disclosure of identifiable patient medical records from physicians or health care institutions when such efforts are primarily directed at investigating or deterring the provision of otherwise ethical, evidence-based medical care, or have the effect of disclosing patient health information for such purposes, ~~and lack~~ absent a compelling patient safety or public health justification (New HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second Resolve clause of Resolution 920 be amended by addition to read as follows:

RESOLVED, that our AMA advocate that governmental requests for identifiable patient medical records in connection with investigations of clinical care be narrowly tailored, supported by an individualized legal basis, reviewed by an independent magistrate or court, and implemented in a manner that minimizes unnecessary intrusion into patient privacy and the patient-physician relationship (New HOD Policy); and be it further

RECOMMENDATION C:

Your Reference Committee recommends that the third Resolve clause of Resolution 920 be amended by addition to read as follows:

RESOLVED, that our American Medical Association amend Policy D-315.966, "Improving Protection for

Reproductive Health Information," by addition to read as follows:

1) Our American Medical Association supports legislation and regulations prohibiting the use or disclosure of protected health information (PHI) to conduct a criminal, civil, or administrative investigation into or to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health and/or gender-affirming care.

2) Our AMA advocates to ensure that the release of protected health information of a decedent to forensic pathologists be unimpeded by unnecessary administrative burdens. (Modify Current HOD Policy)

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 920 be adopted as amended.

HOD ACTION: Resolution 920 be adopted as amended.

ADOPTED LANGUAGE:
RESOLVED, that our American Medical Association oppose governmental efforts to compel the disclosure of identifiable patient medical records from physicians or health care institutions when such efforts are primarily directed at investigating or deterring the provision of otherwise ethical, evidence-based medical care, or have the effect of disclosing patient health information for such purposes, absent a compelling patient safety or public health justification (New HOD Policy); and be it further

RESOLVED, that our AMA advocate that governmental requests for identifiable patient medical records in connection with investigations of clinical care be narrowly tailored, supported by an individualized legal basis, reviewed by an independent magistrate or court, and implemented in a manner that minimizes unnecessary intrusion into patient privacy and the patient-physician relationship (New HOD Policy); and be it further

RESOLVED, that our American Medical Association amend Policy D-315.966, "Improving Protection for Reproductive Health Information," by addition to read as follows:

1) Our American Medical Association supports legislation and regulations prohibiting the use or disclosure of protected health information (PHI) to conduct a criminal, civil, or administrative investigation into or to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health and/or gender-affirming care.

2) Our AMA advocates to ensure that the release of protected health information of a decedent to forensic pathologists be unimpeded by unnecessary administrative burdens. (Modify Current HOD Policy)

RESOLVED, that our American Medical Association oppose governmental efforts to compel the disclosure of identifiable patient medical records from physicians or health care institutions when such efforts are primarily directed at investigating or deterring the provision of otherwise ethical, evidence-based medical care and lack a compelling patient safety or public health justification (New HOD Policy); and be it further

RESOLVED, that our AMA advocate that governmental requests for identifiable patient medical records in connection with investigations of clinical care be narrowly tailored, supported by an individualized legal basis, and implemented in a manner that minimizes unnecessary intrusion into patient privacy and the patient-physician relationship (New HOD Policy); and be it further

RESOLVED, that our American Medical Association amend Policy D-315.966, "Improving Protection for Reproductive Health Information," by addition to read as follows:

1) Our American Medical Association supports legislation and regulations prohibiting the use or disclosure of protected health information (PHI) to conduct a criminal, civil, or administrative investigation into or to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health and gender-affirming care.

2) Our AMA advocates to ensure that the release of protected health information of a decedent to forensic pathologists be unimpeded by unnecessary administrative burdens. (Modify Current HOD Policy)

Your Reference Committee heard testimony that was largely supportive of Resolution 920. Testimony emphasized that protecting the confidentiality of medical records is fundamental to the patient-physician relationship. Testimony also raised concerns that broad government requests for identifiable patient information could undermine patient trust and deter individuals from seeking care. Amendments were proffered to clarify that requests for identifiable medical records should be narrowly tailored, legally justified, and protective of legitimate patient safety and public health interests. The authors of the resolution supported these amendments. It should be noted that your Reference Committee has made minor grammatical revisions to the proposed language for clarity while preserving the intent. Concern was expressed that overly broad privacy protections could impede legitimate investigations of unethical physician conduct, but this was not supported by other testimony. Given the strong support for the resolution and the authors' support for the proposed amendments, your Reference Committee recommends that Resolution 920 be adopted as amended.

(31) *RESOLUTION 928 – ELECTRIC BIKE AND SCOOTER SAFETY, REGULATION, AND ENFORCEMENT

RECOMMENDATION A:

Your Reference Committee recommends that the first Resolve clause of Resolution 928 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association amend AMA policy D-10.989 by addition and deletion to read as follows:

1. Our American Medical Association recognizes injuries and deaths from electric bikes, ~~and~~ scooters, ~~or~~ and other micromobility devices ~~injuries and deaths~~ as a public health issue that would benefit from focused safety and injury prevention strategies.

~~1.~~ 2. Our American Medical Association better defines and expands AMA policy to help improve safety for micromobility (e-bikes and e-scooters) usage by endorsing the following positions:

1) Helmets, certified by the US Consumer Safety Product Commission and rated for speed, should be worn for all and be mandatory for Class 3 e-bikes and all scooters;
a. Additional gear should include elbow pads, knee pads, wrist guards, closed-toe footwear and high-visibility or reflective gear for use at nighttime;
b. Headphones should be avoided during use;
c. E-scooters and Class 3 e-bikes should have a minimum age of 16 to operate;
d. Require education and training for Class 3 e-bikes;
e. Define where e-bikes can be ridden both on and off-road, including speed limits on shared paths and no operation allowed on sidewalks;
f. No distractions while operating;
g. No passengers while operating;
h. Regulate out-of-class products and anti-tampering; and
i. Training required to operate devices, including smooth and consistent braking at high speeds and basic traffic rules.

2. ~~3.~~ Our AMA advocates for standardized injury surveillance and reporting of micromobility-related injuries at the state and national level, including

integration into existing trauma registries and public health reporting systems.

3. ~~4.~~ Our AMA encourages and advocates for accelerated research into the root causes and long-term health and functional consequences of e-bike and e-scooter related injuries in the United States, with the goal of defining actionable best practices to prevent and/or minimize serious injury associated with operation of various classes of such vehicles, as well as the relevant demographics of the operators thereof (Modify Current HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 928 be adopted as amended.

HOD ACTION: Resolution 928 be adopted as amended.

ADOPTED LANGUAGE:
RESOLVED, that our American Medical Association amend AMA policy D-10.989 by addition and deletion to read as follows:

1. Our American Medical Association recognizes injuries and deaths from electric bikes, scooters, and other micromobility devices as a public health issue that would benefit from focused safety and injury prevention strategies.

2. Our American Medical Association better defines and expands AMA policy to help improve safety for micromobility (e-bikes and e-scooters) usage by endorsing the following positions:
1) Helmets, certified by the US Consumer Safety Product Commission and rated for speed, should be worn for all and be mandatory for Class 3 e-bikes and all scooters;
a. Additional gear should include elbow pads, knee pads, wrist guards, closed-toe footwear and high-visibility or reflective gear for use at nighttime;
b. Headphones should be avoided during use;
c. E-scooters and Class 3 e-bikes should have a minimum age of 16 to operate;
d. Require education and training for Class 3 e-bikes;
e. Define where e-bikes can be ridden both on and off-road, including speed limits on shared paths and no operation allowed on sidewalks;
f. No distractions while operating;
g. No passengers while operating;
h. Regulate out-of-class products and anti-tampering; and
i. Training required to operate devices, including smooth and consistent braking at high speeds and basic traffic rules.

3. Our AMA advocates for standardized injury surveillance and reporting of micromobility-related injuries at the state and national level, including integration into existing trauma registries and public health reporting systems.

4. Our AMA encourages and advocates for accelerated research into the root causes and long-term health and functional consequences of e-bike and e-scooter related injuries in the United States, with the goal of defining actionable best practices to prevent and/or minimize serious injury associated with operation of various classes of such vehicles, as well as the relevant demographics of the operators thereof (Modify Current HOD Policy); and be it further

RESOLVED, that our AMA advocate for Congress to establish a task force to develop recommendations on how states should regulate e-bikes and e-scooters including:

- **classification and labeling of electric bikes and scooters,**
- **licensing and registration requirements,**
- **age restrictions,**
- **universal helmet use,**
- **required rider safety education and public education**
- **motor power limits and maximum assistance-speed capabilities,**
- **night visibility requirements including lighting and reflectors**
- **braking performance;**
- **battery and electrical safety;**
- **safeguards against tampering or modification that allows a device to exceed its permitted class, power, or performance limits**

This task force shall recommend minimum federal standards while allowing states to establish more stringent standards (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for roadway and transportation infrastructure improvements demonstrated to improve the safety of electric bike and scooter users, motorists, and pedestrians (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for parity of enforcement of safety regulations for electric bikes and scooters including citations and other enforcement actions. (Directive to Take Action)

RESOLVED, that our American Medical Association amend AMA policy D-10.989 by addition and deletion to read as follows:

1. Our American Medical Association recognizes electric bikes and scooters or micromobility injuries and deaths as a public health issue that would benefit from focused safety and injury prevention strategies.

~~1.~~ *2.* Our American Medical Association better defines and expands AMA policy to help improve safety for micromobility (e-bikes and e-scooters) usage by endorsing the following positions:

1) Helmets, certified by the US Consumer Safety Product Commission and rated for speed, should be worn for all and be mandatory for Class 3 e-bikes and all scooters;
a. Additional gear should include elbow pads, knee pads, wrist guards, closed-toe footwear and high-visibility or reflective gear for use at nighttime;
b. Headphones should be avoided during use;
c. E-scooters and Class 3 e-bikes should have a minimum age of 16 to operate;
d. Require education and training for Class 3 e-bikes;
e. Define where e-bikes can be ridden both on and off-road, including speed limits on shared paths and no operation allowed on sidewalks;
f. No distractions while operating;
g. No passengers while operating;
h. Regulate out-of-class products and anti-tampering; and
i. Training required to operate devices, including smooth and consistent braking at high speeds and basic traffic rules.

~~2.~~ 3. Our AMA advocates for standardized injury surveillance and reporting of micromobility-related injuries at the state and national level, including integration into existing trauma registries and public health reporting systems.

~~3.~~ 4. Our AMA encourages and advocates for accelerated research into the root causes of e-bike and e-scooter related injuries in the United States, with the goal of defining actionable best practices to prevent and/or minimize serious injury associated with operation of various classes of such vehicles, as well as the relevant demographics of the operators thereof (Modify Current HOD Policy); and be it further

RESOLVED, that our AMA advocate for Congress to establish a task force to develop recommendations on how states should regulate e-bikes and e-scooters including:

- classification and labeling of electric bikes and scooters,
- licensing and registration requirements,
- age restrictions,
- universal helmet use,
- required rider safety education and public education
- motor power limits and maximum assistance-speed capabilities,
- night visibility requirements including lighting and reflectors
- braking performance;
- battery and electrical safety;
- safeguards against tampering or modification that allows a device to exceed its permitted class, power, or performance limits

This task force shall recommend minimum federal standards while allowing states to establish more stringent standards (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for roadway and transportation infrastructure improvements demonstrated to improve the safety of electric bike and scooter users, motorists, and pedestrians (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for parity of enforcement of safety regulations for electric bikes and scooters including citations and other enforcement actions. (Directive to Take Action)

Your Reference Committee heard strong supportive testimony for Resolution 928. Testimony focused on the increased risk of injury, and particularly head trauma, for individuals using electric bikes and scooters, as many individuals using them are exceeding 20-25 mph and not wearing any protective gear, such as helmets. Testimony pointed out that youth are an at-risk group as the use of e-bikes and e-scooters is popular among teenagers. Testimony also noted that these micromobility devices also put other active transportation users – such as those using traditional bicycles – at greater risk of injury as well. Referral for study was suggested due to the complexity. Additionally, amendments were proffered that would add greater context around distractions while operating an e-bike or e-scooter and additional health outcome data to consider for increased surveillance. This proposed amendment and call for referral were not supported by any additional testimony. Another amendment was suggested that would add long-term consequences to the section that calls for accelerated research on this topic, with testimony noting that there are many negative downstream impacts of injuries that are occurring on e-bikes and e-scooters. This proposed amendment was supported by other groups. Additionally, it was also suggested that the first resolve clause could be edited for overall clarity and readability. Your Reference Committee supported the suggested amendment on long-term health consequences and agreed that greater clarity through amendments on the first resolve were appropriate. Therefore, your Reference Committee recommends Resolution 928 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(32) BOT 05 – INCREASING ACCESS THROUGH FEDERATED HEALTHCARE DATA ARCHITECTURE
RESOLUTION 902 – ILLEGAL ELECTRONIC HEALTH RECORD SHARING AND PATIENT TRUST

RECOMMENDATION A:

Your Reference Committee recommends that BOT Report 5 be amended by addition of an eighth Recommendation to read as follows:

8. Our American Medical Association will work directly with The Sequoia Project, Qualified Health Information Networks, and other organizations responsible for implementing and governing nationwide health information exchange to strengthen vetting and ongoing verification of entities granted treatment-purpose access, to ensure that complaints of improper access are investigated and resolved in a timely manner, and to establish meaningful remedies and penalties, including suspension and termination of network participation, for organizations that obtain access to patient medical records for purposes other than direct patient care. (Directive to Take Action)

RECOMMENDATION B:

Your Reference Committee recommends that BOT Report 5 be amended by addition of a ninth Recommendation to read as follows:

9. Our AMA will work to ensure, through its engagement with The Sequoia Project and other health information exchange governance bodies, that access to medical records for treatment is limited to those who actually provide care to the patient, including hospital systems, home health care providers and ancillary care providers, and ensure that those who do not directly treat patients (i.e. lawyers and legal entities) do not have access to medical records via TEFCA, the Trusted Exchange Framework and Common Agreement, a network for sharing medical records for treatment, to assure the public of the safety of their records. (New HOD Policy)

RECOMMENDATION C:

Your Reference Committee recommends that the BOT Report 05 be amended by addition of a tenth Recommendation to read as follows:

10. Our AMA supports exploring all options to both protect the privacy of medical records and at the same time balance the need for medical records sharing and interoperability of medical records systems. (New HOD Policy).

RECOMMENDATION D:

Your Reference Committee recommends that the Recommendations in BOT Report 05 be adopted as amended in lieu of Resolution 902 and the remainder of the report be filed.

HOD ACTION: BOT Report 05 be adopted as amended in lieu of Resolution 902 and the remainder of the report be filed.

ADOPTED LANGUAGE:

1. Our American Medical Association will work actively with interested parties, such as health information exchanges, exchange coordinating entities, government agencies, and medical research organizations, to advance federated health data architectures for clinical research, ensuring data security protocols and patient privacy are maintained while opposing restrictive data access fees. (Directive to Take Action)

2. Our AMA will prioritize support for expanded clinical research interoperability opportunities within federated healthcare data architecture models, engaging with influential multidisciplinary entities, such as The Sequoia Project, to ensure its inclusion in their ongoing information exchange efforts. (Directive to Take Action)

3. Our AMA supports policies and infrastructure that expand equitable access to large, de-identified healthcare datasets across diverse practice settings, aiming to prevent data gatekeeping, enhance multicenter collaboration, and accelerate ethical clinical research and precision care. (New HOD Policy)

4. Our AMA will advocate for targeted funding, technical assistance, and aligned financial incentives to offset the administrative and technological burdens for community practices and smaller institutions transitioning to the common data models required for federated health research. (Directive to Take Action)

5. Our AMA supports other medical societies, research organizations, and patient advocacy groups to raise awareness of the impacts of data availability on medical research and to identify and propose solutions. (New HOD Policy)

6. Our AMA will report back to the House of Delegates at the 2027 Interim Meeting on progress addressing and expanding interoperability for medical research purposes. (Directive to Take Action)

7. That Policy D-460.958 be rescinded as having been accomplished by this report. (Rescind HOD Policy)

8. Our American Medical Association will work directly with The Sequoia Project, Qualified Health Information Networks, and other organizations responsible for implementing and governing nationwide health information exchange to strengthen vetting and ongoing verification of entities granted treatment-purpose access, to ensure that complaints of improper access are investigated and resolved in a timely manner, and to establish meaningful remedies and penalties, including suspension and termination of network participation, for organizations that obtain access to patient medical records for purposes other than direct patient care. (Directive to Take Action)

9. Our AMA will work to ensure, through its engagement with The Sequoia Project and other health information exchange governance bodies, that access to medical records for treatment is limited to those who actually provide care to the patient, including hospital systems, home health care providers and ancillary care providers, and ensure that those who do not directly treat patients (i.e. lawyers and legal entities) do not have access to medical records via TEFCA, the Trusted Exchange Framework and Common Agreement, a network for sharing medical records for treatment, to assure the public of the safety of their records. (New HOD Policy)

10. Our AMA supports exploring all options to both protect the privacy of medical records and at the same time balance the need for medical records sharing and interoperability of medical records systems. (New HOD Policy).

The Board of Trustees recommends that the following be adopted and the remainder of the report be filed.

1. Our American Medical Association will work actively with interested parties, such as health information exchanges, exchange coordinating entities, government agencies, and medical research organizations, to advance federated health data architectures for clinical research, ensuring data security protocols and patient privacy are maintained while opposing restrictive data access fees. (Directive to Take Action)

2. Our AMA will prioritize support for expanded clinical research interoperability opportunities within federated healthcare data architecture models, engaging with influential multidisciplinary entities, such as The Sequoia Project, to ensure its inclusion in their ongoing information exchange efforts. (Directive to Take Action)

3. Our AMA supports policies and infrastructure that expand equitable access to large, de-identified healthcare datasets across diverse practice settings, aiming to prevent data

gatekeeping, enhance multicenter collaboration, and accelerate ethical clinical research and precision care. (New HOD Policy)

4. Our AMA will advocate for targeted funding, technical assistance, and aligned financial incentives to offset the administrative and technological burdens for community practices and smaller institutions transitioning to the common data models required for federated health research. (Directive to Take Action)

5. Our AMA supports other medical societies, research organizations, and patient advocacy groups to raise awareness of the impacts of data availability on medical research and to identify and propose solutions. (New HOD Policy)

6. Our AMA will report back to the House of Delegates at the 2027 Interim Meeting on progress addressing and expanding interoperability for medical research purposes. (Directive to Take Action)

7. That Policy D-460.958 be rescinded as having been accomplished by this report. (Rescind HOD Policy)

RESOLVED, that our AMA work to ensure that access to medical records for treatment is limited to those who are actually certified as providers of care, including hospital systems, home health care providers and ancillary care providers, and ensure that those who do not directly treat patients (i.e. lawyers and legal entities) do not have access to medical records via TEFCA, the Trusted Exchange Framework and Common Agreement, a network for sharing medical records for treatment, to assure the public of the safety of their records (New HOD Policy); and be it further

RESOLVED, that our AMA support exploring all options to both protect the privacy of medical records and at the same time balance the need for medical records sharing and interoperability of medical records systems. (New HOD Policy)

Your Reference Committee heard testimony that was largely supportive of BOT Report 05 and its recommendations. Testimony emphasized the value of federated health data architectures in improving interoperability and expanding access to research data. Amendments were proffered to strengthen patient control over the secondary use of health data. These amendments were supported by some testimony but also raised concerns about the feasibility of retroactively withdrawing data from de-identified datasets. Your Reference Committee heard testimony that was mostly supportive of Resolution 902 and its goal of protecting patient privacy while preserving appropriate health information exchange. Testimony supported stronger verification and oversight to prevent unauthorized access to medical records. The Board of Trustees supported the intent of the resolution but proffered amendments to the first two Resolve clauses, noting that the original language did not accurately reflect the AMA's existing role in health information exchange governance, or where responsibility for vetting participating entities resides. The original authors supported the Board's amendments. Other testimony supported the Board's amendments but proposed removing references to specific organizations, in favor of broader language addressing organizations responsible for implementing and governing nationwide health information exchange. Other amendments were proffered to delete the second and third Resolve clauses and reaffirm existing AMA policy. Given that there was no testimony in support of either of these amendments, your Reference

Committee recommends that the recommendations in BOT Report 05 be adopted in lieu of Resolution 902 and the remainder of the report be filed.

(33) *RESOLUTION 904 – REGULATION OF ORGAN TRANSPLANT OPEN OFFERS
RESOLUTION 927 – PATIENT SAFETY AND CLINICAL AUTHORITY IN DECEASED ORGAN DONATION AND PROCUREMENT

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 927 be adopted in lieu of Resolutions 904 and 927.

ORGAN DONATION AND PROCUREMENT

RESOLVED, that our American Medical Association advocate that national patient-safety standards governing deceased organ donation and procurement operationalize the primacy of the patient and the independence of clinical judgement by ensuring that:

1) clinical assessments and reassessments necessary for the care of the patient who is being evaluated for potential organ donation are conducted by appropriately qualified clinicians responsible for the patient's care, and remain that such assessments and reassessments shall be independent of organ procurement considerations; and

2) the respective roles, responsibilities, and clinical authority of the treating clinicians and the organ procurement personnel are clearly delineated, including authority for evaluating and resolving new or unresolved concerns regarding the patient's clinical condition or safety; and

3) when donation activities are paused because of new clinical findings, uncertainty regarding the patient's condition, or other patient-safety concerns, those donations activities shall not resume until the responsible treating clinicians have evaluated the concerns and determined that no unresolved clinical issue precludes continued progression through the donation pathway (Directive to Take Action); and be it further

RESOLVED, that our AMA monitor the regulation and oversight of open organ offers and other out-of-

sequence deceased donor organ allocations, as well as the development, implementation, and periodic review of national organ donation and procurement safety standards. (New HOD Policy)

HOD ACTION: Alternate Resolution 927 be adopted in lieu of Resolutions 904 and 927.

ADOPTED LANGUAGE:
ORGAN DONATION AND PROCUREMENT

RESOLVED, that our American Medical Association advocate that national patient-safety standards governing deceased organ donation and procurement operationalize the primacy of the patient and the independence of clinical judgement by ensuring that:

1) clinical assessments and reassessments necessary for the care of the patient who is being evaluated for potential organ donation are conducted by appropriately qualified clinicians responsible for the patient's care, and remain that such assessments and reassessments shall be independent of organ procurement considerations; and

2) the respective roles, responsibilities, and clinical authority of the treating clinicians and the organ procurement personnel are clearly delineated, including authority for evaluating and resolving new or unresolved concerns regarding the patient's clinical condition or safety; and

3) when donation activities are paused because of new clinical findings, uncertainty regarding the patient's condition, or other patient-safety concerns, those donations activities shall not resume until the responsible treating clinicians have evaluated the concerns and determined that no unresolved clinical issue precludes continued progression through the donation pathway (Directive to Take Action); and be it further

RESOLVED, that our AMA monitor the regulation and oversight of open organ offers and other out-of-sequence deceased donor organ allocations, as well as the development, implementation, and periodic review of national organ donation and procurement safety standards. (New HOD Policy)

RESOLVED, that our American Medical Association will support increased oversight and regulation of open offers and other out-of-sequence donor organ allocations (New HOD Policy); and be it further

RESOLVED, that our AMA support the creation of Organ Procurement and Transplantation Network (OPTN) policies for open offers and out-of-sequence deceased donor organ offers (New HOD Policy); and be it further

RESOLVED, that our AMA support OPTN/Health Resources and Services Administration-led evaluation and monitoring of open offer practices. (New HOD Policy)

RESOLVED, that our American Medical Association advocate that national patient-safety standards governing deceased organ donation and procurement operationalize the primacy of the patient and the independence of clinical judgement by ensuring that:

1) clinical assessments and reassessments necessary for the care of the patient who is being evaluated for potential organ donation are conducted by appropriately qualified clinicians responsible for the patient's care, and remain that such assessments and reassessments shall be independent of organ procurement considerations; and

2) the respective roles, responsibilities, and clinical authority of the treating clinicians and the organ procurement personnel are clearly delineated, including authority for evaluating and resolving new or unresolved concerns regarding the patient's clinical condition or safety; and

3) when donation activities are paused because of new clinical findings, uncertainty regarding the patient's condition, or other patient-safety concerns, those donations activities shall not resume until the responsible treating clinicians have evaluated the concerns and determined that no unresolved clinical issue precludes continued progression through the donation pathway (Directive to Take Action); and be it further

RESOLVED, that our AMA actively engage with 1) the U.S. Department of Health and Human Services, including the Health Resources and Services Administration and the Centers for Medicare & Medicaid Services; 2) the Organ Procurement and Transplantation Network; and 3) the relevant physician, hospital, organ donation and transplantation, patient, and donor-family organizations. Such engagement shall be for the purpose of the development, implementation, and periodic review of national organ donation and procurement safety standards and advocacy for incorporation and maintenance of these safeguards. (Directive to Take Action)

Your Reference Committee heard testimony on organ donation safety and oversight across Resolutions 904 and 927. There was a call to combine these two resolutions and your Reference Committee agrees with this recommendation given the overlap in subject matter. There was unanimous support for Resolution 927, with some testimony specifying support for resolve 1 and noting that the scope of resolve 2 is massive in breadth and cost and the issues addressed by resolve 2 are already covered thoroughly by new Organ Procurement and Transplantation Network (OPTN) policy. The author of Resolution 927 agreed that the OPTN changes may address some of the concerns underlying resolve 2. Resolution 904 received mixed testimony, with some support, some opposition, and a call for referral. The opposition noted that OPTN/HRSA is already taking action to address the increase in out-of-sequence allocation. To address the testimony from both of these resolutions, Alternate Resolution 927 includes Resolve 1 from the original Resolution 927, which garnered unanimous support, and a second Resolve clause that encourages the AMA to monitor the regulation and oversight of out-of-sequence allocation and the development and implementation of safety standards. Your Reference Committee believes this captures the goals of Resolutions 904 and 927 while acknowledging the work already in process by OPTN and HRSA. In addition, your Reference Committee heard testimony proposing two wording changes to the second Resolve clause to specify open

organ offers and out-of-sequence *deceased* donor organ allocations. Testimony was supportive of these amendments and your Reference Committee agrees. Therefore, your Reference Committee recommends that Alternate Resolution 927 be adopted in lieu of Resolution 904 and Resolution 927.

(34) RESOLUTION 909 – PUBLIC EMERGENCY ALERT REPORTING REQUIREMENTS ON PRIVATE PLATFORMS

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 909 be adopted in lieu of Resolution 909.

PUBLIC ACCESS TO EMERGENCY ALERTS

RESOLVED, that our American Medical Association support efforts to ensure that official emergency alerts and life-saving public safety information remain universally accessible through public communication systems and are not dependent upon access to a specific private platform or user account (New HOD Policy); and be it further

RESOLVED, that our AMA encourage collaboration among emergency management agencies, public health agencies, and private communication platforms to facilitate timely dissemination of official emergency information while preserving public access. (New HOD Policy)

HOD ACTION: Alternate Resolution 909 be adopted in lieu of Resolution 909.

ADOPTED LANGUAGE:
PUBLIC ACCESS TO EMERGENCY ALERTS

RESOLVED, that our American Medical Association support efforts to ensure that official emergency alerts and life-saving public safety information remain universally accessible through public communication systems and are not dependent upon access to a specific private platform or user account (New HOD Policy); and be it further

RESOLVED, that our AMA encourage collaboration among emergency management agencies, public health agencies, and private communication platforms to facilitate timely dissemination of official emergency information while preserving public access. (New HOD Policy)

RESOLVED that our American Medical Association encourages collaboration between public health agencies, emergency management systems, and private technology companies to improve the reliability, accessibility, and transparency of emergency information dissemination across both public alert systems and digital platforms. (New HOD Policy)

Your Reference Committee heard testimony that was generally supportive of Resolution 909, recognizing the importance of timely, reliable, and accessible dissemination of emergency information during public health emergencies and disasters. Supporters agreed that collaboration among public health agencies, emergency management systems, and private technology platforms can strengthen emergency communications and expand the reach of critical public safety information. Concerns were raised, however, regarding overreliance on private platforms, including their restrictions to users and algorithmic practices, and the need to prioritize established public emergency alert infrastructure as the primary source of official alerts. Amendments were proposed to clarify that public alert systems should remain the foundation of emergency communications while recognizing private platforms as supplemental channels. Testimony demonstrated broad support for these amendments, including support from the resolution authors. It should be noted that your Reference Committee removed the phrase “during declared emergencies” because effective communication is important before, during, and after emergencies, making the language limiting. The Reference Committee therefore recommends adoption of Alternate Resolution 909 in lieu of Resolution 909.

(35) *RESOLUTION 914 – NATIONAL STRATEGY TO CLOSE THE WOMEN’S HEALTH GAP

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 914 be adopted in lieu of Resolution 914.

NATIONAL STRATEGY TO CLOSE THE WOMEN’S HEALTH GAP IN RESEARCH

RESOLVED, that our AMA urge Congress to pass legislation that closes the women’s health gap (New HOD Policy); and be it further

RESOLVED, that our AMA acknowledge the urgent need for women’s health research and robust and sustained funding, and consider how to best support the furtherance of women’s health across federal venues (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate to close the women’s health gap for women veterans and women service members, including dedicated research funding for conditions that disproportionately affect women who have served and support for a clinical workforce trained in the care of women veterans.

RESOLVED, that our AMA amend H-525.988, Sex and Gender Differences in Medical Research, by addition at the end as follows:

(10) supports strengthened coordination across the federal research agencies to inform our understanding of sex differences and women's health, including additional funding for women's health research; and

(11) supports a robust and sustained physician clinical and research workforce for women's health, including the creation and expansion of pathways to support early- and mid-career investigators within the women's health research workforce. (Modify Current HOD Policy)

RESOLVED, that Policy H-295.890, Policy H-525.991, and Policy H-525.976 be reaffirmed.

HOD ACTION: Alternate Resolution 914 be adopted in lieu of Resolution 914.

ADOPTED LANGUAGE:
NATIONAL STRATEGY TO CLOSE THE WOMEN'S HEALTH GAP IN RESEARCH

RESOLVED, that our AMA urge Congress to pass legislation that closes the women's health gap (New HOD Policy); and be it further

RESOLVED, that our AMA acknowledge the urgent need for women's health research and robust and sustained funding, and consider how to best support the furtherance of women's health across federal venues (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate to close the women's health gap for women veterans and women service members, including dedicated research funding for conditions that disproportionately affect women who have served and support for a clinical workforce trained in the care of women veterans including members of the National Guard and Reserves.

RESOLVED, that our AMA amend H-525.988, Sex and Gender Differences in Medical Research, by addition at the end as follows:

(10) supports strengthened coordination across the federal research agencies to inform our understanding of sex differences and women's health, including additional funding for women's health research; and

(11) supports a robust and sustained physician clinical and research workforce for women's health, including the creation and expansion of pathways to support early- and mid-career investigators within the women's health research workforce. (Modify Current HOD Policy)

RESOLVED, that Policy H-295.890, Policy H-525.991, and Policy H-525.976 be reaffirmed.

RESOLVED, that our American Medical Association endorse the national effort supported by over 50 medical organizations, national patient advocacy, and nonprofit organizations to make a $20 billion, 10-year strategic commitment to close the women's health gap; and be it further

RESOLVED, that our AMA urge Congress to pass legislation that aligns with the national strategy to close the women's health gap; and be it further

RESOLVED, that our AMA address the urgent need for women's health research and adopt the national strategy in their federal policy priorities.

RESOLVED, that our AMA amend H-525.988, Sex and Gender Differences in Medical Research by addition at the end as follows:

(10) supports strengthened coordination across the federal research agencies to inform our understanding of sex differences and women's health, including establishment of a women's health interdisciplinary fund; and

(11) advocates for a robust and sustained clinical and research workforce, including the creation and expansion of pathways to support early- and mid-career investigators within the women's health research workforce.

Your Reference Committee heard broad and enthusiastic support for Resolution 914's principles to reduce the women's health gap by supporting expanded research. Amendments were proffered to avoid supporting specific strategies or plans and to instead support principles. The Council on Legislation (COL) noted that existing policy allows our AMA to support the betterment of women's health and that there is ongoing work by the AMA in this space. COL recommended amendments that would broaden the language of the resolution to provide longevity and universal applicability. COL also recommended reaffirmation of policies H-295.890, "Medical Education and Training in Women's Health," H-525.991, "Inclusion of Women in Clinical Trials," and H-525.976, "An Expanded Definition of Women's Health." The authors responded in support of some of the proffered amendments but encouraged specifying five key priorities for investment; the urgent need for "robust and sustained funding"; and the need to support early- and mid-career investigators. Your Reference Committee agrees with including the need for robust and sustained funding and supporting early- and mid-career investigators but feels that specifying key priorities narrows the ability of the AMA to advocate for these important issues across time and initiatives. Testimony also suggested revising the resolution title to "National Strategy to Close the Women's Health Gap in Research" to more clearly reflect its emphasis on addressing persistent gaps in women's health research. Due to the

complexity of the proffered amendments, your Reference Committee puts forth Alternate Resolution 914 that reflects the widespread support for the principles of Resolution 914 and broadens the language to maintain wide applicability. Testimony was supportive of the preliminary report's recommendation with the addition of a Resolve clause specifying support for women veterans and women service members; the author of the original resolution was supportive of this addition. Therefore, your Reference Committee recommends Alternate Resolution 914 be adopted in lieu of Resolution 914.

(36) RESOLUTION 915 – ENSURING EXPERT AND LIVED EXPERIENCE INPUT IN FEDERAL NATIONAL HEALTH PLANS

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 915 be adopted in lieu of Resolution 915.

ENSURING EXPERT AND LIVED EXPERIENCE INPUT IN FEDERAL NATIONAL HEALTH PLANS

RESOLVED, that our American Medical Association encourage the establishment and regular convening of federal advisory committees and external scientific and clinical expert bodies across relevant federal agencies to guide national disease-specific strategies and health plans (New HOD Policy); and be it further

RESOLVED, that our AMA advocate that all federal health advisory committees and task forces developed as a part of national disease-specific strategies and health plans maintain meaningful and transparent representation of practicing physicians, medical specialty societies, scientific researchers, and individuals with lived experience throughout policy design, governance, and program evaluation. (New HOD Policy)

HOD ACTION: Alternate Resolution 915 be adopted in lieu of Resolution 915.

ADOPTED LANGUAGE:
ENSURING EXPERT AND LIVED EXPERIENCE INPUT IN FEDERAL HEALTH ADVISORY COMMITTEES AND TASK FORCES

RESOLVED, that our American Medical Association encourage the establishment and regular convening of federal advisory committees and external scientific and clinical expert bodies across relevant federal agencies to guide national disease-specific strategies and health plans (New HOD Policy); and be it further

RESOLVED, that our AMA advocate that all federal health advisory committees and task forces developed as a part of national disease-specific strategies and health plans maintain meaningful and transparent representation of practicing physicians, medical specialty societies, scientific researchers, and individuals with lived experience throughout policy design, governance, and program evaluation. (New HOD Policy)

RESOLVED, that our American Medical Association support meaningful representation of physicians and other health care professionals, researchers, and people with lived experience in the development, implementation, and evaluation of federal national plans addressing specific diseases and health conditions (New HOD Policy)

Your Reference Committee heard strong support of Resolution 915, with testimony emphasizing the importance of incorporating clinical expertise, scientific evidence, and lived experience into the development and implementation of federal disease-specific health plans. Supporters noted that meaningful engagement of physicians, researchers, patients, caregivers, and community stakeholders can strengthen federal health planning and improve health outcomes. During testimony, an amendment was proffered to broaden the resolution's language and strengthen its applicability across federal health planning efforts. The authors agreed with and supported the amendment, and testimony reflected support for the revised approach. Therefore, your Reference Committee recommends Alternate Resolution 915 be adopted in lieu of Resolution 915.

(37) *RESOLUTION 918 – STRENGTHENING THE RADIATION PROTECTION STANDARD

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 918 be <u>adopted in lieu</u> of Resolution 918.

STRENGTHENING THE RADIATION PROTECTION STANDARD

RESOLVED, that our American Medical Association support ongoing evidence-based studies in determining the radiation effects on humans in occupational, medical, and environmental settings when developing and implementing U.S. radiation protection standards related to industrial and medical use as well as disposal of radioactive materials. Additionally, our AMA supports the enforcement and ongoing refinement of these standards, with continuing review as evidence evolves, to better protect the health of both the general public and occupational workers.

HOD ACTION: Alternate Resolution 918 be adopted in lieu of Resolution 918.

ADOPTED LANGUAGE:
STRENGTHENING THE RADIATION PROTECTION STANDARD

RESOLVED, that our American Medical Association support ongoing evidence-based studies in determining the radiation effects on humans in occupational, medical, and environmental settings when developing and implementing U.S. radiation protection standards related to industrial and medical use as well as disposal of radioactive materials. Additionally, our AMA supports the enforcement and ongoing refinement of these standards, with continuing review as evidence evolves, to better protect the health of both the general public and occupational workers.

RESOLVED, that our American Medical Association oppose efforts to weaken evidence-based U. S. radiation protection standards that relate to industrial use and disposal of radioactive materials and advocate for strengthening evidence-based standards and advocate for effective enforcement to better protect the health of both the general public and occupational workers.

Your Reference Committee heard strong support for Resolution 918, with testimony emphasizing the importance of maintaining and strengthening evidence-based radiation protection standards to protect workers, communities, and the public from the health risks associated with radiation exposure. Testimony supported continued adherence to scientifically grounded safeguards, recognizing the need for ongoing review and refinement of radiation protection standards as new evidence emerges. Enforcement of radiation safety standards was also highlighted as a critical component of ensuring these protections are effective in practice. An amendment was proffered to clarify the settings in which radiation protection standards apply and to emphasize the ongoing nature of the need for refinement and review as the evidence base evolves. Alternate Resolution 918 incorporates this proposed amendment and clarifies the language. Therefore, your Reference Committee recommends Alternate Resolution 918 be adopted in lieu of Resolution 918.

(38) *RESOLUTION 932 – RECOGNIZING THE CHALLENGE OF TOBACCO USE IN THE ERA OF COMMERCIAL E-CIGARETTES AND NICOTINE PRODUCTS

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 932 be adopted in lieu of Resolution 932.

RESOLVED, that our American Medical Association remains consistent in its recommendations to follow evidence-based medicine and clinical guidelines and in doing so, does not endorse that physicians recommend

or prescribe commercial e-cigarette devices for the purposes of tobacco cessation in adult and adolescent patients (New HOD Policy); and be it further

RESOLVED, that our AMA recommends that the phrases "quit smoking" or "smoking cessation" be reserved for individuals who stop the use of all commercial nicotine products; and be it further

RESOLVED, that our AMA supports that individuals with nicotine use disorder who switch from combustible cigarettes to another nicotine product that is not an FDA-approved nicotine cessation agent continue to have active nicotine use disorder.

RESOLVED, that our AMA supports principles of patient-centered care and recommends physicians provide non-punitive, non-judgmental information to adult patients who smoke when discussing commercial nicotine products and electronic cigarettes. (New HOD Policy)

HOD ACTION: Alternate Resolution 932 be adopted in lieu of Resolution 932.

ADOPTED LANGUAGE:
RESOLVED, that our American Medical Association remains consistent in its recommendations to follow evidence-based medicine and clinical guidelines and in doing so, does not endorse that physicians recommend or prescribe commercial e-cigarette devices for the purposes of tobacco cessation in adult and adolescent patients (New HOD Policy); and be it further

RESOLVED, that our AMA recommends that the phrases "quit smoking" or "smoking cessation" be reserved for individuals who stop the use of all commercial nicotine products; and be it further

RESOLVED, that our AMA supports that individuals with nicotine use disorder who switch from combustible cigarettes to another nicotine product that is not an FDA-approved nicotine cessation agent continue to have active nicotine use disorder.

RESOLVED, that our AMA supports principles of patient-centered care and recommends physicians provide non-punitive, non-judgmental information to adult patients who smoke when discussing commercial nicotine products and electronic cigarettes. (New HOD Policy)

RESOLVED, that our American Medical Association remains consistent in its recommendations to follow evidence-based medicine and clinical guidelines and in doing so, does not endorse that physicians recommend or prescribe commercial e-cigarette

devices for the purposes of tobacco cessation in adult and adolescent patients (New HOD Policy); and be it further

RESOLVED, that our AMA emphasizes the importance of developing clinical decision trees to support physicians who weigh the option of commercial nicotine products in the setting of tobacco use disorder (New HOD Policy); and be it further

RESOLVED that our AMA recommends against the use of the phrases "quit smoking" or "cessation" and instead recommends the use of the terms "transition", “switch”, or "conversion" to describe patients and research subjects who move off of combustible cigarettes and onto electronic cigarettes or commercial nicotine (New HOD Policy); and be it further

RESOLVED, that our AMA, based on the variable nicotine levels and toxicity profiles of commercial e-cigarettes and nicotine products, remains consistent with prior policy that physicians should continue to guide and counsel patients who have made the choice to use these products (New HOD Policy); and be it further

RESOLVED, that our AMA recognizes the chronic use of commercial nicotine products and e-cigarettes as nicotine dependence or addiction, and strongly recommends the use of clinical pathways and evidence-based treatment to support patients with nicotine dependence or addiction (New HOD Policy); and be it further

RESOLVED, that our AMA stands by the principles of harm reduction in individual patient care and in public health and recommends physicians provide non-punitive, non-judgmental information to adult patients who smoke when discussing commercial nicotine products and electronic cigarettes. (New HOD Policy)

Your Reference Committee heard testimony that was supportive of the intent of this resolution which addresses the increasing availability of electronic cigarettes and challenges in addressing nicotine dependence. Amendments were suggested to provide clarity in the language and avoid misinterpretation. It was noted that the terms “cessation” and “stop smoking” are clinically appropriate terms but should be reserved for individuals who stop the use of all commercial nicotine products. Proposed amendments also clarified that nicotine use disorder should not be defined based on the type of nicotine product a person uses. Amendments were also proposed to the sixth Resolve to remove the term “harm reduction” and instead focus on patient-centered care. There was strong support for these proposed changes, which are particularly important for children and adolescents where the goal is to prevent initiation from harm. Your Reference Committee recommends adoption of Alternate Resolution 932.

(39) RESOLUTION 933 – PREVENTING SILICOSIS ASSOCIATED WITH ENGINEERED STONE COUNTERTOPS

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 933 be adopted in lieu of Resolution 933.

RESOLVED, that our American Medical Association support prohibition of engineered stone countertops and similar products containing more than 1% crystalline silica; and be it further

RESOLVED, that our AMA opposes the manufacturing, importing, distribution, sale, fabrication, and installation of engineered stone products containing more than 1% crystalline silica across the United States; and be it further

RESOLVED, that our AMA recommends the industrial and commercial use of demonstrably safer alternatives to engineered stone products containing more than 1% crystalline silica; and be it further

RESOLVED, that our AMA supports strengthening silicosis surveillance, improving access to screening and care, and advancing higher-order prevention strategies related to engineered stone countertops.

HOD ACTION: Alternate Resolution 933 be adopted in lieu of Resolution 933.

ADOPTED LANGUAGE:
RESOLVED, that our American Medical Association support prohibition of engineered stone countertops and similar products containing more than 1% crystalline silica; and be it further

RESOLVED, that our AMA opposes the manufacturing, importing, distribution, sale, fabrication, and installation of engineered stone products containing more than 1% crystalline silica across the United States; and be it further

RESOLVED, that our AMA recommends the industrial and commercial use of demonstrably safer alternatives to engineered stone products containing more than 1% crystalline silica; and be it further

RESOLVED, that our AMA supports strengthening silicosis surveillance, improving access to screening and care, and advancing higher-order prevention strategies related to engineered stone countertops.

RESOLVED, that our American Medical Association support California's proposed emergency regulation to prohibit the fabrication of engineered stone countertops and similar products containing more than 1% crystalline silica (New HOD Policy); and be it further

RESOLVED, that our AMA oppose the sale, installation, and use of high-silica-content engineered stone countertops across the United States (New HOD Policy); and be it further

RESOLVED, that our AMA that our AMA recommends the industrial and commercial use of low-silica-content engineered stone products and other safer alternatives (New HOD Policy); and be it further

RESOLVED, that our AMA support the recommendations of the American Thoracic Society workshop report, Silicosis in the Artificial Stone Countertop Industry, including strengthening surveillance, improving access to screening and care, and advancing higher-order prevention strategies, including the elimination or substitution of high-silica engineered stone with lower-silica or other safer alternatives. (New HOD Policy)

Your Reference Committee heard strong support for Resolution 933, with testimony emphasizing the growing burden of engineered stone-associated silicosis and the need for stronger prevention measures, surveillance, screening, and safer alternatives to high-silica engineered stone products. Testimony consistently supported action to reduce occupational exposure and prevent irreversible lung disease. Several amendments were proposed. Testimony overwhelmingly supported the amendment offered to clarify the policy by specifying a 1% crystalline silica threshold and refining the resolution's remaining language. Another amendment was proffered to remove references to specific state regulations and reports to make the policy more broadly applicable and enduring, to which your Reference Committee agreed. Accordingly, your Reference Committee recommends adoption of Alternate Resolution 933 in lieu of Resolution 933.

(40) *RESOLUTION 936 – SIGNED CONSENT FOR ANTIDEPRESSANT USE IN THE VETERANS ADMINISTRATION

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 936 be adopted in lieu of Resolution 936.

RESOLVED, that our AMA oppose the Department of Veterans Affairs' (VA) policy requiring separate signed written consent for antidepressant medications prescribed to veterans younger than 30 years of age, and advocate that the VA rescind this age-based, medication-specific requirement in favor of individualized informed consent and shared decision-making between patients and their treating physicians,

consistent with established medical ethics, patient autonomy, and independent clinical judgment.

HOD ACTION: Alternate Resolution 936 be adopted in lieu of Resolution 936.

ADOPTED LANGUAGE:
RESOLVED, that our AMA oppose the Department of Veterans Affairs' (VA) policy requiring separate signed written consent for antidepressant medications prescribed to veterans younger than 30 years of age, and advocate that the VA rescind this age-based, medication-specific requirement in favor of individualized informed consent and shared decision-making between patients and their treating physicians, consistent with established medical ethics, patient autonomy, and independent clinical judgment.

RESOLVED, that our American Medical Association express our concern to the Veterans Administration that the action of singling out antidepressant medications for a signed written consent for those under thirty is inappropriate, unjustified, and will discourage the use of these medications in a vulnerable population. (New HOD Policy)

Your Reference Committee heard broad support for Resolution 936. Testimony emphasized that requiring written informed consent would create unnecessary administrative burdens for physicians and patients, particularly in telehealth settings and for individuals seeking mental health treatment, potentially creating barriers to timely care. Speakers also noted that additional documentation requirements contribute to physician burnout and additional stigma in this patient population. Testimony further argued that a mandated consent process may incorrectly imply that these medications carry extraordinary risks, despite the fact that many medications with significant adverse effect profiles that have FDA black box warnings do not require written informed consent. Additional testimony characterized the VA policy as political interference in the practice of medicine and an intrusion into the patient-physician relationship. An alternate resolution was proffered by the original authors and received broad support. Therefore, your Reference Committee recommends that Alternate Resolution 936 be adopted in lieu of Resolution 936.

RECOMMENDED FOR REFERRAL

(41) *RESOLUTION 930 – SUPPORTING THE USE OF FIREARM SUPPRESSORS TO PREVENT HEARING LOSS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 930 be referred.

HOD ACTION: Resolution 930 be referred.

RESOLVED, that our American Medical Association endorses the use of firearm suppressors in conjunction with conventional hearing protective measures for hearing preservation (New HOD Policy); and be it further

RESOLVED, that our AMA supports legislation decriminalizing the use of firearm suppressors during hunting, sports shooting, or on firing ranges for the purposes of reduction of hearing loss (New HOD Policy); and be it further

RESOLVED, that our AMA supports continued research on the subsequent effects of the use of firearm suppressors. (New HOD Policy)

Your Reference Committee heard mixed testimony on this resolution and multiple calls for referral. Those in support noted that firearm suppressors are important to reduce hazardous noise from firearms thereby protecting shooters, instructors, range personnel, and nearby bystanders. Others noted that the use of suppressors is a complex issue and supporting or encouraging the use of firearm suppressors is a dangerous policy as the sound of firearm discharge can serve as a warning system to individuals in the area. An alternate resolution was proposed to focus the language on the issue of hearing loss without endorsing the use of firearm suppressors. Due to the multiple nuances raised related to this issue, there was ultimately support for referral of this resolution for further study. Your Reference Committee agrees and recommends that Resolution 930 be referred.

RECOMMENDED FOR REFERRAL FOR DECISION

(42) RESOLUTION 937 – PROTECT COMMUNITIES FROM HEALTH AND ENVIRONMENTAL IMPACTS OF DATA CENTERS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 937 be referred for decision.

HOD ACTION: Resolution 937 be referred for decision.

RESOLVED, that our American Medical Association support a national, state and local time-limited pause on the approval of new or expanded data centers of 50 megawatts or more, including campuses and phased projects, until completion of a health impact assessment, implementation of transparent public reporting of resource use and emissions, adoption of enforceable health standards and incorporation of community input, without affecting existing facilities, health care services, or electronic health records; and be it further

RESOLVED, that our AMA supports efforts to further study the impacts of data center development and operation on human health, community well-being, natural resource utilization, and critical infrastructure; and be it further

RESOLVED, that our AMA supports enforceable standards for new and existing data centers to protect our communities from adverse health and environmental impacts of data center development and operation, including but not limited to:

- energy use,
- water use, scarcity and contamination,
- air quality and generation emissions,
- land use and soil pollution, including setbacks from homes, schools, health care facilities and childcare facilities,
- noise pollution, including low-frequency noise, and
- infrastructure demands, including protecting ratepayers, especially low-income and medical baseline customers, from higher utility costs; and be it further

RESOLVED, that our AMA supports incorporating health impact and cumulative impact assessment, including effects on children, pregnant and breastfeeding persons, older adults, persons with chronic disease, persons living in rural and tribal communities, outdoor workers and other vulnerable populations into state and local review of proposed data centers, and support independent research on the impacts of data center development and operation on human health, health equity, community well-being, natural resource utilization, and critical infrastructure; and be it further

RESOLVED, that our AMA supports health equity in data center development and regulation, prioritizing protections for historically marginalized and disproportionately

impacted communities, including meaningful community engagement in decisions regarding data center siting, permitting, and oversight; and be it further

RESOLVED, that our AMA supports meaningful government-to-government consultation and the free, prior, and informed consent of affected Native American Tribes for data centers on Tribal lands, and water sources and recognize Tribal sovereignty over development decisions on Tribal lands.

Your Reference Committee heard mixed testimony on this resolution. While the testimony overwhelmingly supported the spirit of the resolution with acknowledgement from everyone that AI data centers are an important and pressing public health concern, nearly half of those testifying supported referral while the other half supported adoption of the resolution. Those in support of referral noted that Resolution 923 being considered at this meeting calls for a study on AI data centers and that we should not propose policy on the topic without further consideration and a detailed review of the evidence. Those in support of adoption testified that the construction of AI data centers is happening at such a rapid pace and has garnered such large national interest and concern that AMA must be prepared to act quickly and take leadership on this issue. Based on testimony, the sense of urgency on AI data centers is exemplified by the number of ballot measures considered in recent elections and that data centers are being prioritized as the number one public health concern at regional conferences across the U.S. Your Reference Committee wants to acknowledge the urgency of this topic while also recognizing that Resolution 923 is already calling for the study of health and environmental impacts of AI data centers. Additionally, CSAPH noted that this report is going to be made available for consideration at A-27. As such, your Reference Committee recommends that Resolution 937 be referred for decision so that AMA's Board of Trustees can weigh consideration on this important topic in a timely manner.

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

(43) RESOLUTION 926 – SUPPORT FOR ONE HEALTH APPROACHES TO PROTECT HUMAN, ANIMAL, AND ENVIRONMENTAL HEALTH

RECOMMENDATION:

Your Reference Committee recommends that Policy H-440.871 "Collaboration Between Human and Veterinary Medicine" be reaffirmed in lieu of Resolution 926.

HOD ACTION: Policy H-440.871 "Collaboration Between Human and Veterinary Medicine" reaffirmed in lieu of Resolution 926.

RESOLVED, that our American Medical Association, building on its prior study of the impact of zoonoses, will study the feasibility, structure, and potential impact of One Health initiatives that bring together medical, veterinary, environmental, academic, and community stakeholders to reduce shared health risks, with report back at A-27 (Directive to Take Action); and be it further

RESOLVED, that our AMA will assess opportunities and barriers to integrating One Health principles into medical education, residency training, and continuing medical education, including considerations of curricular feasibility, resource requirements, and measurable outcomes (Directive to Take Action); and be it further

RESOLVED, that our AMA develops model legislation for potential implementation of the One Health Initiative by states. (Directive to Take Action)

Your Reference Committee heard mixed testimony on this resolution. AMA staff recommended reaffirmation of existing policy H-440.871, "Collaboration Between Human and Veterinary Medicine" which was first adopted in 2007. While it does not explicitly name 'One Health,' this policy led to AMA's collaboration with the American Veterinary Medical Association in releasing a report recommending that the One Health concept be expanded across both veterinary and human health professions. At the same time, both organizations participated in the inaugural One Health Initiative Task Force and in August 2009, AMA became a founding organizational and board member of the One Health Commission. Testimony from the AMA Council on Legislation and others supported reaffirmation of existing policy. Additionally, the Council on Legislation expressed hesitancy to direct our AMA to draft model state legislation, as this would require in-depth subject matter expertise spanning medical, veterinary, environmental, educational, and community systems. Additional testimony noted that the resolution should be amended to delete references to the 'One health initiative' and instead refer to it as the 'One Health' approach, as there is no one initiative but is rather an approach or framework. Supporters of this resolution noted that this resolution would strengthen existing AMA policy and that the existing policy is limited to binary human–veterinary collaboration rather than the holistic One Health framework. However, existing policy facilitated AMA's participation in several initiatives on the One Health approach and thus your Reference Committee does

not believe current policy limits AMA's engagement on this important issue. Considering the mixed testimony, your Reference Committee recommends that Policy H-440.871 "Collaboration Between Human and Veterinary Medicine" be reaffirmed in lieu of Resolution 926. Additionally, the Reference Committee believes the resolution authors could consider amending this existing policy at future meetings to incorporate the components of Resolution 926 that it believes to be lacking.

This concludes the report of Reference Committee K. I would like to thank Brittany Bruggeman, MD, Kate Russell, MD, Mary Krebs, MD, Amish Dave, MD, Albert Hsu, MD, Ameena Ahmed, MD, and all those who testified before the Committee, as well as our AMA staff Lindsey Realmuto, Julia Mouat, Mary Soliman, Jennie Jarrett and Andrea Garcia.

Brittany Bruggeman, MD
American Academy of Pediatrics

Amish J. Dave, MD, MPH
Washington

Kate Russell, DO, MSPH (Alternate)
Georgia

Albert L. Hsu, MD, MS (Alternate)
Ohio

Mary Krebs, MD
American Academy of Family Physicians

Ameena Ahmed, MD, MPH (Alternate)
California

Mary LaPlante, MD, MPH
American College of Obstetricians and Gynecologists
Chair

Amendments

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



https://forms.office.com/r/13Y1p3bQq9

This same form can also be found by clicking here: **Submit New Amendment**