AMA
AMERICAN MEDICAL ASSOCIATION

SPECIALTY AND SERVICE SOCIETY (SSS) VIRTUAL MEETING | INTERIM 2026

November 1, 2026

SPECIALTY AND SERVICE SOCIETY (SSS)
2026 Interim Meeting of the House of Delegates

			Schedule subject to change
Sunday, November 1			
2 – 4 pm CT	**SSS Virtual Assembly Meeting**		Zoom Registration
2 pm	**Welcome/Call to Order**	Hilary Fairbrother, MD, MPH Chair, SSS Governing Council	
2:05 pm	**Approval of A26 SSS Meeting Minutes**	Hilary Fairbrother, MD, MPH	
2:10 pm	**Rules Committee Report**	Sarah Marsicek, MD	
2:15 pm	**House Business**	Sarah Candler, MD Chair-elect, SSS Governing Council	
4 pm	**Adjourn**	Hilary Fairbrother, MD, MPH	
Saturday, November 7			
10:00 – 11:30 am ET	**SSS Assembly Meeting** *Refreshments provided*		Southern Hemisphere Salon I/II
10:00 am	**Welcome/Call to Order**	Hilary Fairbrother, MD, MPH	
10:05 am	**AMA Foundation Update**	Shilpen Patel, MD	
10:10 am	**AMPAC Update**	Hans Arora, MD, PhD	
10:15 am	**Board of Trustees Update**	Toluwalasé A. Ajayi, MD, Chair	
10:25 am	**Advocacy Update**	Todd Askew, SVP, Advocacy	
10:35 am	**House Business**	Sarah Candler, MD	
11:30 am	**Adjourn**	Hilary Fairbrother, MD, MPH	
12 pm	**House of Delegates Second Opening**		
Sunday, November 8			
4 – 5 pm ET	**SSS Social Function**		Osprey I
Monday, November 9			
7 – 8:30 am ET	**SSS Assembly Meeting** *Refreshments provided*		Southern Hemisphere Salon II
7 am	**Call to Order**	Hilary Fairbrother, MD, MPH	
	Council Reports		
7:05-7:10 am	Council on Medical Service	A. Patrice Burgess, MD, Chair Erick Eiting, MD, MPH, MMM, Chair-elect	

7:10-7:15 am	Council on Long Range Planning and Development	G. Sealy Massingill, MD Chair	
7:15-7:20 am	Council on Science and Public Health	Tamaan Osbourne-Roberts, MD, MBA, Chair	
7:20-7:25 am	Council on Ethical and Judicial Affairs	Larry E. Reaves, MD, Chair	
7:25-7:30 am	Council on Medical Education	Shannon M. Kilgore, MD, Chair	
7:30-7:35 am	Council on Legislation	Maryanne C. Bombaugh, MD, MBA, MSc, Executive Committee Member	
7:35-7:40 am	Council on Constitution and Bylaws	Mary Ann Contogiannis, MD, Chair	
7:40-8:30 am	**House Business**	Sarah Candler, MD	
8:30 am	**Adjourn**	Hilary Fairbrother, MD, MPH	
9 am ET	**HOD Business Session**		

Annual 2026 Meeting Minutes

On May 31st, at 2 pm CT, Michael Simon, MD, called the Zoom meeting of the SSS to order and introduced the members of the Governing Council.

Dr. Simon presented the minutes of the November 2025 meeting of the SSS for consideration. The minutes were approved.

Dr. Simon recognized Alëna Balasanova, MD, Chair of the SSS Rules Committee, who subsequently recognized and thanked the following for their work on the Rules Committee: Dr. Hans Arora, Dr. Ellia Ciammaichella, Dr. Jason Jameson, Dr. Laura Stone McGuire, Dr. Debra Perina and Dr. Dan Pfeifle. Dr. Balasanova then presented the committee report to the SSS for consideration. The SSS Rules Committee reviewed letters of compliance and membership data from organizations undergoing the five-year review, groups being reviewed following a one-year grace period, and one group applying for representation in the SSS. The Rules Committee recommended the following to the AMA Board of Trustees:

1. Having met all the necessary requirements set forth in AMA Bylaws, the following groups retain representation in the AMA House of Delegates: American Academy of Child and Adolescent Psychiatry, American Association of Clinical Endocrinology, American College of Medical Genetics and Genomics, American College of Radiation Oncology, American Institute of Ultrasound in Medicine, American Orthopaedic Foot and Ankle Society, American Society for Clinical Pathology, American Society of Anesthesiologists, American Society of Colon and Rectal Surgeons, American Society of Dermatopathology, American Society of Neuroradiology, Obesity Medicine Association, Post-Acute and Long-Term Care Medical Association, Renal Physicians Association, Society of Critical Care Medicine, Society of Interventional Radiology, The Triological Society.

2. Having not met the requirements set forth in AMA Bylaws, the following groups be given a one-year grace period to increase their AMA membership and resubmit data for review: American Association of Physicians of Indian Origin and the American Society of Cataract and Refractive Surgery

3. Having not met the requirements set forth in the AMA Bylaws by the end of a one-year grace period, the American Vein and Lymphatic Society will no longer be represented in the House of Delegates but remain in the SSS and may apply for reinstatement when they believe they can comply with all of the current guidelines for representation in the HOD in accordance with AMA Bylaws.

4. Having met the requirements for representation, the American Society of Nephrology be considered for representation in the House of Delegates.

5. And, having met the requirement for representation, the following be granted representation in the Specialty and Service Society: American Shoulder and Elbow Surgeons.

The Rules Committee report was adopted.

Dr. Simon then recognized Adam Rubin, MD, Chair of the SSS Nominating Committee. Dr. Rubin recognized and thanked the following for their work on the nominating committee: Dr. Murad Alam, Dr. Jean Forsberg, Dr. Brian Gantwerker, Dr. Mary Krebs, Dr. Sonu Jain, and Dr. Daniel Udrea.

Dr. Rubin then presented the slate of candidates for the 2025-2026 SSS Governing Council to meeting participants:

- Chair: Hilary Fairbrother, MD
- Chair-Elect: Sarah Candler, MD
- Secretary: Mark Milstein, MD
- Member At Large (two-year term): Stuart Greenstein, MD

Dr. Rubin noted that this slate of candidates will be joined by Dr. Michael Simon who will serve as Immediate Past Chair and Dr. Alëna Balasanova, Dr. Sarah Marsicek, and Dr. Shilpen Patel who are currently serving terms as At Large members.

The slate was approved.

Dr. Simon recognized Hilary Fairbrother, MD, Chair-elect of the SSS, to preside over the discussion of House Business. Dr. Fairbrother reviewed guidelines for review of resolutions. Resolutions were discussed and SSS recommendations were determined via Zoom polls.

The meeting recessed at approximately 3:45 pm CT.

Dr. Simon reconvened the SSS meeting on June 6 at 10:00 am CT in Crystal Ballroom A/B at the Hyatt Regency Chicago, by welcoming the specialty delegates, alternates, and physician representatives, as well as specialty society staff to the meeting.

Dr. Simon first introduced Hans Arora, MD who provided an AMPAC update, followed by Shilpen Patel, MD who provided an update from the AMA Foundation. Todd Askew, AMA Senior Vice President of Advocacy then provided the group with a federal advocacy update.

Following Mr. Askew's presentation, Dr. Simon recognized Dr. Fairbrother to preside over the remaining House Business. Additional resolutions were presented and discussed, and positions were determined by vote of the Assembly.

The meeting recessed at approximately 11:30 am CT.

On June 8 at 6:00 am CT Dr. Simon reconvened the SSS and promptly convened the SSS Candidate Forum.

Dr. Simon and Dr. Glassman posed questions to candidates for AMA President —Sandra Adamson Fryhofer, MD and Michael Suk, MD, JD, MPH, MBA, as well as candidates for the AMA Board of Trustees, Toluwalase Ajayi, MD, Raj Ambay, MD, Alex Ding, MD, Stephen K. Epstein, MD, Stuart Gitlow, MD, Marilyn Heine, MD, Tripti Kataria, MD, and Heather A. Smith, MD.

SSS Governing Council Member at-large Alëna Balasanova, MD and Chair-Elect Hillary Fairbrother, MD posed questions to candidates for the AMA Board of Trustees, Young Physician — Amar Kelkar, MD, Sam Mathis, MD, and Avani Patel, MD.

Questions were posed to candidates for the Council on Medical Education—P. Travis Harker, MD, MPH and Mark Milstein, MD—by SSS Governing Council members Alëna Balasanova, MD and Shilpen Patel, MD. Questions were then posed to candidates for the Council on Medical Service to candidates Ravi Goel, MD, Michael Hanak, MD, Niva M. Lubin-Johnson, MD, and Steven Wang, MD by SSS Secretary Sarah Candler, MD and Chair-elect Hilary Fairbrother, MD, MPH.

The candidate forum concluded with questions posed to the candidates for the Council on Science and Public Health —Joanna Turner Bisgrove, MD, Joshua Cohen, MD, Dave Cundiff, MD, Laura Halpin, MD, and Cynthia Romero, MD—by SSS Governing Council member Hans Arora, MD and SSS Secretary Sarah Candler, MD.

Following the candidate forum, Dr. Simon recognized Dr. Fairbrother to preside over discussion of remaining House business.

The meeting was adjourned by Dr. Simon at approximately 8:30 am CT.

Rules Committee Report

AMA
AMERICAN MEDICAL ASSOCIATION

Memo To: Specialty and Service Society Members

From: SSS Rules Committee

Date: October 2026

Subject: Report of the Rules Committee

The Specialty and Service Society (SSS) Rules Committee reviewed letters of compliance and membership data from eight societies undergoing the five-year review process, one society being reviewed during a one-year grace period, three societies applying for representation in the House of Delegates (HOD), and five societies applying for representation in the SSS.

Organizations are required to submit information to demonstrate continuing compliance with the guidelines established for representation in the HOD (Exhibit 1). Also required is compliance with the five responsibilities of national medical specialty organizations (Exhibit 2). The following organizations were asked to submit materials for the five-year review process in accordance with AMA Bylaw B-8.5:

American Academy of Insurance Medicine
American Academy of Sleep Medicine
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society for Surgery of the Hand
American Society of Plastic Surgeons
American Urological Association
AMSUS The Society of Federal Health Professionals

In addition, the American Dermatological Association, Association of Professors of Dermatology, and American Urogynecologic Society submitted materials to be considered for representation in the HOD in compliance with the established guidelines (Exhibit 1).

Also, the American Medical Informatics Association, American Society for Stereotactic and Functional Neurosurgery, American Society of Transplantation, National Association of EMS Physicians, and Society for Vascular Medicine submitted materials to be considered for representation in the SSS in compliance with the established guidelines (Exhibit 3).

The Committee reviewed the materials provided and found the American Academy of Insurance Medicine, American Academy of Sleep Medicine, American Society for Gastrointestinal Endoscopy, American Society for Radiation Oncology, American Society for Surgery of the Hand, American Society of Plastic Surgeons, and American Urological Association to be in compliance and eligible to retain their representation in the AMA House of Delegates. Materials were also reviewed for the American Association of Physicians of Indian Origin and were found to be in compliance during the society's one-year grace period.

AMSUS The Society of Federal Health Professionals was found not to be in compliance with the membership requirements.

In addition, the Committee reviewed the materials for the American Dermatological Association, Association of Professors of Dermatology, and American Urogynecologic Society and found them to be in compliance with the requirements for representation in the HOD.

The Committee also reviewed the materials submitted by the American Medical Informatics Association, American Society for Stereotactic and Functional Neurosurgery, American Society of Transplantation, National Association of EMS Physicians, and Society for Vascular Medicine and found them to be in compliance with the requirements for admission to the SSS.

Based on the review of letters of compliance and the membership data (Exhibit 3) the SSS Rules Committee recommends the following be forwarded to the AMA Board of Trustees:

1. Having met all the necessary requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5, the American Academy of Insurance Medicine, American Academy of Sleep Medicine, American Association of Physicians of Indian Origin, American Society for Gastrointestinal Endoscopy, American Society for Radiation Oncology, American Society for Surgery of the Hand, American Society of Plastic Surgeons, and American Urological Association retain representation in the AMA House of Delegates.

2. Having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5, AMSUS The Society of Federal Health Professionals be given a one-year grace period to work with AMA membership staff to increase their AMA membership.

In addition:

3. Having met the requirements for representation, the American Dermatological Association, Association of Professors of Dermatology, and American Urogynecologic Society be considered for representation in the House of Delegates.

4. Having met the requirements for representation, the American Medical Informatics Association, American Society for Stereotactic and Functional Neurosurgery, American Society of Transplantation, National Association of EMS Physicians, and Society for Vascular Medicine be granted representation in the Specialty and Service Society.

Attachments

Exhibit 1

GUIDELINES FOR REPRESENTATION IN & ADMISSION TO THE HOUSE OF DELEGATES FOR NATIONAL MEDICAL SPECIALTY SOCIETIES:

1. The organization must not be in conflict with the constitution and bylaws of the American Medical Association by discriminating in membership on the basis of race, religion, national origin, sex, or handicap.

2. The organization must (a) represent a field of medicine that has recognized scientific validity; and (b) not have board certification as its primary focus, and (c) not require membership in the specialty organization as a requisite for board certification.

3. The organization must meet one of the following criteria:

    - 1,000 or more AMA members;
    - At least 100 AMA members and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of the AMA; or
    - Have been represented in the House of Delegates at the 1990 Annual Meeting and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of the AMA.

4. The organization must be established and stable; therefore, it must have been in existence for at least 5 years prior to submitting its application.

5. Physicians should comprise the majority of the voting membership of the organization.

6. The organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges and are eligible to hold office.

7. The organization must be active within its field of medicine and hold at least one meeting of its members per year.

8. The organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states.

9. The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization.

10. If international, the organization must have a US branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines.

Exhibit 2

RESPONSIBILITIES OF NATIONAL MEDICAL SPECIALTY ORGANIZATIONS

1. To cooperate with the AMA in increasing its AMA membership.

2. To keep its delegate to the House of Delegates fully informed on the policy positions of the organizations so that the delegate can properly represent the organization in the House of Delegates.

3. To require its delegate to report to the organization on the actions taken by the House of Delegates at each meeting.

4. To disseminate to its membership information to the actions taken by the House of Delegates at each meeting

5. To provide information and data to the AMA when requested.

Exhibit 3

GUIDELINES FOR ADMISSION TO THE AMA SPECIALTY AND SERVICE SOCIETY (SSS)

Specialty societies applying for representation must be in compliance with the requirements for delegate status in the AMA House of Delegates (AMA Policy 600.020). Compliance will be the judgment of the SSS Governing Council that a specialty society has met the general criteria for delegate status in the AMA House of Delegates. To assist the Governing Council in determining whether a specialty society should be admitted to the SSS, the following criteria (as set forth in AMA Policy 600.020) shall be used:

A. The organization must not be in conflict with the constitution and bylaws of the American Medical Association by discriminating in membership on the basis of sex, color, creed, religion, disability, ethnic origin, sexual orientation, or age, or for any other reason unrelated to character or competence;

B. The organization must have a voluntary membership and must report as members only those physician members who are current in payment of applicable dues, and eligible to serve on committees or the governing body;

C. The organization must be active within its field of medicine and hold at least one meeting of its members per year;

D. The organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states;

E. The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization;

F. If international, the organization must have a U.S. branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines;

G. The organization must represent a field of medicine that has recognized scientific validity; not have board certification as its primary focus, and not require membership in the specialty organization as a requisite for board certification;

H. A SSS applicant society must meet 50% of the current AMA membership requirement for Delegate status in the AMA House of Delegates in order to be granted or to maintain representation in the SSS. The society must be able to demonstrate active recruitment for AMA membership to meet the House of Delegates requirement for representation;

I. The organization must be established and stable; therefore it must have been in existence for at least 5 years prior to submitting its application to the SSS; and

J. To be eligible for membership status, physicians should comprise the majority of the voting membership of the organization.

Exhibit 4 - Summary Membership Information

Organization	**AMA Membership of Organization's Total Eligible Membership**
American Academy of Insurance Medicine*	37 of 137 (27%)
American Academy of Sleep Medicine	1,174 of 4,708 (25%)
American Association of Physicians of Indian Origin	2,261 of 13,530 (17%)
American Dermatological Association	164 of 665 (37%)
American Medical Informatics Association	475 of 2,013 (24%)
American Society for Gastrointestinal Endoscopy*	1,903 of 7,984 (24%)
American Society for Radiation Oncology	757 of 3,361 (21%)
American Society for Surgery of the Hand	591 of 2,945 (20%)
American Society for Stereotactic and Functional Neurosurgery	62 of 255 (24%)
American Society of Plastic Surgeons	1,555 of 7,328 (21%)
American Society of Transplantation	481 of 2,428 (20%)
American Urogynecologic Society	418 of 1,399 (30%)
American Urological Association*	1,558 of 9,599 (16%)
Association of Professors of Dermatology	189 of 532 (36%)
AMSUS The Society of Federal Health Professionals	Did not submit materials
National Association of EMS Physicians	230 of 1,492 (15%)
Society for Vascular Medicine	92 of 383 (24%)

* *Represented in the House of Delegates at the 1990 Annual Meeting*

Meeting Guidelines

SSS Virtual Meeting Guidelines

- The purpose of SSS review of specialty-introduced resolutions is to gain consensus on the general intent of the resolution and determine a position. Wordsmithing should be handled directly with authors or in the reference committees, not during the virtual meeting.

- The Specialty Society Resolutions chart is submitted as a consent agenda.

- SSS members may request that specific resolutions be extracted from the consent agenda for discussion.

- SSS members may also request any non-specialty resolution or report be discussed.

    - **So we can best prepare, if you would like a resolution or report extracted from the consent agenda for discussion, please let joaquin.falcon@ama-assn.org know by Thursday, October 29thth.**

    - Extractions or items of business requested after the deadline, including during the virtual meeting itself, will be addressed after all other extractions which were requested by the deadline. ***We will address specialty resolutions first followed by non-specialty resolutions.***

    - The Reference Committee Preliminary reports will be published TWO DAYS BEFORE (Oct 30) our SSS assembly meeting on November 1st, so the SSS Governing Council will review those and flag any resolutions where the GC recommendations differ from RefCom recommendations. These variations will be noted in the grid and shared during our SSS meeting.

    - As a reminder, once our SSS grid is re-published following our votes during the Virtual SSS, it is the responsibility of the AUTHORS to communicate SSS support of items during In-Person Reference Committees.

- Items remaining on the consent agenda will be voted on as a single item.

- Resolutions and reports removed from the consent agenda or requested for discussion will then be considered in numerical order.

- The individual who requested the removal will be recognized to speak to the resolution.

- Recommendations for action will be limited to **SUPPORT**, **OPPOSE**, or **NO POSITION**.

- In the interest of time and efficiency, amendments will not be considered during the virtual meeting. However, they may be proposed at the in-person SSS Assembly meetings on **November 7th and 9th**. Those proposing amendments should have language prepared before they approach the microphone to speak. **Proposed language can be shared via our GroupMe "SSS @ AMA – Questions and Discussion." Please reach out to Joaquin.Falcon@ama-assn.org if you need to be added to this channel or if you would like assistance posting.**

- Speaker comments should be 30 seconds on average—but must not exceed 45 seconds.

- Following discussion, items of business will be voted on individually via Zoom poll.

    - Vote tallies will be analyzed after the meeting to ensure that they meet the required three-fifths majority of members present and voting, with a minimum of 30 organizations voting in the affirmative.

- Resolutions that have not been finalized and/or submitted will not be considered during the SSS virtual meeting.

- Non-specialty resolutions will be considered during the virtual meeting if time allows. Otherwise, they will be deferred to the **Monday, November 9th** in-person meeting and again, will be discussed after the specialty resolutions for discussion.

    - **So we can best prepare, if you would like the SSS to consider non-specialty resolutions, please share them with joaquin.falcon@ama-assn.org by Thursday, October 29th.**

    - Extractions requested after the deadline, including during the virtual meeting itself, will be addressed after all other extractions which were requested by the deadline. We will address specialty resolutions first followed by non-specialty resolutions.

House Business

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		ETHICS & BYLAWS		
		No specialty resolutions		
		REFERENCE COMMITTEE B		
B-201	• American Association of Clinical Urologists • (Utah) • (Resident and Fellow Section)	**Artificial Intelligence Having Prescriptive Authority** *RESOLVED, that our American Medical Association oppose the use of Artificial Intelligence (AI) without a physician or other health care professional's direct supervision to prescribe either new or refill prescriptions (New HOD Policy); and be it further* *RESOLVED, that our AMA develops model state legislation regulating AI prescriptive authority so that both new and refill prescriptions are under the direct supervision and control of a physician or other licensed healthcare professional. (Directive to Take Action)*	**SUPPORT**	
B-202	• (Medical Student Section) • American Association of	**Rapid Response Framework for Unsupported Medical Claims by Public Officials** *RESOLVED, that our American Medical Association study and develop a transparent, time- bound evidence review and response framework for*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
	Public Health Physicians • (Connecticut) • (Maine) • (Massachusetts) • (New Hampshire) • (Rhode Island) • (Vermont)	*evaluating and publicly responding to medical or public health claims made by elected or appointed government officials outside formal regulatory rulemaking that materially conflict with established scientific consensus or misrepresent the strength or certainty of available evidence, including consideration of: criteria for identifying high-impact claims warranting review, the responsible organizational entity, and associated timelines and processes for evidence assessment and public communication. (Directive to Take Action)*		
B-208	• American College of Surgeons	**Facilitating Short-Term Supervised Clinical Training for International Physicians** *RESOLVED, that our American Medical Association amend Policy H-255.989, Exchange Programs for Visitor Physicians, by adding the following new directive:* *"3. Our AMA supports modifications to the federal Exchange Visitor Program regulations governing J-1 physicians to establish a short-term supervised clinical training category that would permit qualified international physicians to participate in structured educational clinical experiences at accredited U.S. teaching hospitals and medical schools without enrollment in an ACGME-accredited residency or fellowship program or completion of USMLEs, provided that such training:* *(a) is limited in duration and has an educational purpose;*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		(b)occurs pursuant to a structured curriculum established in advance that includes defined educational objectives, appropriate instruction and supervision, and a mechanism for evaluating whether those objectives have been achieved; *(c)is conducted under the direct supervision of appropriately licensed and certified U.S. physicians;* *(d)complies with all applicable federal and state laws and institutional policies;* *(e)does not authorize independent clinical practice or unrestricted patient care;* *(f)is intended to facilitate the transfer of medical knowledge and procedural skills to improve health care delivery in participants' home countries;* *(g)does not interfere with or diminish the clinical learning opportunities of residents, fellows, medical students, or other trainees at the hosting institution;* *(h)does not substitute for physicians, residents, fellows, advanced practice professionals, or other health care professionals or personnel who would otherwise be employed or engaged to provide patient care, and is not used to address staffing shortages or increase the clinical or procedural capacity of the hosting institution or supervising physician;* *(i) includes appropriate institutional oversight and safeguards to protect participating international physicians from exploitation and ensure that clinical activities are undertaken solely to advance the program's defined educational objectives" (Modify Current HOD Policy); and be it further*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		RESOLVED, that our AMA advocate before the U.S. Department of State, Department of Homeland Security, Educational Commission for Foreign Medical Graduates, and other appropriate federal agencies for modifications to the Exchange Visitor Program regulations consistent with this policy (Directive to Take Action); and be it further *RESOLVED, that our AMA collaborates with specialty societies, academic medical centers, the ACGME, ECFMG, and other stakeholders to develop recommendations regarding appropriate program eligibility, supervision, duration, institutional sponsorship, patient safety safeguards, and educational standards for such a short-term clinical training category. (Directive to Take Action)*		
B-209	• American College of Preventive Medicine	**Protecting GME Subject to Funding Uncertainty** *RESOLVED, that our American Medical Association advocate for continuation of GME programs primarily supported by discretionary funding during government shutdowns and delayed appropriation timelines (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate for legislation that would convert funding for discretionary GME programs to mandatory funding (Directive to Take Action); and be it further* *RESOLVED, that our AMA elevate the issue of threats to the physician workforce from interruptions to discretionary GME programs in the United*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		States by including information and advocacy actions in the annual GME Compendium report (Directive to Take Action); and be it further *RESOLVED, that our AMA publish a report on discretionary GME programs and recommendations to strengthen physician training to the House of Delegates at the 2027 Interim Meeting. (Directive to Take Action)*		
B-211	• American College of Emergency Physicians	**Fair and Clinically Appropriate EMTALA Investigations** *RESOLVED, that our American Medical Association advocate for implementation and enforcement of EMTALA that preserves its guarantee of nondiscriminatory access to emergency care and:* *1. distinguishes EMTALA compliance from retrospective quality-of-care review and evaluates clinical decisions based on information and resources reasonably available at the time;* *2. requires standardized EMTALA-specific training and demonstrated competency for individuals conducting EMTALA investigations, including appropriate clinical expertise;* *3. ensures that physicians are not held responsible for institutional administrative, staffing, on-call coverage, or resource deficiencies outside their control; and* *4. requires corrective actions and sanctions to be related and proportionate to the nature and severity of the EMTALA deficiency identified, distinguishing administrative and documentation deficiencies from failures to screen, stabilize, or appropriately transfer. (Directive to Take Action)*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
B-212	• American Academy of Emergency Medicine • (Florida)	**Medical Staff Approval of Quality-of-Care Issues Prior to Exclusive Contract** *RESOLVED, that our American Medical Association amend current policy H-225.985 by addition and deletion to read:* *Our American Medical Association believes that the medical staff should review, ~~and~~ make recommendations to the governing body, and ultimately approve arrangements related to exclusive contract ~~arrangements~~, prior to any decision being made, in the following situations:* *1. ~~the~~ any decision to execute an exclusive contract in a previously open department or service;* *2. ~~the~~ any decision to renew or otherwise modify an exclusive contract in a particular department or service;* *3. ~~the~~ any decision to terminate an exclusive contract in a particular department or service; and* *4. ~~prior to termination of the contract the medical staff should hold a hearing, as defined by the medical staff and hospital to permit interested parties to express their views on the hospital's proposed action.~~ (Modify Current HOD Policy); and be it further* *RESOLVED, that our AMA advocate to the Centers for Medicare & Medicaid Services and hospital accrediting organizations to require the above recommendations (Directive to Take Action); and be it further*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		RESOLVED, that our AMA seek federal legislation requiring organized medical staff approval in the above listed situations, and develop model state legislation incorporating the same protections. (Directive to Take Action)		
B-213	• American Academy of Emergency Medicine • (Florida)	**Clear Identification and Differentiation of Physicians and Nonphysicians in Clinical Rosters, Signage, and Listings** *RESOLVED, that our American Medical Association amend Policy H-405.951, Definition and Use of the Term Physician, by addition to read as follows:* *Our AMA will advocate that, in all printed and electronic materials, signage, directories, and listings in clinical departments, hospitals, health care facilities, and similar settings, physicians be listed separately from nonphysicians and that this distinction be clear and unambiguous. (Modify Current HOD Policy)*	**SUPPORT**	
B-214	• American Academy of Emergency Medicine • (Florida)	**Prohibiting Health Care Sale-Leaseback Transactions** *RESOLVED, that our American Medical Association advocate for laws and regulations prohibiting purchasers or acquirers of hospitals, health systems, physician practices, and other health care entities, or their affiliates, from requiring or causing the acquired health care entity to enter into a sale-leaseback transaction involving its real property or other material assets (Directive to Take Action); and be it further*	**NO POSITION**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		RESOLVED, that our AMA develops model federal and state legislation prohibiting the imposition of sale-leaseback provisions related to the purchase of health care entities as above. (Directive to Take Action)		
B-216	• American Society of Plastic Surgeons • (Michigan)	**Comprehensive Reform of the No Surprises Act Independent Dispute Resolution Process** *RESOLVED, that our American Medical Association advocate for comprehensive reform of the No Surprises Act Independent Dispute Resolution process, with particular emphasis on improving eligibility determinations, including appropriate pre-submission eligibility verification and attestation, timely and specific standards for payer eligibility challenges, meaningful accountability for patterns of ineligible filings or inappropriate eligibility challenges, and a consistent mechanism for resolving complex eligibility determinations before they unnecessarily burden the IDR process (Directive to Take Action); and be it further* *RESOLVED, that our AMA continue to support passage and implementation of the No Surprises Act Enforcement Act and advocate for additional mechanisms necessary to ensure timely compliance with final and binding IDR determinations, meaningful enforcement and recovery of unpaid or underpaid awards, appropriate remedies for noncompliance, and transparent reporting of health plan compliance with federal IDR payment requirements (New HOD Policy); and be it further*	**NO POSITION**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		RESOLVED, that our AMA advocate for preservation and strengthening of the patient protections underlying the No Surprises Act, including prohibiting practices that improperly increase patient financial responsibility following an IDR determination; condition scheduling, preauthorization, coverage, or access to care upon waiver of NSA protections; or penalize or coerce facilities or physicians solely because of lawful out-of-network physician participation in patient care (Directive to Take Action); and be it further *RESOLVED, that our AMA support balanced safeguards to promote the integrity and sustainability of the federal IDR process, including accountability for systematic ineligible filings; appropriate oversight, registration, and transparency of high-volume filing entities and third-party IDR intermediaries; establishment of a reasonable, transparent, geographically adjusted cap on provider bids submitted through the federal IDR process, based upon an independent and credible benchmark, to prevent extreme outlier offers while preserving meaningful access to independent dispute resolution and appropriate reimbursement for complex, high-acuity care, and other out-of-network services; and accurate calculation, appropriate disclosure, auditing, and enforcement of Qualifying Payment Amount requirements. (New HOD Policy)*		
B-217	• American Society of Plastic Surgeons • (Michigan)	**Strengthening the Patients First Act and Medicare Physician Payment Reform** *RESOLVED, that our American Medical Association advocate that Medicare physician payment reform proposals, including the Patients First Act of 2026,*	**NO POSITION**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		provide annual physician payment updates no less than the full MEI (Directive to Take Action); and be it further *RESOLVED, that our AMA advocate for preservation and advancement of Medicare Physician Fee Schedule reforms that improve payment stability, including appropriate reforms to budget neutrality, utilization estimates, conversion factor volatility, and regular updating of physician practice expense inputs (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate that any replacement or reform of the Merit-based Incentive Payment System, including the proposed Patient Outcome Improvement National Tabulation System (POINTS), meaningfully reduce administrative burden; utilize clinically relevant measures that appropriately account for differences among medical specialties, practice settings, and patient populations; provide meaningful representation and input from affected specialties and practicing physicians in the development and review of such measures; and provide appropriate transition protections for existing clinically valid MIPS and Qualified Clinical Data Registry (QCDR) measures. (Directive to Take Action)*		
B-219	• American Academy of Child and Adolescent Psychiatry • (Medical Student Section)	**Opposing the Use of Artificial Intelligence to Produce Child and Adolescent Sexual Exploitative Material** *RESOLVED, that our American Medical Association oppose the use of artificial intelligence to produce any sexual and other exploitative material of minors (New HOD Policy); and be it further*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		RESOLVED, that our AMA advocate for legislation that opposes the use of artificial intelligence to produce sexual and other exploitative material of minors (Directive to Take Action); and be it further *RESOLVED, that our AMA encourage State Delegations to adopt similar resolutions and advocate at the state level. (New HOD Policy)*		
B-227	• American Society of Addiction Medicine	**Increasing Access to Long-Acting Injectable Medications for SUD** *RESOLVED, that our American Medical Association reaffirm its support for coverage of all FDA-approved medications for SUDs without prior authorization, step therapy, fail-first requirements, or other non-evidence-based utilization-management restrictions (New HOD Policy); and be it further* *RESOLVED, that our AMA support the elimination of patient cost-sharing for FDA-approved medications used to treat SUDs and their administration (New HOD Policy); and be it further* *RESOLVED, that our AMA advocate for payer payment policies for LAIs that appropriately account for each medically necessary dose and its preparation and administration (Directive to Take Action); and be it further* *RESOLVED, that our AMA support federal and state rules and regulations permitting appropriately trained pharmacists to administer lawfully*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		prescribed LAI medications for substance use disorders, after the initial dose, pursuant to a physician's prescription and with appropriate communication with the prescribing physician, in pharmacy settings that satisfy applicable federal and state registration, certification, medication-security, and patient-safety requirements (New HOD Policy); and be it further *RESOLVED, that our AMA urge the Drug Enforcement Administration (DEA), FDA, and other relevant federal agencies to study and support opportunities to reduce unnecessary and duplicative administrative and financial barriers to furnishing LAIs for SUDs across multiple sites of care, including by developing pathways* **t***hat allow qualified practitioners to administer such medications at multiple appropriately licensed or certified locations without duplicative registrations, fees, or site-enrollment requirements, while preserving appropriate medication-security and patient-safety safeguards. (New HOD Policy)*		
B-228	• American Society of Addiction Medicine	**Hospital-Based Substance Use Disorder Care** *RESOLVED, that our American Medical Association support the development, implementation, and dissemination of evidence-based competencies for SUD care in hospitals and emergency departments, including screening, assessment, withdrawal management, overdose care, initiation and continuation of FDA-approved addiction medications, risk-reduction services, and linkage to ongoing treatment (New HOD Policy); and be it further*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		RESOLVED, that our AMA advocate for increased availability of and access to hospital-based addiction treatment services, as appropriate to hospital size, patient volume, and community need (Directive to Take Action); and be it further *RESOLVED, that our AMA advocate for the development, testing, adoption, and public reporting of hospital quality measures related to SUD treatment (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate to the Centers for Medicare & Medicaid Services and other payers for evaluation and modernization of hospital payment systems to ensure adequate recognition and reimbursement of resources required to deliver evidence-based hospital-based SUD care. (Directive to Take Action)*		
B-232	• American Society of Interventional Pain Physicians • American Academy of Pain Medicine • American Academy of Hospice and Palliative Medicine • American Society of Regional	**Timely Processing of DEA Practitioner Registrations to Protect Patient Access to Care** *RESOLVED, that our American Medical Association advocate that the Drug Enforcement Administration restore timely processing of complete practitioner registration applications, including initial, renewal, and modification applications, consistent with its historical processing times (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate that the Drug Enforcement Administration provide each practitioner registration applicant with an estimated date of*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
	Anesthesia and Pain Medicine	*issuance and timely status updates, and publicly report average practitioner registration processing times by field division (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate that the Drug Enforcement Administration establish a transparent expedited review process for practitioner registration applications when a processing delay would interrupt patient care (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate that no physician who has submitted a complete and timely Drug Enforcement Administration registration application experience a lapse in controlled substance prescribing authority due to agency processing delays, including through continuation of an existing registration or issuance of a provisional registration while the application is pending (New HOD Policy); and be it further* *RESOLVED, that our AMA urge Congress and the Department of Justice to fill vacant Drug Enforcement Administration Registration Program Specialist positions, exempt fee-funded registration positions from federal hiring freezes, and ensure that practitioner registration fees are used to maintain timely registration services (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocates that any new quality assurance or review procedures the Drug Enforcement Administration adopts for practitioner registration applications be developed with input from organized medicine,*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		be adequately staffed, and be implemented without lengthening registration processing times (Directive to Take Action); and be it further *RESOLVED, that our AMA survey its membership, in collaboration with interested state and specialty medical societies, to assess the extent of Drug Enforcement Administration registration processing delays and their effects on physician practice, credentialing, employment, and patient access to care, and report findings to the House of Delegates (Directive to Take Action); and be it further* *RESOLVED, that our AMA work with Congress, the Department of Justice Office of the Inspector General, and the Government Accountability Office to monitor Drug Enforcement Administration practitioner registration processing times and staffing* and *their effect on patient access to care (Directive to Take Action); and be it further* *RESOLVED, that our AMA reaffirm Policy D-100.970, "Drug Enforcement Administration Licensure Fees," and Policy D-100.975, "One Fee One Number," in its entirety, which directs our AMA to work with the Drug Enforcement Administration and Congress toward a registration system in which a single DEA registration number can be used by physicians who prescribe, dispense, or administer controlled substances in multiple states, and in which the full DEA registration fee is paid only once, at initial registration, with only a small re-registration fee every three years thereafter. (Reaffirm HOD Policy)*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
B-233	• Association for Clinical Oncology • American Society of Hematology • American Academy of Hospice and Palliative Medicine • American Society for Radiation Oncology	**Medicaid Protections & Continuous Coverage for Active Cancer Care** *RESOLVED, that our American Medical Association advocate for federal and state policies that require Medicaid medical frailty exemptions for individuals under active treatment for cancer or other medically complex chronic conditions and their caregivers remain in continuous effect throughout treatment and survivorship follow-up and prohibit mid-treatment disenrollment or procedural terminations. (Directive to Take Action).*	**SUPPORT**	
B-234	• Association for Clinical Oncology • American College of Rheumatology • American Society of Hematology • American Society for Radiation Oncology	**Research Infrastructure & Overcoming Non-Medical Clinical Trial Barriers** *RESOLVED, that our American Medical Association advocate for federal legislation and Anti-Kickback Statute safe harbors allowing trial sponsors to cover patient non-medical trial costs (travel, lodging, childcare) without tax penalties or safety-net benefit disqualification (Directive to Take Action); and be it further* *RESOLVED, that our AMA support modernizing trial access by advocating for telehealth payment parity, cross-state licensure flexibilities, and local lab/imaging use (New HOD Policy); and be it further* *RESOLVED, that our AMA advocate to ensure trial participation counts toward Medicaid community engagement or confers a reporting hardship exemption. (Directive to Take Action)*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
B-235	• American Thoracic Society	**Assisting Physicians in Navigating Changes to Medicaid Medical Frailty Exemptions** *RESOLVED, that our American Medical Association collaborate with state and specialty medical associations to develop and disseminate guidance, educational materials, and other resources to assist physicians and physician practices in navigating changes to Medicaid medical frailty exemptions resulting from Public Law 119-21 and its implementing regulations, including medical frailty determinations, documentation, verification, and related requirements. (Directive to Take Action)*	**SUPPORT**	
		REFERENCE COMMITTEE C		
C-305	• American Academy of Hospice and Palliative Medicine	**Certification for Hospice Medical Directors** *RESOLVED, that our American Medical Association advocate for recognition of Hospice and Palliative Medicine board certification or Hospice Medical Director Certification as qualification standards for physicians designated as hospice medical directors with an implementation period sufficient to avoid reducing beneficiary access to hospice care, particularly in rural and underserved communities (Directive to Take Action); and be it further* *RESOLVED, that our AMA support the principle that hospice medical directors should obtain board certification in Hospice and Palliative Medicine or Hospice Medical Director Certification, and encourage hospice agency*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		employers to support the time and cost of certification (New HOD Policy); and be it further *RESOLVED, that our AMA study the workforce, access and regulatory implications of hospice medical director qualification standards, including Hospice and Palliative Medicine or Hospice Medical Director Certification, and report its findings to the House of Delegates (Directive to Take Action); and be it further* *RESOLVED, that our AMA collaborate with relevant specialty societies, including but not limited to the American Academy of Hospice and Palliative Medicine, and accrediting organizations to promote standards supporting physician competency in hospice medical director roles. (Directive to Take Action)*		
		REFERENCE COMMITTEE F		
F-601	• American Society of Plastic Surgeons • American Society for Maxillofacial Surgeons • (Michigan)	**Strengthening Board Oversight and Engagement in Major AMA Federal Advocacy** *RESOLVED, that our American Medical Association develop and maintain an appropriate process to ensure that the Board of Trustees receives timely information regarding significant state and federal advocacy initiatives, negotiations, and policy developments that could substantially affect*	**Neutral (NO POSITION)**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
	• American Association for Hand Surgery • American Society of Aesthetic Plastic Surgeons • (Missouri) • American Society for Reconstructive Microsurgery	*patients, physicians, physician practices, or the health care system (Directive to Take Action); and be it further* *RESOLVED, that our AMA ensure that, except when immediate action is reasonably necessary, the Board of Trustees is informed and provided an appropriate opportunity for consultation before AMA management endorses, formally supports, or commits the AMA to a significant state or federal legislative or regulatory proposal that could substantially affect physician payment, patient access to care, administrative burden, or other significant aspects of the practice of medicine (New HOD Policy); and be it further* *RESOLVED, that when immediate action is reasonably necessary and prior consultation is not practicable, our AMA inform the Board of Trustees of the action taken as soon as practicable thereafter (New HOD Policy); and be it further* *RESOLVED, that our AMA report to the House of Delegates on the process developed pursuant to this resolution at the next meeting of the House. (Directive to Take Action)*		
F-603	• American Association of Neurological Surgeons	**Ensuring Relevance and Mission Alignment in House of Delegates Business** *RESOLVED, that our American Medical Association require that all submitted resolutions include a brief statement describing the direct relevance within the United States to the mission of our AMA "to promote the art and science*	**Neutral (NO POSITION)**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
	• Congress of Neurological Surgeons	*of medicine and the betterment of public health" and explaining how the subject matter and action requested of our AMA fall within its medical, health policy, or public health expertise (New HOD Policy); and be it further* *RESOLVED, that our AMA direct reference committees, in collaboration with the Speakers, to consider relevance to the AMA's mission and jurisdiction and whether the action requested of our AMA by the resolution falls within its medical, health policy, or public health expertise when making recommendations on resolutions at meetings of the HOD (Directive to Take Action); and be it further* *RESOLVED, that our AMA encourage and publicize the use of alternative mechanisms for consideration of issues that do not meet criteria for policy actions or in lieu of resolutions asking for reaffirmation or minor changes which would not substantially alter the AMA's ability to take action based upon existing policy (Directive to Take Action); and be it further* *RESOLVED, that our AMA report back at the 2028 Annual Meeting of the House of Delegates on the implementation and impact of these guidelines on the volume and scope of resolutions considered by the House of Delegates. (Directive to Take Action)*		
		REFERENCE COMMITTEE J		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
J-802	• American College of Lifestyle Medicine	**Payer Coverage and Tax-Advantaged Access for Physical Activity Professionals, Services, and Programs** *RESOLVED, that our American Medical Association advocate for sustainable public and private payer coverage for evidence-based physical activity assessment, exercise prescription, and related behavioral counseling, referral, and longitudinal follow-up services (New HOD Policy); and be it further* *RESOLVED, that our AMA advocate for policies supporting clinically integrated referral pathways to evidence-based exercise programs and qualified exercise professionals with education, training, and demonstrated competencies appropriate to patient needs and clinical complexity (New HOD Policy); and be it further* *RESOLVED, that our AMA advocate for federal legislation and regulatory policies expanding eligibility under tax-advantaged, Health Savings Accounts and health flexible spending arrangements for physical activity and exercise services and programs, and related nutrition and behavior-change services and programs, for chronic disease prevention and general health promotion. (Directive to Take Action)*	**NO POSITION**	
J-803	• American Society for Reproductive Medicine	**Coverage of Embryonic Monogenic Disorder Screening as a Medically Necessary Benefit**	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
	• American College of Obstetricians and Gynecologists • American College of Medical Genetics and Genomics • Endocrine Section Council (The Endocrine Society, American Association of Clinical Endocrinology, and the American Society for Reproductive Medicine)	*RESOLVED, that our American Medical Association support public and private health insurance coverage for clinically indicated monogenic disorder screening, including carrier and preimplantation embryo testing, when supported by evidence-based clinical guidelines and physician judgment (New HOD Policy); and be it further* *RESOLVED, that our AMA advocate for embryonic monogenic disorder screening to be recognized as a medically necessary covered benefit by public and private payers when such testing is recommended according to established professional society guidelines or based on individualized clinical assessment (Directive to Take Action); and be it further* *RESOLVED, that our AMA encourage insurers to develop transparent and standardized coverage policies for embryonic monogenic disorder screening that minimize administrative barriers, including burdensome prior authorization requirements, that may delay medically appropriate care (New HOD Policy); and be it further* *RESOLVED, that our AMA advocate for equitable access to medically indicated embryonic monogenic disorder screening to reduce disparities in reproductive healthcare decision-making among historically underserved populations (Directive to Take Action); and be it further* *RESOLVED, that our AMA work with relevant medical specialty societies, patient advocacy organizations, and policymakers to promote education*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		regarding the clinical utility and cost- effectiveness of embryonic monogenic disorder screening of embryos in improving patient outcomes and informing patient-centered care. (Directive to Take Action)		
J-804	• (Kentucky) • American College of Lifestyle Medicine	**Medicare Coverage of Continuous Glucose Monitoring for Non-Insulin Treated Type 2 Diabetes** *RESOLVED, that our American Medical Association amend Policy H-330.885, "Medicare Public Insurance Coverage of Continuous Glucose Monitoring Devices for Patients with Insulin-Dependent Diabetes," by addition and deletion to read as follows:* *Medicare Public Insurance Coverage of Continuous Glucose Monitoring Devices for Patients 10 with Diabetes H-330.885* *Our American Medical Association supports efforts to achieve Medicare coverage of continuous and flash glucose monitoring ~~devices~~ systems for patients with diabetes, including patients with type 2 diabetes who are not treated with insulin, when it is evidenced-based and determined clinically appropriate by the treating physicians.* *Our AMA advocate that the Centers for Medicare & Medicaid Services (CMS) revise Medicare coverage criteria for CGM to permit coverage for beneficiaries with non-insulin-treated type 2 diabetes when clinically appropriate, without requiring insulin use or a documented history of problematic hypoglycemia as the sole qualifying criteria.*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		Our AMA advocate for Medicare CGM coverage policies that preserve physician clinical judgment, incorporate evolving evidence and clinical guidelines, and avoid unnecessary administrative barriers to medically appropriate CGM access. *Our AMA support continued research evaluating the clinical effectiveness, health outcomes, health care utilization, quality of life, health equity, and cost-effectiveness of CGM among patients with non-insulin-treated type 2 diabetes. (Modify Current HOD Policy)*		
J-805	• American College of Emergency Physicians	*Meaningful Enforcement of Prohibitions on the Corporate Practice of Medicine* *RESOLVED, that our American Medical Association amend Policy H-215.981, "Corporate 25 Practice of Medicine," by modification to read as follows:* *1. Our American Medical Association vigorously opposes any effort to pass legislation or regulation that removes or weakens state or federal laws prohibiting the corporate practice of medicine.* *2. Our AMA opposes the corporate practice of medicine and supports the restriction of ownership and operational authority of physician medical practices to physicians or physician-owned groups.* *3. Our AMA, at the request of state medical associations, will provide guidance, consultation, and model legislation regarding the corporate practice of medicine, to ensure the autonomy of hospital medical staffs,*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		employed physicians in non-hospital settings, and physicians contracting with corporately owned management service organizations. *4.Our AMA will continue to monitor the evolving corporate practice of medicine with respect to its effect on the patient-physician relationship, financial conflicts of interest, patient-centered care and other relevant issues.* *5. Our AMA will work with interested state medical associations, the federal government, and other interested parties to develop and advocate for regulations and appropriate legislation pertaining to corporate control of practices in the health care sector such that physician clinical autonomy and operational authority are preserved and protected.* *6. Our AMA will create a state corporate practice of medicine template to assist state medical associations and ~~national medical~~ specialty societies as they navigate the intricacies of corporate investment in physician practices and health care ~~generally at the state level~~ and develop the most effective means of prohibiting the corporate practice of medicine in ways that are not detrimental to the sustainability of physician practices, i<u>ncluding meaningful enforcement mechanisms, remedies, and protections against retaliation and provisions rendering unenforceable contractual restrictions that interfere with physicians' independent professional judgment, patient advocacy, or good-faith reporting]</u>* *7. Our AMA supports <u>meaningful</u> enforcement of existing regulations and legislation pertaining to corporate control of practices in the health care sector to ensure that physician clinical autonomy and operational authority ~~is~~ <u>are</u> preserved and protected, <u>including appropriate enforcement authority and meaningful remedies for violations.</u>*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		8. Our AMA supports capital reserve requirements and leverage standards that preserve access to care for patients and fulfillment of contractual obligations to physicians and trainees by providing stable financing for hospitals, clinics, and other health care facilities. (Modify Current HOD Policy)		
J-811	• American Academy of Physical Medicine & Rehabilitation • American Academy of Pediatrics • Association of Academic Physiatrists • American Association of Neuromuscular & Electrodiagnostic Medicine • (Medical Student Section)	**Government Support of Adaptive Sports Programming** *RESOLVED, that our American Medical Association advocate for increased public funding for the development, expansion, accessibility, and sustainability of adaptive sports programming for athletes of all ages, particularly in low-income and rural communities (Directive to Take Action); and be it further* *RESOLVED, that our AMA encourage the integration of adaptive sports and recreation into the rehabilitation care continuum, including physician counseling of patients of all ages with disabilities regarding the health benefits of adaptive sports participation and referral to community adaptive sports programs (New HOD Policy); and be it further* *RESOLVED, that our AMA support the inclusion of appropriately trained medical and coaching personnel, pre-participation medical assessment, and proper fitting of adaptive sports equipment within publicly funded adaptive sports programming (New HOD Policy); and be it further*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		RESOLVED, that our AMA reaffirm Policy H-90.961, "Private and Public Insurance Coverage for Adaptive Sports Equipment Including Prostheses and Orthoses." (Reaffirm HOD Policy)		
J-814	• American Thoracic Society	**Coverage of SMART Therapy for Asthma** *RESOLVED, that our American Medical Association advocate that public and private health plans, including state Medicaid programs, provide formulary coverage of brand-name formulations and FDA-approved generic equivalents of budesonide–formoterol and mometasone–formoterol, without prior authorization requirements (Directive to Take Action); and be it further* *RESOLVED, that our AMA advocate that health plans increase quantity limits per month, allow three-month supplies when possible, and adjust the days' supply per month and refill thresholds to support the dispensing of budesonide-formoterol and/or mometasone-formoterol in adequate quantities for patients to correctly follow SMART dosing without disruptions in inhaler dispensing (Directive to Take Action); and be it further* *RESOLVED, that our AMA recommends that pharmacies adjust dispensing and claims- adjudication protocols to ensure that the National Drug Code (NDC) submitted reflects the patient's formulary coverage and preference for brand-name versus generic products. (New HOD Policy)*	**NO POSITION**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
J-817	• American College of Emergency Physicians	**Proposed revised H-450.982, Patient Satisfaction, Patient Experience, and Quality of Care** *RESOLVED, that our American Medical Association recognizes patient feedback and appropriately designed patient-experience and patient-satisfaction measures as valuable tools for improving communication, patient-centered care, health care delivery, quality improvement, formative feedback, and professional development (New HOD Policy); and be it further* *RESOLVED, that our AMA supports continued efforts to improve the measurement of patient experience and patient satisfaction, including ensuring that such measures are valid, reliable, and used for the purposes for which they were developed (New HOD Policy); and be it further* *RESOLVED, that our AMA opposes tying individual physician compensation, bonuses, hiring, employment retention or termination, promotion, credentialing, contracting, or network participation to patient-experience or patient-satisfaction survey scores (New HOD Policy); and be it further* *RESOLVED, that our AMA opposes policies or incentives based on patient-experience or patient-satisfaction survey scores that may interfere with independent clinical judgment or incentivize medically unnecessary, inappropriate, or unsafe care (New HOD Policy); and be it further*	**NO POSITION**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		RESOLVED, that our AMA rescind policy H-450.982. (Rescind Current HOD Policy)		
J-818	• American College of Emergency Physicians	**Proposed Revised D-385.958 - Patient Satisfaction Surveys and Quality Parameters as Criteria for Physician Payment** *RESOLVED, that our American Medical Association amend Policy D-385.958 by addition and deletion to read as follows:* *Our American Medical Association will work with the Centers for Medicare & Medicaid Services (CMS) and non-government payers, hospitals, health systems, and physician employers to ensure that;* *(1) subjective criteria, such as patient satisfaction surveys, ~~be used only as an adjunctive and not a determinative~~ not be used as a measure of physician quality for the purpose of physician payment, employment, credentialing, or contracting; and* *(2) physician payment determination, when incorporating quality parameters, only consider measures that are under the direct control of the physician. (Modify Current HOD Policy)*	**SUPPORT**	
J-820	• American Academy of Emergency Medicine	**Strengthening Emergency Interfacility Transfer Infrastructure** *RESOLVED, that our American Medical Association advocate for federally supported regional emergency transfer coordination systems providing a single point of access to real-time receiving-hospital capabilities and medical transport availability for time-sensitive interfacility transfers, with*	**SUPPORT**	

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		participation by Medicare-participating hospitals with relevant emergency or specialized capabilities (Directive to Take Action); and be it further *RESOLVED, that our AMA advocate to Congress and the Centers for Medicare & Medicaid Services for payment models that support emergency interfacility transport readiness, including dedicated or regionally shared advanced and critical-care transport capacity without compromising 911 response. (Directive to Take Action)*		
		REFERENCE COMMITTEE K		
K-901	• American Association of Public Health Physicians	**The Establishment of Mandatory National Reporting of Naegleria Fowleri and Other Amebic Encephalitides** *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*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		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)*		
K-905	• (Medical Student Section) • American Academy of Pediatrics	**Integrating Drowning Prevention Counseling and Resource Referral into Pediatric Preventive Care** *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.*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		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)*		
K-907	• (Medical Student Section) • American College of Physicians • (Connecticut) • (Maine) • (Massachusetts) • (New Hampshire) • (Rhode Island) • (Vermont)	**Affirming Support for the National Institutes of Health Advisory Councils** *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)*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
K-910	• (Underrepresented in Medicine Advocacy Section) • American Association of Public Health Physicians • American Academy of Addiction Psychiatry	**Consolidating and Modernizing AMA Policy on Alcohol Excise Taxation** *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*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		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*		

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		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)*		
K-912	• American Academy of Ophthalmology	**Reducing Medical Waste Through Electronic Instructions for Use (e-IFU) for Surgical and Medical Device Products** *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*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		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)		
K-914	• Endocrine Society • American College of Obstetricians & Gynecologists • American Society for Reproductive Medicine • American Association of Clinical Endocrinology • (Resident and Fellow Section)	**National Strategy to Close the Women's Health Gap** *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 (New HOD Policy); 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 (New HOD Policy); 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 (Directive to Take Action); and be it further* *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*	**SUPPORT**	

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		(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. (Modify Current HOD Policy)		
K-915	• American Epilepsy Society • American Academy of Neurology	**Ensuring Expert and Lived Experience Input in Federal National Health Plans** *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)*	**SUPPORT**	
K-916	• American Psychiatric Association • National Medical Association • Underrepresented in Medicine Advocacy Section • American Academy of Child and Adolescent Psychiatry	**Opposition to Recreational Nicotine Products in Federal Correctional Facilities** *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*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
	• American Academy of Addiction Psychiatry • American Association of Public Health Physicians • American Academy of Psychiatry and the Law • American Association for Geriatric Psychiatry • (Resident and Fellow Section)	*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)*		
K-917	• American Academy of Dermatology • American Society for Dermatologic Surgery • American Contact Dermatitis Society • American College of Mohs Surgery	**Modernizing Sunscreen Regulation to Advance Skin Cancer Prevention and Public Health** *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*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
	• American Society of Dermatopathology • Society for Investigative Dermatology • Society for Pediatric Dermatology • American Society for Laser Medicine and Surgery • American Academy of Facial Plastic and Reconstructive Surgery • (Maryland) • (District of Columbia) • (Connecticut) • (Maine) • (Massachusetts) • (New Hampshire) • (Rhode Island) • (Vermont)	*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)*		

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	• (Medical Student Section)			
K-919	• American Academy of Child and Adolescent Psychiatry • American Psychiatric Association • American Association for Geriatric Psychiatry	**Protecting the Use of Evidence-Based Psychotropic Medications for the Treatment of Psychiatric Conditions** *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)*	**SUPPORT**	
K-920	• (LGBTQ+ Section) • American College of Obstetricians and Gynecologists	**Improving Protection for Patient Medical Records and Health Care** *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*	**SUPPORT**	

Report / Resolution by Reference Committee	Introduced / Presented by	Title and Resolved Clause(s) or Recommendations	SSS GC Recommend-ation	ORC / Prelim Report Recommend-ation
		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)*		
K-924	• (Resident and Fellow Section) • American College of Lifestyle Medicine	**Ensuring Evidence-Based Nutrition Guidance in Public Health and Clinical Practice**	**SUPPORT**	

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		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)*		
K-928	• (California) • American Association of Neurological Surgeons • Congress of Neurological Surgeons • American Academy of Emergency Medicine • (Arizona) • (Guam) • (Washington)	**Electric Bike and Scooter Safety, Regulation, and Enforcement** *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 8 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:* *a. 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-15 bikes and all scooters;*	**SUPPORT**	

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		b. Additional gear should include elbow pads, knee pads, wrist guards, closed-toe footwear and high-visibility or reflective gear for use at nighttime; *c. Headphones should be avoided during use;* *d. E-scooters and Class 3 e-bikes should have a minimum age of 16 to 21 operate;* *e. Require education and training for Class 3 e-bikes;* *f. Define where e-bikes can be ridden both on and off-road, including speed limits on shared paths and no operation allowed on sidewalks;* *g. No distractions while operating;* *h. No passengers while operating;* *i. Regulate out-of-class products and anti-tampering; and* *j. 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*		

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		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*		

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		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)		
K-929	• American Association of Public Health Physicians	**Strengthening Physician Education and Standardized Protocols for Human Rabies Post-Exposure Prophylaxis** *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)*	**SUPPORT**	
K-931	• Association for Clinical Oncology • American College of Rheumatology • American Society of Hematology	**Allocation, Liability Protections, & Generic Drug Shortages** *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*	**SUPPORT**	

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	• American Academy of Hospice and Palliative Medicine • American Society for Radiation Oncology	*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)*		
K-932	• American Thoracic Society	**Recognizing the Challenge of Tobacco use in the Era of Commercial E-Cigarettes and Nicotine Products** *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*	**SUPPORT**	

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		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)*		
K-933	• American Thoracic Society	**Preventing Silicosis Associated with Engineered Stone Countertops** *RESOLVED, that our American Medical Association support California's proposed emergency regulation to prohibit the fabrication of engineered*	**SUPPORT**	

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		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 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)*		
		Resolutions not for Consideration		
303	• (Medical Student Section) • American Academy of Ophthalmology	**Transparent Visiting Rotation Fee Disclosure** *RESOLVED, that our American Medical Association supports efforts to ensure transparent preapplication disclosure of all mandatory fees and expenses associated with visiting student rotations, including fees assessed through*		

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	• (Resident and Fellow Section)	*centralized application platforms and by host institutions, such that those fees and expenses are specific, well-defined, and available to applicants before application submission. (New HOD Policy)*		
		Non-Specialty Resolutions – discussed during SSS Virtual Assembly Meeting		
X-###	•			
X-###	•			
X-###	•			