

AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Report of the AMA-YPS Reference Committee

Peter DeRosa, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:
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3 **RECOMMENDED FOR ADOPTION**

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5 1. Resolution 1 - Ensuring Augmented Intelligence Reduces Rather Than
6 Redistributes Physician Burden
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8 2. Resolution 3 - Updating the Young Physicians Section Name to Reflect Career
9 Stage
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11 **RECOMMENDED FOR ADOPTION AS AMENDED**

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13 3. Resolution 2 - Supporting Legislation for the Regulation of Artificial Intelligence
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15 **RECOMMENDED FOR FILING**

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17 4. Report A - AMA Advocacy Efforts
18

19 **RECOMMENDED FOR CONSIDERATION**

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21 5. Late Resolution 1 - Minimizing Patient Harm for Autonomous Artificial Intelligence

RECOMMENDED FOR ADOPTION

- (1) RESOLUTION 1 - ENSURING AUGMENTED INTELLIGENCE REDUCES RATHER THAN REDISTRIBUTES PHYSICIAN BURDEN

RECOMMENDATION:

Your Reference Committee recommends that Resolution 1 be adopted.

RESOLVED, that our American Medical Association oppose the use of anticipated, theoretical, or vendor-projected efficiency gains from augmented intelligence technologies as the sole basis for increasing physician patient volume, shortening appointment duration, reducing clinical support staffing, or increasing physician productivity requirements, and advocate that demonstrated effects on physician capacity, patient safety, quality of care, and physician well-being be considered before implementing such changes; and be it further

RESOLVED, that our AMA advocate that practicing physicians be meaningfully involved in determining how demonstrated efficiency gains resulting from augmented intelligence technologies are incorporated into clinical workflows, staffing models, scheduling practices, and physician workload expectations; and be it further

RESOLVED, that our AMA recognize physician time and cognitive effort spent reviewing, validating, correcting, contextualizing, approving, or otherwise supervising augmented intelligence-generated clinical output as physician work that should be appropriately considered in workload, staffing, productivity, and compensation models.

Your Reference Committee heard limited but supportive testimony for this resolution, highlighting the value of protecting the patient-physician relationship and recognition of physician work that goes into monitoring these augmented intelligence technologies. Therefore, your Reference Committee recommends that Resolution 1 be adopted.

- (2) RESOLUTION 3 - UPDATING THE YOUNG PHYSICIANS SECTION NAME TO REFLECT CAREER STAGE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 3 be adopted.

RESOLVED, that our American Medical Association Young Physicians Section (YPS) be renamed the Early Career Physicians Section (ECPS) and the AMA Bylaws be updated to reflect this change.

Your Reference Committee heard testimony in support of the Section's name change, which gave examples of other committees and medical societies that renamed their Young Physicians Section to Early Career Physicians Section. This name change also identifies physicians based on their career stage rather than their chronological age. Therefore, your Reference Committee recommends that Resolution 3 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(3) RESOLUTION 2 - SUPPORTING LEGISLATION FOR THE REGULATION OF ARTIFICIAL INTELLIGENCE

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 2 be amended by deletion to read as follows:

RESOLVED, that the American Medical Association ~~will create and adopt a policy to assess and support legislation that~~ advocate for, ~~but is not limited to,~~ the implementation of safeguards protecting the physical and mental health of minors engaging with AI, support safe and responsible use of AI for healthcare queries, and guidance on rapidly emerging technology for parents, teachers, and the greater healthcare community.

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 2 be adopted as amended.

RESOLVED, that the American Medical Association will create and adopt a policy to assess and support legislation that advocates for, but is not limited to, the implementation of safeguards protecting the physical and mental health of minors engaging with AI, support safe and responsible use of AI for healthcare queries, and guidance on rapidly emerging technology for parents, teachers, and the greater healthcare community.

Your Reference Committee heard limited but supportive testimony for this resolution. The resolution emphasizes the importance of protecting the physical and mental health of minors that utilize AI and the necessity of creating guidance for safe use of these technologies by minors. An online forum comment suggested an editorial amendment to provide clearer action from the AMA, which your Reference Committee agreed with. Therefore, your Reference Committee recommends that Resolution 2 be adopted as amended.

RECOMMENDED FOR FILING

(7) REPORT A - AMA ADVOCACY EFFORTS

RECOMMENDATION:

Your Reference Committee recommends that Report A be filed.

Report A includes key AMA advocacy priorities of the year, as well as specific AMA-YPS policy impact and influence. This is an informational report that provides an overview of advocacy efforts accomplished by the AMA. Further, this report details YPS policymaking successes that have contributed to the AMA's advocacy efforts and enhanced discussions on significant issues impacting patients and physicians.

There was no online testimony for Report A. Therefore, your Reference Committee recommends that Report A be filed.

RECOMMENDED FOR CONSIDERATION

(8) LATE RESOLUTION 1 - MINIMIZING PATIENT HARM FOR AUTONOMOUS ARTIFICIAL INTELLIGENCE

RECOMMENDATION A:

Your Reference Committee recommends that late resolution 1 be considered.

RESOLVED, that our American Medical Association vocally oppose granting (or equating) artificial intelligence systems or other non-human entities with physician licensure, professional titles, or certification to practice medicine; and add this opposition to H-480.931 (Directive to Take Action, New HOD Policy); and be it further

RESOLVED, that our AMA write and disseminate model legislation that, at a minimum:

- Prohibits misrepresentation of non-human entities with titles reserved for physicians,
- Defines distinctions between authorization of medical technology and professional licensure,
- Prohibits non-human entities from performing clinical tasks traditionally associated with the practice of medicine without real-world evidence of superior safety and efficacy,
- Prohibits artificial intelligence (AI) organizations from prospectively collecting clinical patient data for proprietary or research purposes without explicit authorization by the patient,
- Creates a liability framework protecting physicians' independent decision-making from liability arising from non-use of AI recommendations or non-use of AI tools in general,
- Creates a robust supervision framework for physician oversight of AI clinical decision-making with adequate physician reimbursement for such supervision

RESOLVED, that our AMA add to the goals of the ongoing study requested by A-26 Resolution 238 by also studying the changing implications of autonomous artificial intelligence in clinical care, including proposals to license or certify non-human entities to assume roles of healthcare professionals with recommendations reported to the 2027 Annual Meeting of the House of Delegates (Directive to Take Action); and be it further

RESOLVED, that this resolution be forwarded immediately by the AMA YPS to the AMA HOD for consideration at Interim 2026.

This resolution was submitted after the YPS resolution deadline on September 17, which deems it as a late resolution. The author explained that the lateness is due to an HHS statement that took place after the resolution deadline. There was no online forum commentary on this item as it was not posted on the YPS online forum. Your Reference Committee discussed the nature of the late resolution and recommends that it be considered.

This concludes the report of the AMA-YPS Reference Committee. I would like to thank Marc Drake, MD; Max Galvan, MD; Madhav Sharma, MD; and John White, MD, and all those who testified before the Committee.

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