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A	CMS Report 3	Review of Payment Options for Traditional Healing Services	The Council on Medical Service recommends that the following be adopted in lieu of Resolution 106-A-23, and the remainder of the report be filed: 1. That our American Medical Association (AMA) amend Policy H-350.976 by addition and deletion, and modify the title by addition, as follows: Improving Health Care of American Indians and Alaska Natives H-350.976 (1) Our AMA recommends that: (1) All individuals, special interest groups, and levels of government recognize the American Indian and Alaska Native people as full citizens of the US, entitled to the same equal rights and privileges as other US citizens. (2) The federal government provide sufficient funds to support needed health services for American Indians and Alaska Natives. (3) State and local governments give special attention to the health and health-related needs of nonreservation American Indians and Alaska Natives in an effort to improve their quality of life. (4) American Indian and Alaska Native religious and cultural beliefs be recognized and respected by those responsible for planning and providing services in Indian health programs. (5) Our AMA recognize practitioners of Indigenous medicine as an integral and culturally necessary individual in delivering health care to American Indians and Alaska Natives. (6) Our AMA support monitoring of Medicaid Section 1115 waivers that recognize the value of traditional American Indian and Alaska Native healing services as a mechanism for improving patient-centered care and health equity among American Indian and Alaska Native populations when coordinated with physician-led care. (7) Our AMA support consultation with Tribes to facilitate the development of best practices, including but not limited to culturally sensitive data collection, safety monitoring, the development of payment methodologies, healer credentialing, and tracking of traditional healing services utilization at Indian Health Service,	Support

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			Tribal, and Urban Indian Health Programs. (~~6~~8) Strong emphasis be given to mental health programs for American Indians and Alaska Natives in an effort to reduce the high incidence of alcoholism, homicide, suicide, and accidents. (~~7~~9) A team approach drawing from traditional health providers supplemented by psychiatric social workers, health aides, visiting nurses, and health educators be utilized in solving these problems. (~~8~~10) Our AMA continue its liaison with the Indian Health Service and the National Indian Health Board and establish a liaison with the Association of American Indian Physicians. (~~9~~11) State and county medical associations establish liaisons with intertribal health councils in those states where American Indians and Alaska Natives reside. (~~10~~12) Our AMA supports and encourages further development and use of innovative delivery systems and staffing configurations to meet American Indian and Alaska Native health needs but opposes overemphasis on research for the sake of research, particularly if needed federal funds are diverted from direct services for American Indians and Alaska Natives. (~~11~~13) Our AMA strongly supports those bills before Congressional committees that aim to improve the health of and health-related services provided to American Indians and Alaska Natives and further recommends that members of appropriate AMA councils and committees provide testimony in favor of effective legislation and proposed regulations. (Modify HOD Policy) 2. That our AMA reaffirm Policy D-350.996, which states that the AMA will continue to identify and incorporate strategies specific to the elimination of minority health care disparities in its ongoing advocacy and public health efforts. (Reaffirm HOD Policy) 3. That our AMA reaffirm Policy H-200.954, which supports efforts to quantify the geographic maldistribution of physicians and encourages medical schools and residency programs to consider developing admissions policies and practices and targeted educational efforts aimed at attracting physicians to practice in	

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			underserved areas and to provide care to underserved populations. (Reaffirm HOD Policy) 4. That our AMA reaffirm Policy H-350.949, which encourages state Medicaid agencies to follow the Centers for Medicare & Medicaid Services Tribal Technical Advisory Group's recommendations to improve care coordination and payment agreements between Medicaid managed care organizations and Indian health care providers. (Reaffirm HOD Policy) 5. That our AMA reaffirm Policy H-350.977, which supports expanding the American Indian role in their own health care and increased involvement of private practitioners and facilities in American Indian health care through such mechanisms as agreements with Tribal leaders or Indian Health Service contracts, as well as normal private practice relationships. (Reaffirm HOD Policy)	
A	CMS Report 7	Ensuring Privacy in Retail Health Care Settings	The Council on Medical Service recommends that the following be adopted, and the remainder of the report be filed: 1. That our American Medical Association (AMA) will: (a) support regulatory guidance to establish a privacy wall between the health business and non-health business of retail health care companies to eliminate sharing of protected health information, re-identifiable patient data, or data that could be reasonably be used to re-identify a patient when combined with other data for uses not directly related to patients' medical care; (b) support the prohibition of Terms of Use that require data sharing for uses not directly related to patients' medical care in order to receive care, while still allowing data sharing where required by law (e.g., infectious disease reporting); (c) support the separation of consents required to receive care from any consents to share data for non-medical care reasons, with clear indication that patients do not need to sign the data-sharing agreements in order to receive care; (d) support the prohibition of "clickwrap" contracts for use of a	Support

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			health care service without affirmative patient consent to data sharing; (e) support the requirement that retail health care companies must use an active opt-in selection for obtaining meaningful consent for data use and disclosure, otherwise the default should be that the patient does not consent to disclosure; (f) support the requirement that retail health care companies clearly indicate how patients can withdraw consent and request deletion of data retained by the non-health care providing units, which should be by a means no more onerous than providing the initial consent. (New HOD Policy) 2. That our AMA reaffirm Policy D-315.968, which advocates for legislation that aligns mobile health apps and other digital health tools with the AMA Privacy Principles. (Reaffirm HOD Policy) 3. That our AMA reaffirm Policy H-315.962, which supports efforts to promote transparency in the use of de-identified patient data and to protect patient privacy by developing methods of, and technologies for, de-identification of patient information that reduce the risk of re-identification of such data. (Reaffirm HOD Policy) 4. That our AMA reaffirm Policy H-480.940, which promotes development of thoughtfully designed, high-quality, clinically validated health care AI that safeguards patients' privacy interests and preserves the security and integrity of personal information. (Reaffirm HOD Policy) 5. Rescind Policy H-315.960, as having been completed with this report. (Rescind HOD Policy)	
A	Resolution 102 (Medical Student Section)	Medicaid & CHIP Benefit Improvements	RESOLVED, that our American Medical Association amend H-185.929 Hearing Aid Coverage by addition as follows; Hearing Aid Coverage H-185.929 1. Our American Medical Association supports public and private health insurance coverage that provides all hearing-impaired infants	Support

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			and children access to appropriate physician-led teams and hearing services and devices, including digital hearing aids. 2. Our AMA supports hearing aid coverage for children that, at minimum, recognizes the need for replacement of hearing aids due to maturation, change in hearing ability and normal wear and tear. 3. Our AMA encourages private health plans to offer optional riders that allow their members to add hearing benefits to existing policies to offset the costs of hearing aid purchases, hearing-related exams and related services. 4. Our AMA supports coverage of hearing tests administered by a physician or physician-led team as part of Medicare's Benefit. 5. Our AMA supports policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly. 6. Our AMA encourages increased transparency and access for hearing aid technologies through itemization of audiologic service costs for hearing aids. 7. Our AMA supports the availability of over-the-counter hearing aids for the treatment of mild-to-moderate hearing loss. 8. Our AMA supports physician and patient education on the proper role of over the counter hearing aids, including the value of physician-led assessment of hearing loss, and when they are appropriate for patients and when there are possible cost-savings. 9. Our AMA encourages the United States Preventive Services Task Force to re-evaluate its determination not to recommend preventive hearing services and screenings in asymptomatic adults over age 65 in consideration of new evidence connecting hearing loss to dementia. 10. Our AMA advocates that hearing exams, hearing aids, cochlear implants, and aural rehabilitative services be covered in all Medicaid and CHIP programs and any new public payers. (Modify Current HOD Policy) RESOLVED, that our AMA advocate that routine comprehensive vision exams and visual aids (including eyeglasses and contact lenses) be covered in all Medicaid and CHIP programs and by any new public payers (Directive to Take Action)	

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			RESOLVED, that our AMA amend H-330.872, “Medicare Coverage for Dental Services” by addition and deletion as follows. Medicare Coverage for Dental Services H-330.872 Our AMA supports: (1) continued opportunities to work with the American Dental Association and other interested national organizations to improve access to dental care for Medicare, Medicaid, CHIP, and other public payer beneficiaries; and (2) initiatives to expand health services research on the effectiveness of expanded dental coverage in improving health and preventing disease among ~~in the~~ Medicare, Medicaid, CHIP, and other public payer beneficiaries ~~population~~, the optimal dental benefit plan designs to cost-effectively improve health and prevent disease ~~in the~~ among Medicare, Medicaid, CHIP, and other public payer beneficiaries ~~population~~, and the impact of expanded dental coverage on health care costs and utilization. (Modify Current HOD Policy)	
A	Resolution 103 (Oklahoma)	Medicare Advantage Plans	RESOLVED, that our American Medical Association urge the United States Congress and Center for Medicare and Medicaid Services to take steps to end the upcoding for Medicare Advantage plans that results in high subsidies which are unfair to traditional Medicare and burdensome to the public treasury and many beneficiaries (New HOD Policy) RESOLVED, that our AMA encourages Center for Medicare and Medicaid Services to improve the attractiveness of traditional Medicare so that the option remains robust and available giving beneficiaries greater traditional choices for this option and to seek better care for themselves. (New HOD Policy)	Support
A	Resolution 104 (Medical Student Section)	Medicaid Estate Recovery Reform	RESOLVED, that our American Medical Association oppose federal or state efforts to impose liens on or seek adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid. (New HOD Policy)	Support

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A	Resolution 111 (Ohio)	Protections for "Guarantee Issue" of Medigap Insurance and Traditional Medicare	RESOLVED, that our American Medical Association pursue all necessary legislative and administrative measures to ensure that Medicare beneficiaries have the freedom to switch back to Traditional Medicare and obtain Medigap insurance under federal "guaranteed issue" protections. (Directive to Take Action)	Support
A	Resolution 113 (New England)	Support Prescription Medication Price Negotiation	RESOLVED, that our American Medical Association support pharmaceutical price negotiation for all prescription medications, both Medicare and private insurance (New HOD Policy); RESOLVED, that our AMA advocate for any medication price that is raised by a pharmaceutical company more than the rate of inflation be immediately subject to price negotiation in the following year's negotiation schedule (Directive to Take Action); RESOLVED, that our AMA support extending the cap on annual out of pocket prescription drug spending in Medicare Part D plans to all insurance plans. (New HOD Policy)	Support
D	Resolution 402 (Medical Student Section)	Guardianship and Conservatorship Reform	RESOLVED, that our American Medical Association support federal and state efforts to collect anonymized data on guardianships and conservatorships to assess the effects on medical decision making and rates of abuse (New HOD Policy) RESOLVED, that our AMA study the impact of less restrictive alternatives to guardianships and conservatorships including supported decision making on medical decision making, health outcomes, and quality of life. (Directive to Take Action)	Support
D	Resolution 405 (Medical Student Section)	Default Proceed Firearm Sales and Safe Storage Laws	RESOLVED, that our American Medical Association amend Policy H-145.996, "Firearm Availability," by addition as follows Firearm Availability H-145.996 1. Our AMA: (a) advocates a waiting period and background check for all firearm purchasers; (b) encourages legislation that enforces a waiting period and background check for all firearm purchasers; <u>(c) opposes firearm sales to individuals for whom a background check</u>	Support

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			has not been completed; (d) opposes destruction of any incomplete background checks for firearm sales; (e) advocates for public annual reporting by relevant agencies on inappropriate firearm sales, including number of default proceed sales; number of firearms retrieved from individuals after these sales through criminal investigations, across state lines, or via other means; and average time passed between background check completion and retrieval; and (fe) urges legislation to prohibit the manufacture, sale or import of lethal and non-lethal guns made of plastic, ceramics, or other non-metallic materials that cannot be detected by airport and weapon detection devices. 2. Our AMA supports requiring the licensing/permitting of firearms-owners and purchasers, including the completion of a required safety course, and registration of all firearms 3. Our AMA supports "gun violence restraining orders" for individuals arrested or convicted of domestic violence or stalking, and supports extreme risk protection orders, commonly known as "red-flag" laws, for individuals who have demonstrated significant signs of potential violence. In supporting restraining orders and "red-flag" laws, we also support the importance of due process so that individuals can petition for their rights to be restored. 4. Our AMA advocates for (a) federal and state policies that prevent inheritance, gifting, or transfer of ownership of firearms without adhering to all federal and state requirements for background checks, waiting periods, and licensure; (b) federal and state policies to prevent "multiple sales" of firearms, defined as the sale of multiple firearms to the same purchaser within five business days; and (c) federal and state policies implementing background checks for ammunition purchases RESOLVED, that our American Medical Association amend Policy H-145.990, "Prevention of Firearm Accidents in Children," by addition as follows: 1) Our AMA (a) supports increasing efforts to reduce pediatric firearm morbidity and mortality by encouraging its members to (i)	

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			inquire as to the presence of household firearms as a part of childproofing the home; (ii) educate patients to the dangers of firearms to children; (iii) encourage patients to educate their children and neighbors as to the dangers of firearms; and (iv) routinely remind patients to obtain firearm safety locks, to store firearms under lock and key, and to store ammunition separately from firearms;(b) encourages state medical societies to work with other organizations to increase public education about firearm safety; (c) encourages organized medical staffs and other physician organizations, including state and local medical societies, to recommend programs for teaching firearm safety to children; and (d) supports enactment of Child Access Prevention laws <u>and other types of comprehensive safestorage laws</u> that are consistent with AMA policy. 2) Our AMA and all interested medical societies wil (a) educate the public about: (b) best practices for firearm storage safety; (c) misconceptions families have regarding child response to encountering a firearm in the home; and (c) the need to ask other families with whom the child interacts regarding the presence and storage of firearms in other homes the child may enter.	
D	Resolution 414 (California)	Addressing the Health Sector's Contributions to the Climate Crisis	RESOLVED, that our American Medical Association recognizes that clinical quality and safety should not be sacrificed as strategies for reducing greenhouse gasses and waste (New HOD Policy); RESOLVED, that our AMA recognizes that animal-based agriculture is a significant contributor to greenhouse gas emissions and supports efforts to increase and promote plant-based menu options in hospital food services, for both health and environmental reasons (New HOD Policy); RESOLVED, that our AMA expects that health systems will provide transparency and avoid misleading the public regarding their greenhouse gas emissions, including but not limited to providing definitions used in the calculations of their net-zero emissions (New HOD Policy); RESOLVED, that our AMA opposes corporate "greenwashing," or the act of making misleading statements about the environmental benefits of products and/or services (New HOD Policy);	Support

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			RESOLVED, that our AMA supports the development of locally managed and reliable electrical microgrids that operate independently from the larger electrical grid for hospitals and other health care facilities to use as a way to reduce reliance on diesel generation for back-up services while maintaining critical care functions during emergencies and supports grants being provided to independent practices to facilitate this development (New HOD Policy); RESOLVED, that our AMA supports the use of virtual health care, where appropriate, with reasonable reimbursement, as a strategy to reduce the carbon footprint of health care (New HOD Policy); RESOLVED, that our AMA support financial assistance for health care entities, including community health centers, clinics, rural health centers, small- and medium-sized physician practices, transitioning to environmentally sustainable operations (New HOD Policy); RESOLVED, that our AMA support the development of concise clinical guidelines and patient education materials to assist physician practices and patients to reduce adverse organizational and personal impacts on climate change. (New HOD Policy)	
D	Resolution 415 (California)	Building Environmental Resiliency in Health Systems and Physician Practices	RESOLVED, that our American Medical Association support a resilient, accountable health care system capable of delivering effective and equitable care in the face of changing health care demands due to climate change (New HOD Policy) RESOLVED, that our AMA encourage health care organizations to develop climate resilience plans, for the continuity of operations in an emergency, that take into account the needs of groups in their community that experience disproportionate risk of climate-related harm and ensure the necessary collaboration between different types of healthcare facilities (New HOD Policy) RESOLVED, that our AMA recognizes that climate resilience and mitigation efforts will be community-specific and supports physician engagement at the local level to promote community alliances for	Support

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			environmental justice and equity. (New HOD Policy)	
D	Resolution 416 (California)	Furthering Environmental Justice and Equity	RESOLVED, that our American Medical Association support state and local climate-health risk assessments, disease surveillance and early warning systems, and research on climate and health, with actions to improve and/or correct the findings (New HOD Policy) RESOLVED, that our AMA support measures to protect frontline communities from the health harms of proximity to fossil fuel extraction, refining and combustion, such as the best available technology to reduce local pollution exposure from oil refineries, or health safety buffers from oil extraction operations (New HOD Policy) RESOLVED, that our AMA support prioritizing greenspace access and tree canopy coverage for communities that received a "D" rating from the Home Owners' Loan Corporation, otherwise known as being "redlined," or that have been impacted by other discriminatory development and building practice, thereby protecting residents of these communities from displacement. (New HOD Policy)	Support
D	Resolution 417 (California)	Reducing Job-Related Climate Risk Factors	RESOLVED, that our American Medical Association support enforcement of existing outdoor health standards and the establishment of enforceable indoor heat and outdoor cold illness prevention standards, for occupational settings, schools, licensed health care and other congregate facilities. (New HOD Policy)	Support
D	Resolution 419 (Medical Student Section)	Addressing the Health Risks of Extreme Heat	RESOLVED, that our American Medical Association support funding for subsidizing energy costs and air conditioning units for low-income households to maintain safe temperatures during periods of extreme temperature (New HOD Policy) RESOLVED, that our AMA support the implementation and	Support

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			enforcement of state and federal temperature standards in prisons, jails, and detention centers, including the implementation of air conditioning in areas that experience dangerously high temperatures. (New HOD Policy)	
D	Resolution 423 (Senior Physicians Section)	HPV Vaccination to Protect Healthcare Workers over Age 45	RESOLVED, that our American Medical Association support all health care workers (HCWs) who might be exposed to HPV in the course of their clinical duties and strongly encourage them to wear masks, preferably N-95 (New HOD Policy) RESOLVED, that our AMA will work with appropriate stakeholders to ensure that the HPV vaccine should be offered to all HCWs with potential exposure to HPV oncogenic material at no or minimal cost to the HCW individual (Directive to Take Action) RESOLVED, that our AMA work with relevant stakeholders, including the CDC, to recommend HPV vaccine to HCWs to prevent health care related transmission. (Directive to Take Action)	Support
D	Resolution 424 (Senior Physicians Section)	LGBTQ+ Senior Health	RESOLVED, that our American Medical Association create and disseminate educational initiatives to increase awareness and understanding of senior LGBTQ+ health aging issues among the general public, healthcare professionals, and policy makers (Directive to Take Action) RESOLVED, that our AMA develop and promote cultural competency training for clinicians in caring for senior LGBTQ+ individuals (Directive to Take Action); RESOLVED, that our AMA develop and promote policies and practices for implementation within all healthcare settings that are inclusive and affirming for LGBTQ+ seniors (Directive to Take Action) RESOLVED, that our AMA advocate for increased funding and resources for research into health issues of LGBTQ+ seniors. (Directive to Take Action)	Support

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D	Resolution 430 (New England)	Supporting the Inclusion of Information about Lung Cancer Screening within Cigarette Packages	RESOLVED, that our American Medical Association advocate for information about lung cancer screening to be included within all combustible tobacco product packaging (Directive to Take Action) RESOLVED, that our AMA will work with appropriate public health organizations and governmental agencies to monitor the impact of "non-combustible tobacco" nicotine delivery devices on cancer epidemiology and promote appropriate cancer screening should the suspected link be proven. (Directive to Take Action)	Support
D	Resolution 431 (Massachusetts)	Combatting the Public Health Crisis of Gun Violence	RESOLVED, that our American Medical Association advocate for and strongly support legislation, regulation, and reform that seeks to address the public health crisis posed by gun violence. (Directive to Take Action)	Support
E	**Resolution 509 (Senior Physicians Section)**	Addressing Sarcopenia and its Impact on Quality of Life	RESOLVED, that our American Medical Association collaborate with appropriate entities to develop and implement educational awareness targeting healthcare professionals, caregivers, and the elderly population to increase knowledge about sarcopenia, its risk factors and consequences, in order to facilitate prevention, early recognition and evidence-based management as a routine part of clinical practice with elderly patients (Directive to Take Action) RESOLVED, that our AMA (1) support nutritional interventions aimed at optimizing protein intake, essential amino acids, and micronutrients; (2) promote regular physical activity, including resistance training, aerobic exercise, and balance exercises, tailored to individual capabilities and preferences (New HOD Policy) RESOLVED, that our AMA support allocation of resources for research initiatives aimed at advancing our understanding of sarcopenia, its pathophysiology, risk factors, and treatment modalities (New HOD Policy); RESOLVED, that our AMA advocate for policy changes to support reimbursement for sarcopenia screening, diagnosis, and interventions (Directive to Take Action)	Support

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			RESOLVED, that our AMA collaborate with all stakeholders to integrate sarcopenia prevention and management into public health agendas and aging-related initiatives. (Directive to Take Action)	
F	Resolution 604 (Senior Physicians Section)	Confronting Ageism in Medicine	RESOLVED, that our American Medical Association adopt the following definition of ageism based on the World Health Organization (WHO) and AGE Platform Europe: "Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age; structural ageism is the way in which society and its institutions sustain ageist attitudes, actions or language in laws, policies, practices or culture" (New HOD Policy); RESOLVED, that our AMA establish a definition of "age equity," and consider adoption of the AGE Platform Europe vision: "Age equity is an inclusive society, based on well-being for all, solidarity between generations and full entitlement to enjoy life, participate in and contribute to society. At the same time, each person's rights and responsibilities throughout their life course have to be fully respected" (Directive to Take Action); RESOLVED, that our AMA review all existing policy regarding discrimination, bias and microaggressions, and add age or ageism if not already mentioned (Directive to Take Action) RESOLVED, that our AMA routinely incorporate intersectional approaches to ageism (Directive to Take Action) RESOLVED, that our AMA conduct ongoing (1) advocacy for hospital and regulatory policy changes focused on individual physicians' care quality data rather than their age; and (2) educational outreach to AMA members (i.e. starting with a Prioritizing Equity episode panel discussion to be posted on Ed HubTM for CME, as a video and podcast, and promoted through the	Support

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			UCEP/GCEP channels) (Directive to Take Action) RESOLVED, that our AMA work with the World Medical Association (WMA) and other interested stakeholders to have AMA's work significantly inform the global health organization's work on ageism. (Directive to Take Action)	
F	**Resolution 605 (Senior Physicians Section)**	Walking the Walk of Climate Change	RESOLVED, that our American Medical Association Board of Trustees present to the House of Delegates at Interim 2024 a detailed timeline as to when and how to achieve our organizational carbon neutrality (Directive to Take Action) RESOLVED, that our AMA staff study AMA-related corporate travel with respect to minimizing carbon emissions and/or mitigating or off-setting such emissions (Directive to Take Action) RESOLVED, that our AMA adopt a policy for plant-based menus as the default option when planning meeting venues with an opt-out alternative as appropriate. (Directive to Take Action)	Support
G	CMS Report 5	Patient Medical Debt	The Council on Medical Service recommends that the following recommendations be adopted in lieu of Resolution 710-A-23 and Resolution 712-A-23, and the remainder of the report be filed: 1) That our American Medical Association (AMA) encourage health care organizations to manage medical debt with patients directly, considering several options including but not limited to discounts, payment plans with flexibility and extensions as needed, or forgiveness of debt altogether, before resorting to third-party debt collectors or any punitive actions. (New HOD Policy) 2) That our AMA supports innovative efforts to address medical debt for patients, including public and private efforts to eliminate medical debt. (New HOD Policy) 3) That our AMA support amending the Fair Debt Collection Practices Act to include hospitals and strengthen standards within the Act to provide clarity to patients about whether their insurance has been or will be billed, which would require itemized debt statements	Support

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			to be provided to patients, thereby increasing transparency, and prohibiting misleading representation in connection with debt collection. (New HOD Policy) 4) That our AMA opposes wage garnishments and property liens being placed on low-wage patients due to outstanding medical debt at levels that would preclude payments for essential food and housing. (New HOD Policy) 5) That our AMA support patient education on medical debt that addresses dimensions such as: a. Patient financing programs that may be offered by hospitals, physicians offices, and other non-physician provider offices; b. The ramifications of high interest rates associated with financing programs that may be offered by a hospital, physician's office, or other non-physician provider's office; c. Potential financial aid available from a patient's hospital and/or physician's office; and d. Methods to reduce high deductibles and cost-sharing. (New HOD Policy)	
G	Resolution 710 (American College of Emergency Physicians)	The Regulation of Private Equity in the Healthcare Sector	RESOLVED, that our American Medical Association propose appropriate guidelines for the use of private equity in healthcare, ensuring that physician autonomy in clinical care is preserved and protected (Directive to Take Action) RESOLVED, that our AMA modify policy H-215.981, Corporate Practice of Medicine, by addition: 4. Our AMA will work with the federal government and other interested parties to develop and advocate for regulations pertaining to the use of private equity in the healthcare sector such that physician autonomy in clinical care is preserved and protected. (Modify Current HOD Policy)	Support