



SPECIALTY AND SERVICE SOCIETY VIRTUAL MEETING – INTERIM 2024

November 3, 2024



SPECIALTY AND SERVICE SOCIETY (SSS)
2024 Interim Meeting of the House of Delegates

<i>Schedule subject to change</i>			
Sunday, November 3			
2-4 pm CT	SSS Virtual Meeting		Zoom Registration
2 pm	Welcome/Call to Order	Stuart Glassman, MD Chair, SSS Governing Council	
2:05 pm	Approval of A24 SSS Meeting Minutes	Stuart Glassman, MD	
2:10 pm	Rules Committee Report	Sarah Marsicek, MD Member, SSS Rules Committee	
2:15 pm	House Business	Michael Simon, MD Chair-elect, SSS Governing Council	
4 pm	Adjourn	Stuart Glassman, MD	
Saturday, November 9			
10:00 am-12 pm ET	SSS Assembly Meeting <i>Refreshments provided</i>		Northern Hemisphere Salon C (Dolphin)
10:00 am	Welcome/Call to Order	Stuart Glassman, MD	
10:05 am	AMA Foundation Update	Shilpen Patel, MD	
10:15 am	AMA Advocacy Update	Todd Askew Senior Vice President, Advocacy	
10:30 am	Presentation of Candidates Seeking SSS Endorsement for A25 Elections	Stuart Glassman, MD	
10:50 am	Distribution of Ballots for SSS Endorsement		
11 am	House Business	Michael Simon, MD	
11:15 am	Board of Trustees Update	Michael Suk, MD	
12 pm	Adjourn	Stuart Glassman, MD	

12:30 pm	House of Delegates Second Opening		
Monday, November 11			
7 am-9 am ET	SSS Assembly Meeting <i>Refreshments provided</i>		Southern Hemisphere Salon IV/V (Dolphin)
7 am	Call to Order	Stuart Glassman, MD	
	Council Reports		
7:05-7:10 am	Council on Medical Service	Stephen Epstein, MD, MPP Chair	
7:10-7:15 am	Council on Long Range Planning and Development	Michelle Berger, MD Chair	
7:15-7:20 am	Council on Science and Public Health	John Carlo, MD Chair	
7:20-7:25 am	Council on Ethical and Judicial Affairs	Rebecca Brendel, MD Vice-Chair	
7:25-7:30 am	Council on Medical Education	Krystal Tomei, MD Chair	
7:30-7:35 am	Council on Legislation	Marta Van Beek, MD Chair	
7:35-7:40 am	Council on Constitution and Bylaws	Jerry P. Abraham, MD Chair	
7:45-9 am	House Business	Michael Simon, MD	
9 am	Adjourn	Stuart Glassman, MD	
10 am	House of Delegates Business Session		

Annual 2024 Meeting Minutes

On June 2, 2024, at 2 pm CT, Adam Rubin, MD, called the Zoom meeting of the SSS to order and introduced the members of the Governing Council.

Dr. Rubin presented the minutes of the November 2023 meeting of the SSS for consideration. The minutes were approved.

Dr. Rubin recognized Alëna Balasanova, MD, Chair of the SSS Rules Committee, who recognized and thanked the following for their work on the Rules Committee: Dr. Hans Arora, Dr. Jason Jameson, Dr. Jennifer Lee, Dr. Sarah Marsicek, and Dr. Kim Yu. 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 Cosmetic Surgery, American Association for Thoracic Surgery, American Association of Gynecologic Laparoscopists, American Association of Public Health Physicians, American College of Allergy, Asthma and Immunology, American College of Medical Quality, American Society for Reconstructive Microsurgery, American Society of Interventional Pain Physicians, Association of Academic Radiology, GLMA—Health Professionals Advancing LGBTQ+ Equality, Infectious Diseases Society of America, and Society of Laparoscopic and Robotic Surgeons.
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 Plastic Surgeons, American Society for Metabolic and Bariatric Surgery, American Society of Cytopathology.
3. Having not met the requirements set forth in the AMA Bylaws by the end of a one-year grace period, the following group 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: American Society of Neuroimaging.
4. And, having met the requirement for representation, the following be granted representation in the Specialty and Service Society: American Foregut Society.

The Rules Committee report was adopted.

Dr. Rubin then recognized Meridith Englander, MD, Chair of the SSS Nominating Committee. Dr. Englander recognized and thanked the following for their work on the nominating committee: Dr. Sarah Marsicek, Dr. Amar Kelkar, Dr. Kavita Shah Arora, and Dr. Hillary Johnson-Jahangir.

Dr. Englander then presented the slate of candidates for the 2024-2025 SSS Governing Council to meeting participants:

- Chair: Stuart Glassman, MD
- Chair-Elect: Michael Simon, MD
- Secretary: Hilary Fairbrother, MD
- Member At Large (two-year term): Sarah Candler, MD
- Member At Large (two-year term): Shilpen Patel, MD

Dr. Englander noted that this slate of candidates will be joined by Dr. Adam Rubin, who will serve as Immediate Past Chair and Dr. Colin Edgerton and Dr. Mark Milstein who are currently serving terms as At Large members.

The slate was approved.

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

The meeting recessed at approximately 3:30 pm CT.

Dr. Rubin reconvened the SSS meeting on June 8 at 10:30 am in Crystal Ballroom 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. Rubin introduced Todd Askew, AMA Senior Vice President of Advocacy who provided the group with a federal advocacy update.

Following Mr. Askew's presentation, Dr. Rubin recognized Dr. Glassman 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 12 pm CT.

On June 10 at 9 am CT Dr. Rubin reconvened the SSS and introduced the SSS Candidate Forum.

Dr. Rubin and Dr Glassman posed questions to candidates for the Board of Trustees—David H. Aizuss, MD, Melissa J. Garretson, MD, Lynn Jeffers, MD, Ilse Levin, DO, Thomas J. Madejski, MD, Shannon Pryor, MD, and David Welsh, MD.

SSS Governing Council members Hillary Fairbrother, MD and Mark Milstein, MD posed questions to candidates for the Council on Constitution and Bylaws—Christopher E. Gribbin, MD and John W. Spurlock, MD.

Questions were posed to candidates for the Council on Medical Service—Christine P. Bishof, MD, Steven Chen, MD, Erick Eiting, MD, Zeke Silva, III, MD—by SSS Governing Council members Laura McGuire, MD and Michael Simon, MD.

The candidate forum concluded with questions posed to the candidates for the Council on Science and Public Health—Nari Heshmati, MD and Raymond K. Tu, MD—by SSS Governing Council members Hans Arora, MD and Sarah Candler, MD.

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

The meeting was adjourned by Dr. Glassman at approximately 11:45 am CT.

Rules Committee Report



Memo To: Specialty and Service Society Members

From: SSS Rules Committee

Date: October 2024

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 following a one-year grace period, three societies applying for representation in the House of Delegates (HOD), and two 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 Allergy, Asthma & Immunology

American College of Cardiology

American College of Chest Physicians

American College of Emergency Physicians

American College of Gastroenterology

American College of Nuclear Medicine

American Medical Group Association

International Society for the Advancement of Spine Surgery

National Association of Medical Examiners

In addition, the American Academy of Emergency Medicine, American Society for Laser Medicine and Surgery, Inc., and United States and Canadian Academy of Pathology submitted materials to be considered for representation in the HOD in compliance with the established guidelines (Exhibit 1).

Also, the Society for Maternal-Fetal Medicine and Urgent Care College of Physicians 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 College of Cardiology, American College of Chest Physicians, American College of Emergency Physicians, American College of Gastroenterology, American College of Nuclear Medicine, American Medical Group Association, International Society for the Advancement of Spine Surgery, and National Association of Medical Examiners to be in compliance and eligible to retain their representation in the AMA House of Delegates. Materials were also reviewed for the American Academy of Allergy, Asthma & Immunology and were found to be in compliance following the society's one-year grace period.

In addition, the Committee reviewed the materials for the American Academy of Emergency Medicine and American Society for Laser Medicine and Surgery, Inc. and found them to be in compliance with the requirements for representation in the HOD. The Committee reviewed the materials for the United States and Canadian Academy of Pathology and found them not to be in compliance with the requirements for representation in the HOD.

The Committee also reviewed the materials submitted by the Society for Maternal-Fetal Medicine and Urgent Care College of Physicians 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 Allergy, Asthma & Immunology, American College of Cardiology, American College of Chest Physicians, American College of Emergency Physicians, American College of Gastroenterology, American College of Nuclear Medicine, American Medical Group Association, International Society for the Advancement of Spine Surgery, and National Association of Medical Examiners retain representation in the AMA House of Delegates.

In addition:

2. Having met the requirements for representation, the American Academy of Emergency Medicine and American Society for Laser Medicine and Surgery, Inc. be considered for representation in the House of Delegates.
3. Having failed to meet the requirements for representation, the United States and Canadian Academy of Pathology not be considered for representation in the House of Delegates but retain representation in the SSS.
4. Having met the requirement for representation, the Society for Maternal-Fetal Medicine and Urgent Care College of Physicians 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 Allergy, Asthma & Immunology*	306 of 1,550 (20%)
Academy of Emergency Medicine*	1,727 of 6,270 (28%)
American College of Cardiology*	7,932 of 36,839 (22%)
American College of Chest Physicians*	1,660 of 10,233 (16%)
American College of Emergency Physicians*	8,252 of 32,468 (25%)
American College of Gastroenterology*	2,660 of 12,664 (21%)
American College of Nuclear Medicine*	46 of 173 (27%)
American Medical Group Association*	3,692 of 24,734 (15%)
American Society for Laser Medicine and Surgery, Inc.	323 of 1,156 (28%)
International Society for the Advancement of Spine Surgery	105 of 268 (39%)
National Association of Medical Examiners*	193 of 968 (20%)
Society for Maternal-Fetal Medicine	536 of 2,454 (22%)
United States and Canadian Academy of Pathology*	936 of 4,868 (19%)
Urgent Care College of Physicians	115 of 1,058 (11%)

** 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.
 - **So we can best prepare, if you would like a resolution extracted from the consent agenda for discussion, please let joaquin.falcon@ama-assn.org know by Wednesday, October 30th.**
 - 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.
- Items remaining on the consent agenda will be voted on as a single item.
- Resolutions removed from the consent agenda 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 meeting on **November 9 & 11**. Those proposing amendments should have language prepared before they approach the microphone to speak.
- Speaker comments should be 30 seconds on average—but must not exceed 45 seconds.
- Following discussion, resolutions removed from the consent calendar 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 only be considered during the virtual meeting if time allows. Otherwise, they will be deferred to the **Monday, November 11** in-person meeting and will be taken up only if time allows.
 - **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 Wednesday, October 30th.**
 - 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 Governing Council Recommendation	SSS Action
<u>CONSTITUTION & BYLAWS</u>				
005	<ul style="list-style-type: none"> • American Society for Reproductive Medicine 	<p>Updating the American Medical Association Definition of Infertility</p> <p>RESOLVED, that our American Medical Association amend policy H-420.952 “Recognition of Infertility as a Disease” by addition, to state:</p> <ol style="list-style-type: none"> 1. Our AMA supports the World Health Organization’s designation of infertility as a disease state with multiple etiologies requiring a range of interventions to advance fertility treatment and prevention. 2. Our AMA also supports the American Society for Reproductive Medicine’s definition of infertility as (a) the inability to achieve a successful pregnancy based on a patient’s medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors; (b) the need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner; and (c) in patients having regular unprotected intercourse and 	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p>without any known etiology for either partner suggestive of impaired reproductive ability, evaluation should be evaluated at 12 months when the female partner is under 35 years of age and at 6 months when the female partner is 35 years of age or older. Nothing in this definition shall be used to deny or delay treatment to any individual, regardless of relationship status or sexual orientation. (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, that our AMA work with other interested organizations to communicate with third party payers that discrimination in coverage of fertility services on the basis of marital status or sexual orientation cannot be justified (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA reaffirm policy H-510.984 "Infertility Benefits for Veterans," (Reaffirm HOD Policy); and be it further</p> <p>RESOLVED, that our AMA report back on this issue at I-25. (Directive to Take Action)</p>		
008	<ul style="list-style-type: none"> • American Psychiatric Association • (Minority Affairs Section) • (Oklahoma) 	<p>Missing and Murdered Black Women and Girls</p> <p><i>RESOLVED, that our American Medical Association advocate that the United States Department of Justice collect data on missing persons and homicide cases</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>involving Black women and girls, including the total number of cases, the rate at which the cases are solved, the length of time the cases remain open, and a comparison to similar cases involving different demographic groups (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for the United States Department of Justice, legislators, and other stakeholders to collect data on Amber Alerts, including the total number of Amber Alerts issued, aggregated by the child's race and sex (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA encourage state medical societies to work with legislators, advocates, and other stakeholders to establish equity in policy and practices related to missing and murdered black women and girls. (New HOD Policy)</i></p>		
<u>REFERENCE COMMITTEE</u> <u>B</u>				
202	• North American Spine Society	Illicit Drugs: Calling for a Multifaceted Approach to the “Fentanyl” Crisis	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>RESOLVED, that our American Medical Association advocate for public education and awareness about the rapidly evolving US illicit drug crisis due to dangers of fentanyl and carfentanil-laced products (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate that federal, state and local government officials and agencies implement measures to curb and/or stop the manufacturing, importation, and distribution of illicit drugs and related chemical compounds (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA support federal legislation that would help Customs and Border Protection (CBP) stop the flow of illicit goods, including fentanyl and counterfeit medications (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA, based on the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (which criminalizes the use of a biological agents to cause death, disease, or other harm), request our government to determine if expansion should include illicit chemicals and drugs such as fentanyl, carfentanil, 3-methylfentanyl, Xylazine, etc. (Directive to 36 Take Action); and be it further</i></p>		

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>RESOLVED, that our AMA encourage our government to clarify if, and in what circumstances, these types of illicit drugs (e.g. fentanyl, carfentanil, etc.), or their precursors, should be considered chemical weapons as defined by The Chemical Weapons Convention and/or a WMD as defined by the DHS (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA assess the likelihood that illicit drugs such as carfentanil may be used as a WMD and what steps healthcare workers, hospital systems and first-responders should take to prepare for such an event. (Directive to Take Action)</i></p>		
204	<ul style="list-style-type: none"> • (Medical Student Section) • American College of Emergency Physicians 	<p>Support for Physician-Supervised Community Paramedicine Programs</p> <p><i>RESOLVED, that our American Medical Association support federal and state efforts to establish, expand, and provide coverage for community paramedicine programs supervised by physicians, especially in rural areas. (New HOD Policy)</i></p>	Support	
210	<ul style="list-style-type: none"> • American Academy of Ophthalmology 	<p>Laser Surgery</p> <p><i>RESOLVED, that our American Medical Association amend policy H-475.989, "Laser Surgery" to read that laser</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>surgery should be performed only by individuals licensed to practice medicine and surgery or by those categories of practitioners appropriately trained and currently licensed by the state to perform surgical services (Modify Current HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA amend policy H-475.980 Addressing Surgery Performed by Optometrists to read:</i></p> <ol style="list-style-type: none"> <i>1. Our AMA will support legislation prohibiting optometrists from performing surgical procedures as defined by AMA policies H-475.983, "Definition of Surgery," and H-475.989H-475.988, "Laser Surgery."</i> <i>2. Our AMA encourages state medical associations to support state legislation and rulemaking prohibiting optometrists from performing surgical procedures as defined by AMA policies H-475.983, "Definition of Surgery," and H-475.989H-475.988, "Laser Surgery".</i> <p><i>(Modify Current HOD Policy)</i></p>		
211	• American Academy of Ophthalmology	<p>Water Bead Injuries</p> <p><i>RESOLVED, that our AMA continue to urge Congress to enact legislation to classify water bead products as banned hazardous items to protect consumers,</i></p>	No Position	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>particularly children, from associated risks (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA encourage businesses that sell gel blasters to make appropriate and safe protective eye wear available and encourage its use to their customers and to distribute educational materials on the safe use of gel guns (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for the development of national safety standards for gel blasters that include requirements for product design modifications such as lower velocity limits, safer projectile designs, or integrated safety mechanisms to reduce the risk of eye injuries. (Directive to Take Action)</i></p>		
213	<ul style="list-style-type: none"> • American Academy of Child and Adolescent Psychiatry 	<p>Sustainable Long-term Funding for Child Psychiatry Access Programs</p> <p><i>RESOLVED, that our American Medical Association advocate that the federal government work to achieve adequate sustained funding of child psychiatry consultation programs, such as Child Psychiatry Access Programs and Pediatric Mental Health Care Access Program. (Directive to Take Action)</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
214	<ul style="list-style-type: none"> • American College of Obstetricians and Gynecologists • (South Dakota) 	<p>Advocating for Evidence-Based Strategies to Improve Rural Obstetric Health Care and Access</p> <p><i>RESOLVED, that our American Medical Association strongly supports federal legislation that provides funding for the creation and implementation of a national obstetric emergency training program for rural health care facilities with and without a dedicated labor and delivery unit (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA supports the expansion and implementation of innovative obstetric telementoring/teleconsultation models to address perinatal health disparities and improve access to evidence-informed perinatal care in rural communities (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA encourages academic medical centers and health systems to actively participate in obstetric telementoring/teleconsultation models to support rural physicians and advanced practice providers and improve perinatal health outcomes in rural communities (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA supports ongoing research to evaluate the effectiveness of national implementation of obstetric telementoring/teleconsultation models to</i></p>	No Position	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<i>improve rural perinatal health outcomes and reduce rural-urban health disparities (New HOD Policy).</i>		
215	<ul style="list-style-type: none"> • American College of Obstetricians and Gynecologists • (South Dakota) • American Academy of Dermatology Association • American Society for Dermatologic Surgery Association 	<p>Advocating for Federal and State Incentives for Recruitment and Retention of Physicians to Practice in Rural Areas</p> <p><i>RESOLVED, that our American Medical Association advocate for increased federal and state funding for loan forgiveness for physicians who commit to practice and reside in rural and underserved areas for a meaningful period of time (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA urge Congress and State legislatures to establish retention bonus programs for physicians who maintain practice in rural areas for extended periods, with increasing bonuses for longer commitments (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for the expansion and sustainable funding of residency and graduate medical education slots in rural areas, as well as opportunities for exposure to rural health care such as through clinical rotations in rural areas, to increase the likelihood of physicians practicing in these communities after training. (Directive to Take Action)</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
216	<ul style="list-style-type: none"> • (Resident and Fellow Section) • American Academy of Addiction Psychiatry 	<p>Clearing Federal Obstacles for Supervised Injection Sites</p> <p><i>RESOLVED, that our American Medical Association advocate for federal policies that empower states to determine the legality of supervised injection facilities (SIFs). (Directive to Take Action)</i></p>	Support	
217	<ul style="list-style-type: none"> • Post-Acute and Long-Term Care Medical Association 	<p>Expand Access to Skilled Nursing Facility Services for Patients with Opioid Use Disorder</p> <p><i>RESOLVED, that our American Medical Association advocate for legislative and regulatory action to ensure patients are not being denied appropriate admission to skilled nursing facilities based on practices of denying admission solely on the diagnosis of opioid use disorder or prescriptions for active medications for opioid use disorder (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for and support legislation and regulatory action to ensure adequate reimbursement of skilled nursing facilities that recognizes the complexity of care, treatment and resources required for opioid use disorder treatment (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for increased access to medications for opioid use disorder in long-term care</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<i>pharmacies and address the barriers to access to methadone in long-term care for use in the treatment of opioid use disorder. (Directive to Take Action)</i>		
225	• Association for Clinical Oncology	<p>Elimination of Medicare 14-Day Rule</p> <p><i>RESOLVED, that our American Medical Association actively lobby the federal government to readdress and change laboratory date of service rules under Medicare, e.g. the Medicare 14- Day Laboratory Date of Service Rule (Medicare 14-Day Rule), such that complex laboratory services performed on pathologic specimens collected from an inpatient hospital procedure be paid separately from inpatient bundled payments, consistent with Outpatient rules. (Directive to Take Action)</i></p>	Support	
226	• Association for Clinical Oncology • American Society of Hematology	<p>Information Blocking Rule</p> <p><i>RESOLVED, that our American Medical Association supports the use of short-term embargo of reports or results and individual tailoring of preferences for release of information as part of the harm exception to the Information Blocking Rule (New HOD Policy); and be it further</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>RESOLVED, that our AMA supports the requirement of review of report and result information by the ordering physician or physician surrogate prior to release of medical information to the patient (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA supports expansion of the harm exception to the Information Blocking Rule to include harassment or potential harm of medical staff or others (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocates for expansions to the harm exception to the Information Blocking Rule and for the requirement of review by the ordering physician or surrogate prior to the application of the Information Blocking Rule provisions. (Directive to Take Action).</i></p>		
227	<ul style="list-style-type: none"> American College of Rheumatology 	<p>Medicare Payment Parity for Telemedicine Services</p> <p><i>RESOLVED, that our American Medical Association advocate for Medicare to reimburse providers for telemedicine-provided services at an equal rate as if the services were provided in person. (Directive to Take Action)</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
<u>REFERENCE COMMITTEE</u> <u>C</u>				
306	<ul style="list-style-type: none"> • American College of Surgeons 	<p>Streamlining Continuing Medical Education Across States and Medical Specialties</p> <p><i>RESOLVED, that our American Medical Association work with relevant stakeholders to minimize the financial and time burden of reporting continuing medical education, including but not limited to participation in a common reporting standard (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for medical specialty and state medical boards to continue to allow manual entry of continuing medical education until all boards and continuing medical education providers participate in a common reporting standard (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA work with relevant stakeholders to examine the feasibility of a single common continuing medical education requirement for maintaining state licensure (Directive to Take Action); and be it further</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<i>RESOLVED, that our AMA advocate any continuing medical education that requires answering questions to be categorized as "Self-Assessment continuing medical education." (Directive to Take Action)</i>		
<u>REFERENCE COMMITTEE</u> <u>F</u>				
No specialty resolutions	<ul style="list-style-type: none"> • B of T Report 16-I-24 	<p>AMA Reimbursement of Necessary HOD Business Meeting Expenses for Delegates and Alternates (Res. 606-A-23)</p> <p><i>Emergency Assistance Program: In the near term, your Board of Trustees will establish an emergency assistance program that will be funded at no more than \$1 million per year for two years, to be discontinued after I-26. The purpose of this temporary assistance program will be to offer financial relief to Federation organizations to support the funding of delegates and alternates to attend the AMA Annual and Interim HOD meetings. The funding will be made available as a grant to societies who are deemed to spend a greater percentage of their annual revenue to support their AMA delegation than the AMA</i></p>	No Position	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>spends on the Annual and Interim meetings (based on an average cost estimate per delegate for all societies and using the most recent Form 990 available).</i></p> <p><i>The AMA will provide the society \$300 per day per delegate and alternate delegate that will be required to be used for expenses related to the AMA HOD meetings. This amount was based on Internal Revenue Service guidelines for allowable per diem amounts to eliminate the need for documentation of expenses and avoid any tax issues. Each society that is deemed eligible to receive assistance will need to provide a formal request to the AMA to receive funding. The funds will be paid directly to the society, not to the individual delegates and alternates, but will be limited to use for defraying the costs for delegates and alternate delegates to attend the AMA HOD meetings.</i></p> <p><i>Shorter Meetings: Additionally, to defray costs, the AMA will compress the schedule of both the Annual and Interim Meetings by eliminating one day from each meeting, thereby ending each meeting a day earlier. This schedule will be implemented at the Annual 2025 meeting of the HOD. It is estimated that this will reduce the cost to societies by a minimum of \$1.4 million per year and</i></p>		

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>benefit many delegates and alternates by requiring less time away from their practices.</i></p> <p><i>Ongoing Efforts to Mitigate Costs: Finally, the Board of Trustees will continue to examine all aspects of our policy-making process to determine efficiencies, which will result in cost mitigations for all who participate. As part of this examination, the Board ad hoc committee will evaluate meeting venues, locations, options for methods of participation, economies of scale related to food and beverage and audio-visual costs, and all other aspects that contribute to the cost of the meetings and report back at I-25 and I-26 at the conclusion of the program.</i></p>		
<u>REFERENCE COMMITTEE</u> <u>J</u>				
812	<ul style="list-style-type: none"> • (Michigan) • American Academy of Physical Medicine and Rehabilitation • American Academy of Orthopaedic Surgeons 	<p>Advocate for Therapy Cap Exception Process</p> <p><i>RESOLVED, that our American Medical Association actively advocate for all health plans with therapy caps or thresholds to include an exception process. This process should, at a minimum, follow the Medicare standard for therapy cap exceptions, ensuring that patients can access</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<i>the necessary services to restore functional abilities and enhance quality of life. (Directive to Take Action)</i>		
813	<ul style="list-style-type: none"> • American Academy of Physical Medicine & Rehabilitation • American Association of Neuromuscular & Electrodiagnostic Medicine • Association of Academic Psychiatrists 	<p>Insurance Coverage for Pediatric Positioning Chairs</p> <p><i>RESOLVED, that our American Medical Association advocate that private and public insurance companies pay for a physician prescribed positioning chair for children who need support for sitting for daily activities in the home, in addition to the wheelchair that the patient uses for all mobility in the home and community. (Directive to Take Action)</i></p>	Support	
814	<ul style="list-style-type: none"> • American Association of Clinical Urologists 	<p>Legislation for Physician Payment for Prior Authorization</p> <p><i>RESOLVED, that our American Medical Association initiates prior authorization legislation aimed at Medicare Advantage plans, state Medicaid programs as well as commercial payers, via model legislation, that allows for fair reimbursement for physician's time and that of their office staff when dealing with prior authorization. (Directive to Take Action)</i></p>	Support	
815	<ul style="list-style-type: none"> • Society of Critical Care Medicine • American Academy of Pediatrics 	<p>Addressing the Crisis of Pediatric Hospital Closures and Impact on Care</p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>RESOLVED, that our American Medical Association recognize the closure of pediatric hospitals and units as a critical threat to children's health care access and quality (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for federal and state policies to support the financial viability and access to pediatric care delivery organizations, particularly inpatient care units (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA work with relevant organizations, for example the American Academy of Pediatrics, American Hospital Association, Children's Hospital Association, and National Rural Health Association, to study the current and future projected impact of pediatric hospital and unit closures on health outcomes, access to care, and health disparities (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA build a national coalition with the American Hospital Association and other like-minded organizations to increase awareness on the issue of pediatric hospital closures and to develop strategies to preserve access to high-quality pediatric inpatient and critical care. (Directive to Take Action)</i></p>		

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
819	<ul style="list-style-type: none"> • Society for Cardiovascular Angiography and Interventions • Outpatient Endovascular and Interventional Society • American College of Radiation Oncology 	<p>Establishing a New Office-Based Facility Setting to Pay Separately from the Medicare Physician Fee Schedule for the Technical Reimbursement of Physician Services Using High-Cost Supplies.</p> <p><i>RESOLVED, that our American Medical Association study options to reform the Medicare Physician Fee Schedule by (1) removing high-cost supplies from the Medicare Physician Fee 48 Schedule by establishing a new office-based facility setting to pay separately for the technical reimbursement of physician services using high-cost supplies</i></p> <p><i>(2) removing high-cost radiation therapy equipment from the Medicare Physician Fee Schedule by establishing a new case rate model for radiation oncology. (Directive to Take Action)</i></p>	Support	
820	<ul style="list-style-type: none"> • American Thoracic Society 	<p>State Medicaid Coverage of Home Sleep Testing</p> <p><i>RESOLVED, that our American Medical Association support efforts to expand access to and insurance coverage of home sleep testing, including for Medicaid beneficiaries, for the purpose of identifying sleep apnea and related sleep conditions. (New HOD Policy)</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
821 (Late Resolution)	<ul style="list-style-type: none"> • American Thoracic Society • American Academy of Allergy Asthma and Immunology 	<p>Patient Access to Asthma Medications</p> <p><i>RESOLVED, that our American Medical Association supports efforts to ensure access to and insurance coverage, including Medicaid coverage, for metered-dose inhaler formulations for children and others who require it for optimal medication administration. (New HOD Policy)</i></p>	Support	
822	<ul style="list-style-type: none"> • Renal Physicians Association 	<p>Resolution on Medicare Coverage for Non-Emergent Dialysis Transport</p> <p><i>RESOLVED, that our American Medical Association advocate for Medicare coverage of non emergent medical transportation specifically for patients requiring dialysis treatment (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA partner with Center for Medicare and Medicaid Services (CMS) to develop policies to ensure financial assistance for non-emergent medical transportation for dialysis treatments and to transplant centers for kidney transplant evaluation and related care for Medicare beneficiaries. (Directive to Take Action)</i></p>	No Position	
824	<ul style="list-style-type: none"> • American Academy of Ophthalmology 	<p>Ophthalmologists Required to Be Available for Level I & II Trauma Centers</p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>RESOLVED, that our American Medical Association work with the American College of Surgeons and the American Trauma Society to specifically name Ophthalmology as a requirement for Level I & II Trauma Centers (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA work with the American College of Surgeons and the American Trauma Society to ensure that during the verification process it has to be insisted that there is availability of Ophthalmology Trauma coverage. (Directive to Take Action)</i></p>		
<u>REFERENCE COMMITTEE</u> <u>K</u>				
918	<ul style="list-style-type: none"> • American Association of Public Health Physicians 	<p>Healthcare in Tribal Jails</p> <p><i>RESOLVED, that our American Medical Association strongly supports carceral facilities and youth detention centers managed by the Bureau of Indian Affairs Division of Corrections being designated as Health Professional Shortage Areas and the assignment of U.S. Public Health Service Commissioned Corps officers to these facilities (New HOD Policy); and be it further</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>RESOLVED, that our AMA will advocate for the development, staffing, and operation of sustainable, on-site medical and behavioral health services, including evidence-based and culturally-appropriate addiction treatment, for incarcerated American Indian and Alaska Native persons (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA strongly supports routine audits and inspection of facilities managed by the Bureau of Indian Affairs Division of Correction, ensuring that these facilities abide by all standards and guidelines outlined by the National Commission on Correctional Health Care.</i></p> <p><i>(New HOD Policy)</i></p>		
919	<ul style="list-style-type: none"> • American College of Obstetricians and Gynecologists • Association for Clinical Oncology • (South Dakota) 	<p>Improving Rural Access to Comprehensive Cancer Care Services</p> <p><i>RESOLVED, that our American Medical Association work with relevant stakeholders to develop a national strategy to eliminate rural cancer disparities in screening, treatment, and outcomes and achieve health equity in cancer outcomes across all geographic regions (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA call for increased federal and state funding to support research on rural cancer</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>disparities in care, access, and outcomes and development of interventions to address those disparities (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for evidence-based collaborative models for innovative telementoring/teleconsultation between health care systems, academic medical centers, and community physicians to improve access to cancer screening, treatment, and patient services in rural areas. (Directive to Take Action)</i></p>		
930	<ul style="list-style-type: none"> • Association for Clinical Oncology • American Society of Hematology 	<p>Economic Factors to Promote Reliability of Pharmaceutical Supply</p> <p><i>RESOLVED, that our American Medical Association amend H-100.956 “National Drug Shortages” by addition of a new Resolve:</i></p> <p><i>Our AMA support federal drug shortage prevention and mitigation programs that create payer incentives to enable practitioners and participating entities to voluntarily enter contracts directly with manufacturers that will pay more than prevailing market price for generic sterile injectable drugs at high risk of shortage to promote</i></p>	Support	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<i>stable manufacturing and reliability of these products. (Modify Current HOD Policy)</i>		
<u>RESOLUTIONS NOT FOR CONSIDERATION</u>				
921	<ul style="list-style-type: none"> • (Resident and Fellow Section) • American Academy of Addiction Psychiatry 	<p>In Support of a National Drug Checking Registry</p> <p><i>RESOLVED, that our American Medical Association study the creation of a national drug checking registry that would provide a mechanism whereby community-run drug-checking services may communicate their results. (Directive to Take Action)</i></p>	No Position	
924	<ul style="list-style-type: none"> • (Resident and Fellow Section) • American Association of Public Health Physicians • (LGBTQ+ Section) • (Minority Affairs Section) 	<p>Public Health Implications of US Food Subsidies</p> <p><i>RESOLVED, that our American Medical Association study the public health implications of United States Food Subsidies, focusing on:</i></p> <p><i>(1) how these subsidies influence the affordability, availability, and consumption of various food types across different demographics;</i></p>	No Position	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<p><i>(2) potential for restructuring food subsidies to support the production and consumption of more healthful foods, thereby contributing to better health outcomes and reduced healthcare costs related to diet-related diseases; and</i></p> <p><i>(3) avenues to advocate for policies that align food subsidies with the nutritional needs and health of the American public, ensuring that all segments of the population benefit from equitable access to healthful, affordable food. (Directive to Take Action)</i></p>		
925	<ul style="list-style-type: none"> • American College of Cardiology • Society of Cardiovascular Computed Tomography 	<p>Improving Public Awareness of Lung Cancer Screening and CAD in Chronic Smokers</p> <p><i>RESOLVED, that our American Medical Association will partner with other professional and public health organizations as well as key stakeholders in cardiology, pulmonology, oncology, and imaging specialties to increase awareness amongst chronic smokers (who would benefit from appropriate lung cancer screening) regarding their risk for both lung cancer and coronary artery disease and encourage their participation in screening programs through a joint public campaign effort (Directive to Take Action); and be it further</i></p>	No Position	

Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
		<i>RESOLVED, that our American Medical Association promote physician education and awareness regarding the value of chest CT in detecting both lung cancer and calcified atherosclerotic plaque and encourage reporting the extent of coronary artery calcification in non contrast chest studies performed as a part of lung cancer screening program. (Directive to Take Action)</i>		

NON SPECIALTY RESOLUTION CONSIDERATION REQUESTS WILL ONLY BE CONSIDERED IF TIME ALLOWS