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Cmte*	Item	Recommended ASRA Pain Medicine Action	Action by HOD	Title	Recommendations or Resolves
.CON	CEJA 03	Support	Referred to CEJA for report at I-24	Establishing Ethical Principles for Physicians Involved in Private Equity Owned Practices	In view of these deliberations, the Council on Ethical and Judicial Affairs recommends that Opinion 11.2.3, "Contracts to Deliver Health Care Services," be amended by addition and deletion as follows and the remainder of this report be filed: Physicians have a fundamental ethical obligation to put the welfare of patients ahead of other considerations, including personal financial interests. This obligation requires ~~them to~~ that before entering into contracts to deliver health care services, physicians consider carefully the proposed contract to assure themselves that its terms and conditions ~~of contracts to deliver health care services before entering into such contracts to ensure that those contracts~~ do not create untenable conflicts of interest or compromise their ability to fulfill their ethical and professional obligations to patients. Ongoing evolution in the health care system continues to bring changes to medicine, including changes in reimbursement mechanisms, models for health care delivery, restrictions on referral and use of services, clinical practice guidelines, and limitations on benefits packages. While these changes are intended to enhance quality, efficiency, and safety in health care, they can also put at risk physicians' ability to uphold professional ethical standards ~~of informed consent and fidelity to patients~~ and can impede physicians' freedom to exercise independent professional judgment and tailor care to meet the needs of individual patients. As physicians seek capital to support their practices or enter into various differently structured contracts to deliver health care services—with group practices, hospitals, health plans, investment firms, or other entities—they should be mindful

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					that while ~~many~~ some arrangements have the potential to promote desired improvements in care, ~~some~~ other arrangements ~~also~~ have the potential to ~~impede~~ put patients' interests at risk and to interfere with physician autonomy. When ~~contracting~~ partnering with entities, or having a representative do so on their behalf, to provide health care services, physicians should: (a) Carefully review the terms of proposed contracts, preferably with the advice of legal and ethics counsel, ~~or have a representative do so on their behalf~~ to assure themselves that the arrangement: (i) minimizes conflict of interest with respect to proposed reimbursement mechanisms, financial or performance incentives, restrictions on care, or other mechanisms intended to influence physicians' treatment recommendations or direct what care patients receive, in keeping with ethics guidance; (ii) does not compromise the physician's own financial well-being or ability to provide high-quality care through unrealistic expectations regarding utilization of services or terms that expose the physician to excessive financial risk; (iii) ~~allows~~ ensures the physician can ~~to~~ appropriately exercise professional judgment; (iv) includes a mechanism to address grievances and supports advocacy on behalf of individual patients; (v) is transparent and permits disclosure to patients. (vi) enables physicians to have significant influence on, or preferably outright control of, decisions that impact practice staffing. (b) Negotiate modification or removal of any terms that unduly compromise physicians' ability to uphold ethical or professional standards.

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					When entering into contracts as employees, preferably with the advice of legal and ethics counsel, physicians must: (c) Advocate for contract provisions to specifically address and uphold physician ethics and professionalism. (d) Advocate that contract provisions affecting practice align with the professional and ethical obligations of physicians and negotiate to ensure that alignment. (e) Advocate that contracts do not require the physician to practice beyond their professional capacity and provide contractual avenues for addressing concerns related to good practice, including burnout or related issues. (Modify HOD/CEJA Policy)

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.CON	CEJA 04	Support	Adopted	Physicians' Use of Social Media for Product Promotion and Compensation	In consideration of the foregoing, the Council on Ethical and Judicial Affairs recommends that: Opinion 2.3.2, "Professionalism in the Use of Social Media" be amended by substitution to read as follows and the remainder of this report be filed: Social media—internet-enabled communication platforms—enable individual medical students and physicians to have both a personal and a professional presence online. Social media can foster collegiality and camaraderie within the profession as well as provide opportunities to widely disseminate public health messages and other health communications. However, use of social media by medical professionals can also undermine trust and damage the integrity of patient-physician relationships and the profession as a whole, especially when medical students and physicians use their social media presence to promote personal interests. Physicians and medical students should be aware that they cannot realistically separate their personal and professional personas entirely online and should curate their social media presence accordingly. Physicians and medical students therefore should: (a) When publishing any content, consider that even personal social media posts have the potential to damage their professional reputation or even impugn the integrity of the profession. (b) Respect professional standards of patient privacy and confidentiality and refrain from publishing patient information online without appropriate consent. (c) Maintain appropriate boundaries of the patient-physician relationship in accordance with ethics guidance if they interact with their patients through social media, just as they would in any other context.

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					(d) Use privacy settings to safeguard personal information and content, but be aware that once on the Internet, content is likely there permanently. They should routinely monitor their social media presence to ensure that their personal and professional information and content published about them by others is accurate and appropriate. (e) Publicly disclose any financial interests related to their social media content, including, but not limited to, paid partnerships and corporate sponsorships. (f) When using social media platforms to disseminate medical health care information, ensure that such information is useful and accurate based on professional medical judgment. (Modify HOD/CEJA Policy)
.CON	Res. 008	Support	Adopted	Consolidated Health Care Market	RESOLVED, that our American Medical Association investigate the possibility of filing a class action lawsuit against Optum, United Health Group and Change Health to recoup the damages from the disruption caused by the breach, and to

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					distribute the unfair enrichment profits made by Optum et al to the practices whose retained payments allowed them to generate interest and investment profits (Directive to Take Action) RESOLVED, that our AMA investigate the acquisition of practices by Optum in the aftermath of the breach and determine if the independence of those practices can be resurrected, and if not, if damages are due to the physician owners of the acquired practices. (Directive to Take Action)
A	Res. 108	Support	Not Adopted and Referred	Requiring Payments for Physician Signatures	RESOLVED, that our American Medical Association advocate that insurance companies be required to pay a physician for any required physician signature and/or peer to peer review which is requested or required outside of a patient visit. (Directive to Take Action)
B	BOT 11	Support	Adopted and the Remainder of the Report Filed	Safe and Effective Overdose Reversal Medications in Educational Settings	The Board of Trustees recommends that the following be adopted, and that the remainder of the report be filed: 1. Existing American Medical Association (AMA) policy entitled, "Increasing Availability of Naloxone and Other Safe and Effective Overdose Reversal Medications" (Policy H-95.932), be reaffirmed, and (Reaffirm HOD Policy) 2. The third resolve of Policy H-95.908, "Increase Access to Safe and Effective Overdose Reversal Medications in Educational Settings" be rescinded and that the policy be updated as noted. (Modify Current HOD Policy) 1. Our AMA will encourage states, communities, and

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					educational settings to adopt legislative and regulatory policies that allow schools to make safe and effective overdose reversal medications readily accessible to staff and teachers to prevent opioid overdose deaths in educational settings. 2. Our AMA will encourage states, communities, and educational settings to remove barriers to students carrying safe and effective overdose reversal medications. ~~3. Our AMA will study and report back on issues regarding student access to safe and effective overdose reversal medications.~~
B	BOT 13	Support	Alternate Recommendations for BOT 13 Adopted in Lieu of Recommendations and the Remainder of the Report Filed	Prohibiting Covenants Not-to-Compete	The Board of Trustees recommends that the following policy be adopted, and the remainder of the report be filed: ~~1. That the American Medical Association (AMA) continue to assist interested state medical associations in developing fair and reasonable strategies regarding restrictive covenants between physician employers and physician employees including regularly updating the AMA's state restrictive covenant legislative template. (New HOD Policy)~~ **Alternate Recommendations** 1. That the AMA oppose all restrictive covenants between employers and physician employees and regularly update its state restrictive covenant legislative template. (New HOD Policy) 2. That our AMA continue to assist interested state medical associations and specialty societies in developing strategies for physician employee retention. (New HOD Policy)
B	BOT 15 (1of4)	Support	Referred for Report Back at the 2024 Interim Meeting of the House of Delegates	Augmented Intelligence Development, Deployment, and Use in Health Care	The Board of Trustees recommends that the following be adopted in lieu of Resolution 206-I-23 and that the remainder of the report be filed: AUGMENTED INTELLIGENCE DEVELOPMENT, DEPLOYMENT,

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					AND USE IN HEALTH CARE General Governance • Health care AI must be designed, developed, and deployed in a manner which is ethical, equitable, responsible, and transparent. • Use of AI in health care delivery requires clear national governance policies to regulate its adoption and utilization, ensuring patient safety, and mitigating inequities. Development of national governance policies should include interdepartmental and interagency collaboration. • Compliance with national governance policies is necessary to develop AI in an ethical and responsible manner to ensure patient safety, quality, and continued access to care. Voluntary agreements or voluntary compliance is not sufficient. • Health care AI requires a risk-based approach where the level of scrutiny, validation, and oversight should be proportionate to the potential overall of disparate harm and consequences the AI system might introduce. [See also Augmented Intelligence in Health Care H-480.939 at (1)] • Clinical decisions influenced by AI must be made with specified human intervention points during the decision-making process. As the potential for patient harm increases, the point in time when a physician should utilize their clinical judgment to interpret or act on an AI recommendation should occur earlier in the care plan. • Health care practices and institutions should not utilize AI systems or technologies that introduce overall or disparate risk that is beyond their capabilities to mitigate. Implementation and utilization of AI should avoid exacerbating clinician burden and should be designed and deployed in harmony with the clinical workflow.

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					• Medical specialty societies, clinical experts, and informaticists are best positioned and should identify the most appropriate uses of AI-enabled technologies relevant to their clinical expertise and set the standards for AI use in their specific domain. [See Augmented Intelligence in Health Care H-480.940 at (2)]
B	BOT 15 (2of4)	Support	Referred for Report Back at the 2024 Interim Meeting of the House of Delegates	Augmented Intelligence Development, Deployment, and Use in Health Care	When to Disclose: Transparency in Use of Augmented Intelligence-Enabled Systems and Technologies • When AI is used in a manner which directly impacts patient care, access to care, or medical decision making, that use of AI should be disclosed and documented to both physicians and/or patients in a culturally and linguistically appropriate manner. The opportunity for a patient or their caregiver to request additional review from a licensed clinician should be made available upon request. • When AI is used in a manner which directly impacts patient care, access to care, medical decision making, or the medical record, that use of AI should be documented in the medical record. • AI tools or systems cannot augment, create, or otherwise generate records, communications, or other content on behalf of a physician without that physician's consent and final review. • When health care content is generated by generative AI, including by large language models, it should be clearly disclosed within the content that was generated by an AI-enabled technology. • When AI or other algorithmic-based systems or programs are utilized in ways that impact patient access to care, such as by payors to make claims determinations or set coverage limitations, use of those systems or programs must be disclosed to impacted parties. • The use of AI-enabled technologies by hospitals, health

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					systems, physician practices, or other entities, where patients engage directly with AI should be clearly disclosed to patients at the beginning of the encounter or interaction with the AI-enabled technology.
B	BOT 15 (3of4)	Support	Referred for Report Back at the 2024 Interim Meeting of the House of Delegates	Augmented Intelligence Development, Deployment, and Use in Health Care	• When AI-enabled systems and technologies are utilized in health care, the following information should be disclosed by the AI developer to allow the purchaser and/or user (physician) to appropriately evaluate the system or technology prior to purchase or utilization: -Regulatory approval status -Applicable consensus standards and clinical guidelines utilized in design, development, deployment, and continued use of the technology -Clear description of problem formulation and intended use accompanied by clear and detailed instructions for use -Intended population and intended practice setting -Clear description of any limitations or risks for use, including possible disparate impact -Description of how impacted populations were engaged during the AI lifecycle -Detailed information regarding data used to train the model: •Data provenance •Data size and completeness •Data timeframes •Data diversity •Data labeling accuracy

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					-Validation Data/Information and evidence of: •Clinical expert validation in intended population and practice setting and intended clinical outcomes •Constraint to evidence-based outcomes and mitigation of "hallucination" or other output error •Algorithmic validation •External validation processes for ongoing evaluation of the model performance, e.g., accounting for AI model drift and degradation •Comprehensiveness of data and steps taken to mitigate biased outcomes •Other relevant performance characteristics, including but not limited to performance characteristics at peer institutions/similar practice settings •Post-market surveillance activities aimed at ensuring continued safety, performance, and equity -Data Use Policy •Privacy •Security •Special considerations for protected populations or groups put at increased risk -Information regarding maintenance of the algorithm, including any use of active patient data for ongoing training -Disclosures regarding the composition of design and development team, including diversity and conflicts of interest, and points of physician involvement and review

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B	BOT 15 (4of4)	Support	Referred for Report Back at the 2024 Interim Meeting of the House of Delegates	Augmented Intelligence Development, Deployment, and Use in Health Care	• Purchasers and/or users (physicians) should carefully consider whether or not to engage with AI-enabled health care technologies if this information is not disclosed by the developer. As the risk of AI being incorrect increases risks to patients (such as with clinical applications of AI that impact medical decision making), disclosure of this information becomes increasingly important. [See also Augmented Intelligence in Health Care H-480.939]
B	BOT 18	Remain Neutral	Adopted as Amended and the Remainder of the Report Filed	Supporting Harm Reduction	The Board of Trustees recommends that the following new policy be adopted in lieu of Resolution 204, and that the remainder of the report be filed. 1. That the American Medical Association (AMA) support efforts to decriminalize the possession of non-prescribed buprenorphine <u>for personal use by</u> individuals who lack access to a physician for the treatment of opioid use disorder; (New HOD Policy) **Reference Committee recommends that Recommendation two be amended by addition and deletion to read as follows:** ~~2. That the AMA oppose the concept, promotion, or practice of "safe smoking" with respect to inhalation of tobacco, cannabis or any illicit substance; (New HOD Policy)~~ 2. That the AMA support decriminalization of harm reduction supplies that reduce the likelihood of injection drug use and

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					mitigate health risks of all types of drug use, including injection drug use and smoking. 3. That the AMA encourage additional study whether "safer smoking supplies" may be a potential harm reduction measure to reduce harms from the nation's overdose and death epidemic; and (New HOD Policy) 4. That the AMA reaffirm Policy D-95.987, "Prevention of Drug-Related Overdose." (Reaffirm AMA Policy)
B	Res. 201	Support	Adopted as Amended	Research Correcting Political Misinformation and Disinformation on Scope of Practice	RESOLVED, that our American Medical Association perform a comprehensive literature review on current research on correcting political misinformation and disinformation and conduct field research on ways to correct political misinformation and disinformation amongst policymakers as it pertains to scope of practice (Directive to Take Action); **Recommendation that the second Resolve of Resolution 201 be amended by addition and deletion to read as follows:** RESOLVED, that our AMA Board of Trustees report its findings and recommendations by the ~~I-24~~ A-25 meeting to the HOD on correcting political misinformation and disinformation and that our AMA incorporate these findings to the extent possible into our AMA's advocacy efforts on scope of practice. (Directive to Take Action)

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B	Res. 202	Support	Referred for Report Back at the 2024 Interim Meeting of the House of Delegates	Use of Artificial Intelligence and Advanced Technology by Third Party Payors to Deny Health Insurance Claims	RESOLVED, that our American Medical Association adopt as policy that Commercial third-party payors, Medicare, Medicaid, Workers Compensation, Medicare Advantage and other health plans ensure they are making medical necessity determinations based on the circumstances of the specific patient rather than by using an algorithm, software, or Artificial Intelligence (AI) that does not account for an individual's circumstances (New HOD Policy) RESOLVED, that our AMA adopt as policy that coverage denials based on a medical necessity determination must be reviewed by a physician in the same specialty or by another appropriate health care professional for non-physician health care providers. (New HOD Policy)
B	Res. 204	Support	Adopted as Amended	Staffing Ratios in the Emergency Department	**Recommendation that the first Resolve of Resolution 204 be amended by addition and deletion to read as follows:** RESOLVED, that our American Medical Association seek federal legislation or regulation prohibiting staffing ratios that do not allow for proper physician supervision of non-physician practitioners ~~NPPs~~ in the Emergency Department (Directive to Take Action); and be it further **Recommendation that the second Resolve of Resolution 204 be amended by addition and deletion to read as follows:** ~~RESOLVED, that our AMA seek federal legislation or regulation that would require all Emergency Departments to be staffed 24-7 by a qualified physician. (Directive to Take Action)~~ RESOLVED, that our AMA support that all Emergency Departments be staffed 24-7 by a qualified physician. (New HOD policy)

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B	Res. 210	Support	Amended Resolution 210 Adopted in Lieu of Resolution 236	Support for Physicians Pursuing Collective Bargaining and Unionization	**Recommendation that Resolution 210 be amended by addition and deletion to read as follows:** RESOLVED, that our American Medical Association ~~convenes an updated~~ study ~~of~~ opportunities for the AMA or physician associations to support physicians initiating and navigating a collective bargaining process, including but not limited to unionization. (Directive to Take Action) RESOLVED, that our American Medical Association convenes an updated study of opportunities for the AMA or physician associations to support physicians initiating a collective bargaining process, including but not limited to unionization. (Directive to Take Action)
B	Res. 211	Support	Current Policy Reaffirmed in Lieu of Resolution 211	Deceptive Hospital Badging 2.0	~~RESOLVED, that our American Medical Association promote and prioritize public awareness of the difference and importance of having the proper level of training and clear identification and labeling of caregivers as that relates to quality and safety of healthcare (Directive to Take Action)~~ ~~RESOLVED, that our AMA work with state and county medical societies to highlight to physicians the growing practice of creating improper equivalencies between physicians and non-physicians in the healthcare team and encourage action in local institutions to assure the quality and safety of physician-led patient care. (Directive to Take Action)~~
B	Res. 212	Support	Adopted	Advocacy Education Towards a Sustainable Medical Care System	RESOLVED, that our American Medical Association explore innovative opportunities for engaging the public in advocacy on behalf of an improved healthcare environment. (Directive to Take Action)
B	Res. 220	Support	Adopted as Amended	Restorative Justice for the Treatment of Substance Use Disorders	**Recommendation that the first Resolve be amended by addition and deletion to read as follows:**

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					RESOLVED, that our American Medical Association (1) continues to support the right of incarcerated individuals to receive appropriate care for substance use disorders, (2) supports efforts ~~providing incentives~~ for incarcerated individuals to participate ~~overcome substance use disorders,~~ ~~such as participation~~ in a treatment or diversion program ~~as a condition for early release,~~ and (3) supports providing access to social services and family therapy during and after incarceration (New HOD Policy); and be it further **Recommendation that the second Resolve be amended by addition to read as follows:** RESOLVED, that our AMA (1) recognizes that criminalization of substance use disproportionately impacts minoritized and disadvantaged communities due to structural racism and implicit bias, (2) acknowledges inequitable sentencing structures, such as towards crack cocaine versus opioids, have contributed to unjust imprisonments, and (3) supports stigma reduction, implicit bias and antiracism training for medical professionals working in correctional facilities. (New HOD Policy)
B	Res. 222	Support	Adopted as Amended	Studying Avenues for Parity in Mental Health & Substance Use Coverage	**Recommendation that Resolution 222 be amended by addition and deletion to read as follows:** RESOLVED, that our American Medical Association increase advocacy efforts towards the National Association of Insurance Commissioners (NAIC) and state and federal policy makers ~~continue to advocate~~ for meaningful financial and other ~~study potential~~ penalties ~~to~~ for insurers that do ~~for~~ not comply~~ing~~ with mental health and substance use parity laws~~.~~; and be it further (Directive to Take Action)

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					A second Resolve added to Resolution 222 to read as follows: RESOLVED, that our American Medical Association work with state medical societies to advocate to state departments of insurance for meaningful enforcement of penalties for insurers that do not comply with mental health and substance use parity laws.
B	Res. 227	Support	Adopted	Medicare Reimbursement for Telemedicine	RESOLVED, that our American Medical Association support removal of the December 31, 2024 "sunset" date currently set for Medicare to cease reimbursement for services provided via telemedicine, such that reimbursement of medical services provided by telemedicine be continued indefinitely into the future, consistent with what would be determined by the Relative Value Update Committee ("RUC"). (New HOD Policy)
B	Res. 235	Support	Adopted	Establish a Cyber-Security Relief Fund	RESOLVED, that our American Medical Association, through appropriate channels, advocate for a 'Cyber Security Relief Fund" to be established by Congress (Directive to Take Action) RESOLVED, that the "Cyber Security Relief Fund" be funded through contributions from health insurance companies and all payers - as a mandated requirement by each of the payer (Directive to Take Action) RESOLVED, that the "Cyber Security Relief Fund" only be utilized for 'uninterrupted' payments to all providers- in a structured way, in the event of future cyber-attacks affecting payments. (Directive to Take Action)
B	Res. 236	Support	Amended Resolution 210 Adopted in Lieu of Resolution 236	Support of Physicians Pursuing Collective Bargaining and Unionization	**Amended Resolution 210** RESOLVED, that our American Medical Association ~~convenes an updated~~ study ~~of~~ opportunities for the AMA or physician associations to support physicians initiating and navigating a

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					collective bargaining process, including but not limited to unionization. (Directive to Take Action) **Resolution 236** RESOLVED, that our American Medical Association investigate avenues for the AMA and other physician associations to aid physicians in initiating and navigating collective bargaining efforts, encompassing but not limited to unionization. (Directive to Take Action)
B	Res. 238	Support	Adopted	AMA Supports Efforts to Fund Overdose Prevention Sites	RESOLVED, that our American Medical Association support legislation or regulation that would fund overdose prevention sites. (New HOD Policy)
B	Res. 241	Support	Current Policy Reaffirmed in Lieu of Resolution 241	Healthcare Cybersecurity Breaches	~~RESOLVED, that our American Medical Association advocate for the development of an adequately funded multidisciplinary task-force including representation of AMA, health insurers, the FBI and other pertinent stakeholders to prevent future healthcare cyberattacks throughout the country and to increase the apprehension of cybercriminals who prey on patients and healthcare entities, and to recommend appropriate penalties for their crimes. (Directive to Take Action)~~

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C	CME 02	Support	Adopted as Amended and the Remainder of the Report Filed	The Current Match Process and Alternatives	**Recommendation that Council on Medical Education Report 2 be amended by addition to read as follows:** 1. AMA Policy D-310.977, "National Resident Matching Program Reform" be amended by 31 addition to read as follows. Our AMA: (20) Encourages the piloting of innovations to the residency application process with aims to reduce application numbers per applicant, focus applicants on programs with reciprocal interest, and maximize residency placement. With support from the medical education community, successful pilots should be expanded to enhance the standardized process; (21) Continues to engage the National Resident Matching Program® (NRMP®) and other matching organizations on behalf of residents and medical students to further develop ongoing relationships, improve communications, and seek additional opportunities to collaborate including the submission of suitable nominees for their governing bodies as appropriate. (Modify Current HOD Policy) 2. Reaffirm AMA Policies H-310.900 "Resident and Fellow Physicians Seeking to Transfer GME Program" and H-310.912 "Residents and Fellows' Bill of Rights." (Reaffirm HOD Policy) 3. Rescind AMA policy D-310.944, "Study of the Current Match Process and Alternatives," as having been accomplished by this report. (Rescind HOD Policy)

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C	Res. 303	Support	Referred for Decision	Amend Policy D-275.948 Title "Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training". Creation of an AMA Task Force to Address Conflicts of Interest on Physician Boards.	RESOLVED, that our American Medical Association amend the title of policy D-275.948 by substitution and deletion as follows: ~~Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training~~ Addressing Non-physician Positions and Participation on Physician Regulatory Boards and Bodies and Potential Conflicts of Interest D-275.948 (Modify Current HOD Policy) RESOLVED, that our AMA work with relevant stakeholders and regulatory bodies and boards involved in physician education, accreditation, certification, licensing, and credentialing to advocate for physician leadership of these regulatory bodies and boards in order to be consistent with the AMA Recovery Plan's efforts to fight scope creep, and prevent undermining physician confidence in these organizations (Directive to Take Action) RESOLVED, that our AMA create a task force with the mission to increase physician awareness of and participation in leadership positions on regulatory bodies and boards involved in physician education, accreditation, certification, licensing, and credentialing through mechanisms including but not limited to mentorship programs, leadership training programs, board nominations, publicizing the opportunities to the membership, and creating a centralized list of required qualifications and methods to apply for these positions. (Directive to Take Action)

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D	CSAPH 06	Support	Adopted as Amended and the Remainder of the Report Filed	Greenhouse Gas Emissions from Metered Dose Inhalers and Anesthetic Gases	The Council on Science and Public Health recommends that the following be adopted, and the remainder of the report be filed. 1. That Policy H-160.932, "Asthma Control" be amended by addition and deletion to read as follows: The AMA: (1) encourages physicians to make appropriate use of evidence-based guidelines, including those contained in ~~Expert Panel Report III: Guidelines for the Diagnosis and Management of Asthma released by the National Heart, Lung and Blood Institute and~~ the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group 2020 Focused Updates to the Asthma Management Guidelines; (2) encourages physicians to provide self-management education tailored to the literacy level of the patient by teaching and reinforcing appropriate self-monitoring, the use of a written asthma action plan, taking medication correctly, and avoiding environmental factors that worsen asthma; ~~and~~ (3) encourages physicians to incorporate the four components of care (assessment and monitoring; education; control of environmental factors and comorbid conditions; and appropriate medication selection and use)~~.~~; and (4) will, in collaboration with interested parties and organizations, develop content to help physicians talk through the different asthma control options and their known economic costs and environmental impacts. (Modify Current AMA Policy) **Recommendation that the second Recommendation in CSAPH Report 6 be amended by addition to read as follows:** 2. That Policy H-135.913, "Metered Dose Inhalers and Greenhouse Gas Emissions" be amended by addition and deletion to read as follows:

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					1. Our AMA will advocate to reduce the climate effects of hydrofluorocarbon propellants in metered-dose inhalers and encourage strategies ~~for encouraging~~ supporting the development and use of alternative inhalers and propellants with equal and or higher efficacy and less adverse effect on our climate. 2. Our AMA ~~will advocate for~~ supports legislative and regulatory reforms~~,~~ that increase access to affordable ~~to keep~~ inhalers ~~medications affordable and accessible, will urge FDA to consider metered-dose inhaler propellant substitutions for the purposes of climate protection as drug reclassifications,~~ with lower greenhouse gas emissions that align with current recommended standards of care. Reforms should aim to ensure the quality of patents issued on new drug-device combinations, prevent new patents for minor changes made to delivery systems, and remove barriers to market entry for generic inhalers. 3. Our AMA supports consideration of the environmental impacts of inhalers when creating prescription drug formularies and for the federal government to factor environmental impact into price negotiations with pharmaceutical manufacturers. ~~without new patent or exclusivity privileges, and not allow these substitutions to classify as new drug applications.~~ 4. Our AMA recognizes the unique role metered dose inhalers play, in combination with spacers and facemasks, in treating vulnerable patients who are unable to use other inhaler options due to age, physiologic limitation from weakness or neurocognitive limitations, including but not limited to children with asthma, patients with tracheostomies, patients with cerebrovascular injuries, and patients with neuromuscular diseases. ~~3. Our AMA will study options for reducing hydrofluorocarbon~~

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					~~use in the medical sector.~~ (Modify Current AMA Policy) **Recommends that the third Recommendation in CSAPH Report 6 be amended by deletion to read as follows:** 3. That the following new policy be adopted. REDUCING ENVIRONMENTAL IMPACTS OF ANESTHETIC GASES The AMA, in collaboration with interested parties and organizations, will disseminate evidence-based content and recommended strategies to reduce the global warming impact of anesthetic gases ~~and encourage the phasing out of desflurane as an anesthetic gas~~. (New HOD Policy)
E	CSAPH 12	Remain Neutral	Adopted and the Remainder of the Report Filed	Universal Screening for Substance Use and Substance Use Disorders during Pregnancy	The Council on Science and Public Health recommends that the following be adopted, and the remainder of the report be filed: 1. That our AMA: A. Encourage ongoing research on the benefits and risks of universal screening for substance use during pregnancy including the impact of mandatory reporting laws, evaluation of patient outcomes, effectiveness across different age groups, optimal screening intervals, equity considerations, and efficacy of different screening tools. B. Support the development and dissemination of physician education and training on federal and state laws governing mandatory notification and reporting of substance use during pregnancy, and the benefits and consequences of screening implementation in health care settings on a state-by-state basis. (New HOD Policy) 2. That AMA policy H-420.950, "Substance Use Disorders During Pregnancy," be amended by addition and deletion to read as follows:

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Cmte*	Item	Recommended ASRA Pain Medicine Action	Action by HOD	Title	Recommendations or Resolves
					Our AMA will: (1) support brief interventions (such as engaging a patient in a short conversation, providing feedback and advice) and referral for early comprehensive treatment of pregnant individuals with opioid use and opioid use disorder (including naloxone or other overdose reversal medication education and distribution) using a coordinated multidisciplinary approach without criminal sanctions; (2) acknowledges the health benefits of identifying substance use during pregnancy and opposes any efforts, including mandatory reporting laws, that ~~to~~ imply ~~that~~ a positive verbal substance use screen, a positive toxicology test, or the diagnosis of substance use disorder during pregnancy automatically represents child abuse or neglect; (3) support legislative and other appropriate efforts for the expansion and improved access to evidence-based treatment for substance use disorders during pregnancy; (4) oppose the filing of a child protective services report or the removal of infants from their ~~mothers~~ parent(s) solely based on a ~~single positive~~ prenatal drug screen and/or biological test(s) for substance use without appropriate evaluation; (5) advocate for appropriate medical evaluation prior to the removal of a child, which takes into account (a) the desire to preserve the individual's family structure, (b) the patient's treatment status, and (c) current impairment status when substance use is suspected or confirmed; and (6) advocate that state and federal child protection laws be amended so that pregnant people with substance use and substance use disorders are only reported to child welfare agencies when protective concerns are identified by the clinical team, rather than through automatic or mandated reporting of all pregnant people with a positive toxicology test, positive verbal substance use screen, or diagnosis of a substance use disorder, or use of evidence-based treatments

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					for substance use disorder. (Modify Current HOD Policy) 3. That current AMA policies H-420.969, "Legal Interventions During Pregnancy," and D-95.983, "Mandatory Drug Screening Reporting" be reaffirmed. (Reaffirm HOD Policy)
E	Res. 507	Support	Adopted as Amended with a Change in Title	Ban on Dual Ownership, Investment, Marketing or Distribution of Recreational Cannabis by Medical Cannabis Companies **Title Change** Ban on Dual Ownership, Investment, Marketing or Distribution of Adult-Use Cannabis, Psychedelic Agents, or Empathogens By Medical Companies	**Recommendation that Resolution 507 be amended by addition and deletion to read as follows:** RESOLVED, that our American Medical Association support a permanent ban on medical cannabis, psychedelic agent, and/or empathogenic agent companies (and ~~its~~ their related holding conglomerates) from owning, investing in, distributing, or promoting recreational (or "adult use") cannabis, psychedelic agents, and/or empathogenic agents or any other activity relating to recreational use of cannabis, psychedelic agents, and/or empathogenic agents. (New HOD Policy)
E	Res. 512	Support	Adopted	Opioid Overdose Reversal Agents Where AED's Are Located	RESOLVED, that our American Medical Association support the expansion of naloxone availability through colocation of intranasal naloxone with AEDs in public locations. (New HOD Policy)
F	BOT 04	Support	Adopted and the Remainder of the Report Filed	AMA 2025 Dues	The Board of Trustees recommends no change to the dues levels for 2024, that the following be adopted and that the remainder of this report be filed: Regular Members $ 420

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Cmte*	Item	Recommended ASRA Pain Medicine Action	Action by HOD	Title	Recommendations or Resolves
					Physicians in Their Fourth Year of Practice $ 315 Physicians in Their Third year of Practice $ 210 Physicians in Their Second Year of Practice $ 105 Physicians in Their First Year of Practice $ 60 Physicians in Military Service $ 280 Semi-Retired Physicians $ 210 Fully Retired Physicians $ 84 Physicians in Residency/Fellow Training $ 45 Medical Students $ 20 (Directive to Take Action)
F	BOT 25	Support	Adopted as Amended in Lieu of Resolution 605 and the Remainder of the Report Filed with a Changed Title	Environmental Sustainability of AMA National Meetings. Supporting Carbon Offset Programs for Travel for AMA Conferences **Title Change** Environmental Sustainability of AMA National Meetings	**Recommendation that the Recommendations in Board of Trustees Report 25 be amended by addition and deletion to read as follows:** The Board of Trustees recommends that the following be adopted in lieu of Resolutions 603-A-23 and 608-A-23, and the remainder of the report be filed: 1. Our AMA is committed to progression to net zero emissions for its business operations by 2030, by continuing and expanding energy efficiency upgrades, waste reduction initiatives, and the transition to renewable energy sources (New HOD Policy). 2. Our AMA will prioritize sustainable organizational practices to reduce emissions ~~over purchasing carbon offsets~~ (New HOD Policy). <u>3. Our AMA Board of Trustees will present a report at the 2024 Interim Meeting that details a timeline as to when and how to achieve our organizational carbon neutrality. (Directive to Take Action)</u> ~~3~~<u>4</u>. Our AMA will continue to prioritize collaboration within the health care community by sharing the learnings from our sustainability initiative to inspire our peer organizations to follow suit and adopt similar environmentally conscious practices (Directive-to-Take-Action)

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					5. Our AMA will work with appropriate entities to encourage the United States healthcare system to decrease emissions to half of 2010 levels by 2030, achieve net zero by 2050, and remain net zero or negative (Directive to Take Action).
F	Res. 607	Support	Not Adopted	Appealing to our AMA to add clarity to its mission statement to better meet the need of physicians, the practice of medicine and the public health	RESOLVED, that our American Medical Association amends its mission's statement from "to promote the art and science of medicine and the betterment of public health" to "to empower physicians to better care for their patients, advance the art and science of medicine, and promote the betterment of physicians and the public health". (Directive to Take Action)
G	CMS 06	Support	Adopted and the Remainder of the Report Filed	Economics of Prescription Medication Prior Authorization	The Council on Medical Service recommends that the following be adopted in lieu of Resolution 725-A-23, and the remainder of the report be filed: 1. That our American Medical Association (AMA) support working with payers and interested parties to ensure that prior authorization denial letters include at a minimum (1) a detailed explanation of the denial reasoning, (2) a copy of or publicly accessible link to any plan policy or coverage rules cited or used as part of the denial, and (3) what rationale or additional documentation would need to be provided to approve the original prescription and alternative options to the denied medication. (New HOD Policy) 2. That our AMA amend Policy H-120.919 to read as follows: That our AMA will: (1) continue to support efforts to ~~publish~~ implement a ~~Real-Time Prescription Benefit (RTPB)~~ Real-Time Benefit Tool (RTBT) standard that meets the needs of all physicians and other prescribers, utilizing any electronic

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Cmte*	Item	Recommended ASRA Pain Medicine Action	Action by HOD	Title	Recommendations or Resolves
					health record (EHR), and prescribing on behalf of any insured patient; (2) support efforts to ensure that provider-facing and patient facing RTBT systems align; and (3) advocate that all payers (i.e., public and private prescription drug plans) be required to implement and keep up to date an ~~RTPB~~ RTBT standard tool that integrates with all EHR vendors, and that any changes that must be made to accomplish ~~RTPB~~ RTBT tool integration be accomplished with minimal disruption to EHR usability and cost to physicians and hospitals; (4) advocate that RTBT systems provide a justification for why prior authorization is required and include approved/covered alternative prescription medications; ~~and~~ (~~3~~5) develop and disseminate educational materials that will empower physicians to be prepared to optimally utilize ~~RTPB tools~~ RTBT and other health information technology tools that can be used to enhance communications between physicians and pharmacists to reduce the incidence of prescription abandonment; (6) advocate that payers honor coverage information that is based on a RTBT at the time of prescription and that prior authorization approvals should be valid for the duration of the prescribed/ordered treatment; and (7) continue to advocate for the accuracy and reliability of data provided by RTBTs and for vendor neutrality to ensure that it is supportive to physician efforts. (Modify Current HOD Policy) 3. That our AMA reaffirm Policy H-110.963, which addresses the regulation and monitoring of third-party Pharmacy Benefit Managers (PBMs) in an effort to control prescription drug pricing. (Reaffirm HOD Policy) 4. That our AMA reaffirm Policy H-125.979, which outlines advocacy efforts to ensure that physicians have access to real-time formulary data when prescribing. (Reaffirm HOD Policy)

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Cmte*	Item	Recommended ASRA Pain Medicine Action	Action by HOD	Title	Recommendations or Resolves
					5. That our AMA reaffirm Policy H-320.945, which details opposition to the abuse of prior authorization and the requirement for payers to accurately report denials and approvals. (Reaffirm HOD Policy) 6. That our AMA reaffirm Policy H-125.986, which outlines the AMA's position that certain actions from PBMs interfere with physician practice and may impact the patient-physician relationship. (Reaffirm HOD Policy) 7. That our AMA reaffirm Policy D-120.933, which encourages the gathering of data to better understand the impact that PBM actions may lead to an erosion of the patient-physician relationship. (Reaffirm HOD Policy)
G	Res. 702	Support	Adopted as Amended	The Corporate Practice of Medicine, Revisited	**Recommendation that Resolution 702 be amended by addition to read as follows:** RESOLVED, That our American Medical Association revisit the concept of restrictions on the corporate practice of 11 medicine, <u>including, but not limited to</u>, private equities, hedge funds and similar entities, review existing state laws and study needed revisions and qualifications of such restrictions and/or allowances, in a new report that <u>will study and report back by Annual 2025 with recommendations on how to increase competition, increase transparency, support physicians and physician autonomy, protect patients, and control costs in already consolidated health care markets; and to inform</u> advocacy to protect the autonomy of physician-directed care, patient protections, medical staff employment and contract conflicts, and access of the public to quality health care, while containing health care costs.
G	Res. 703	Support	Adopted as Amended with a Title Change	Upholding Physician Autonomy in Evidence-Based Off-Label	**Recommendation that the first Resolve of Resolution 703 be amended by deletion to read as follows:**

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				Prescribing and Condemning Pharmaceutical Price Manipulation **Title Change** Upholding Physician Autonomy in Evidence-Based Off-Label Prescribing	RESOLVED, that our American Medical Association (AMA) advocates for transparency, accountability, and fair pricing practices in pharmaceutical pricing~~, opposing differential pricing or medications manufactured by the same company with the same active ingredient, without clear clinical necessity~~; and be it further **Recommendation that the second Resolve of Resolution 703 be amended by addition and deletion to read as follows:** RESOLVED, that our AMA condemns interference with a physician's ability to prescribe clinically appropriate medication ~~one medication over another with the same active ingredient~~ without risk of harassment, prosecution, or loss of their medical license, and calls on regulatory authorities to investigate and take appropriate action against such practices. (New HOD Policy)
G	Res. 710	Support	Adopted as Amended	The Regulation of Private Equity in the Healthcare Sector	**Recommendation that the first Resolved clause of Resolution 710 be amended by addition to read as follows:** RESOLVED, That our American Medical Association propose appropriate guidelines for the use of private equity in healthcare, ensuring that physician autonomy and operational authority in clinical care is preserved and protected (Directive to Take Action); and be it further **Recommendation that the second Resolved clause of Resolution 710 be amended by addition and deletion to read as follows:** RESOLVED, that our AMA modify policy H-215.981, Corporate Practice of Medicine, by addition:

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					4. Our AMA will work with ~~the~~ state and federal government and other interested parties to develop and advocate for regulations pertaining to corporate control of practices ~~private equity~~ in the healthcare sector such that physician autonomy in clinical care is preserved and protected. (Modify Current HOD Policy)