

ASMBS SUCCESSFULLY RETAINED ITS SEAT IN THE AMA HOUSE OF DELEGATES FOR AN ADDITIONAL FIVE YEARS

21% of our qualified ASMBS members hold active AMA memberships (381 of 1,765)

Maintaining this representation keeps obesity and metabolic and bariatric surgery on the national agenda.

KEY RESOLUTIONS IMPACTING ASMBS

Resolution 437 — Obesity as a Strategic Priority

- Elevates obesity to the same status as prediabetes and hypertension in AMA policy.
- Unlocks advocacy, research, physician education, and funding mechanisms.
- Expected to reshape how the AMA mobilizes its resources toward obesity-related initiatives.
- Described as the most significant obesity-related action since the AMA classified obesity as a disease in 2014.

Resolution 230 — Insurance Equity for Obesity Treatment

- Expanded previous policy on bariatric surgery to include:
 - Elimination of coverage exclusions for anti-obesity medications (AOMs).
 - Reduction of prior authorization burdens.
 - Coverage for chronic obesity pharmacotherapy.
 - Recognition of physician autonomy over third-party disease management companies.
- Resolution was split:
 - Some components passed and became policy immediately.
 - Other components referred for further review by the AMA Board

Resolution 516 — GLP-1 Registry Proposal

- Introduced by Anesthesiology and OB/GYN sections, recommending a national database to track outcomes and safety of GLP-1 drugs.
- ASMBS and other groups opposed due to:
 - Duplication of existing FDA tracking.
 - High cost of implementing and maintaining such registries.
 - Extensive published literature already available.
- Despite concerns, the resolution passed.

ASMBS OBLIGATIONS

Per the AMA Board of Trustees (Report 28-A-25), all societies in the House must:

1. Work collaboratively with the AMA to increase AMA membership.
2. Keep delegates updated on the society's policies and positions.
3. Ensure that delegates report back on AMA actions and resolutions.
4. Disseminate that information to the full membership.
5. Provide information or data requested by the AMA.

ASMBS continues to meet these responsibilities through coordinated reporting, active participation, and policy engagement.

OTHER AMA BUSINESS RELEVANT TO ASMBS MEMBERS

The House passed an emergency resolution condemning the HHS Secretary's replacement of the vaccine advisory council.

Resolution 703

AMA to protect surgical data (e.g., from robotic platforms) from being used for performance benchmarking.

Resolution 704

Strengthens AMA's efforts to mitigate the harms of prior authorization delays.

Resolution 011

AMA reaffirmed its opposition to physician-assisted suicide, while supporting physicians in states where it is legal.

Resolution 013

AMA now supports physician groups that choose to unionize.

ASMBS MEMBER CALL TO ACTION

Your engagement matters. Here's how you can help:

- **Keep your AMA membership current** — it directly protects our seat.
- **Share feedback and experiences** related to obesity policy and coverage.
- **Speak up** — your voice supports national advocacy for our patients.
- Visit www.asmb.org for updates and resources.



View the full AMA meeting
summary online at
[2025 AMA Annual Meeting
Highlights](#)

"We must continue to shine a national spotlight on discriminatory policies and barriers to care. The AMA is listening — and we're at the table." — Dr. John Scott, ASMBS AMA Delegate

OBESITY CAUCUS MEETING SUMMARY

Key takeaways from the Obesity Caucus included:

Obesity as a Public Health Priority

- Unified push to elevate obesity within AMA's strategic initiatives.
- Language clarified to frame obesity as a “public health priority.”

Insurance Advocacy (Resolution 230)

- Strong debate over access to surgery and AOMs.
- Strategic parliamentary actions allowed passage of critical elements.

Opposition to GLP-1 Registry (Resolution 516)

- Cited redundancy with FDA systems and existing literature.
- Warned about distraction from more urgent access issues.

Medicaid Access & State-Level Advocacy

- Need for model legislation to mandate Medicaid coverage of obesity treatments.
- Shared examples of successful state-level advocacy.

Drug Pricing and Access Barriers

- High GLP-1 costs still block access.
- Obesity treatment should not be rationed based on cost.

Future Resolution Plans

- New efforts focused on veterans' access, Medicaid model legislation, and infrastructure for public health education.

Movement Solidarity

- The group emphasized visibility, solidarity, and collective influence by sharing photos and coordination plans.

“The actions taken at this year’s AMA meeting reaffirm what we’ve long known — that obesity is a complex, chronic disease deserving of national attention and coordinated care. ASMBS is proud to stand at the forefront of this movement, ensuring our patients have access to evidence-based treatment and our members have a powerful voice in shaping policy. Together, we are changing the standard of care.” — Dr. Richard Peterson, ASMBS President

HOW THE AMA HOUSE OF DELEGATES WORKS

The AMA House includes over 800 delegates from state medical associations and national specialty societies.

Delegates introduce resolutions, which are reviewed in one of eight reference committees.

Committees issue recommendations, and the House debates and votes.

Passed resolutions become official AMA policy.

ASMBS participates in multiple influential groups:

- Specialty and Service Society
- Surgery Caucus
- Obesity Caucus
- Digestive Disease Section Council

AMA STRATEGIC PRIORITIES FOR 2025

1. Fix Prior Authorization
2. Reform Medicare Payment Models
3. Fight Scope-of-Practice Creep
4. Support Expansion of Telehealth
5. Combat Physician Burnout

ASMBS supports these priorities, especially where they intersect with access to metabolic and obesity care.

