AGENDA
Advisory Board Reference Committee Hearing
Sutton South
New York Hilton Midtown
Thursday, July 16, 2026
1:00 PM – 3:00 PM (Eastern)

PARTICIPANTS			
NAMES	**ROLE/TITLE**	**VOTING**	**TERM END**
Whitney D. Tope, MD, FAAD	Chair	Yes	4/1/2027
Reena Patni Jogi, MD, FAAD	Member	Yes	4/1/2027
Tanda N. Lane, MD, FAAD	Member	Yes	4/1/2028
Kristen Joy Townley, MD, FAAD	Member	Yes	4/1/2029
Roman Bronfenbrener, MD, FAAD	Member	Yes	4/1/2030
Lawrence J. Green, MD, FAAD	BOD Liaison	No	4/1/2027
Kim Noelle Andersen, DipESG	Director, Governance		
Chris Siwik	Senior Manager, Governance Structure		
Jada Chandler	Specialist, Governance		

MISSION STATEMENT

Charge: The Advisory Board shall hold a Reference Committee Hearing biannually preceding the General Business Meeting at the Annual and Innovation Academy meetings. The author or his or her designee must be present to introduce and discuss the resolution at the Reference Committee Hearing as well as provide full disclosure of any conflicts of interest for the author and any presenting designees.

The Reference Committee will hold a Hearing to discuss each resolution and provide members with the opportunity to debate the merits of the resolutions. The Reference Committee shall consider the testimony presented on the resolutions and make appropriate edits.

The Reference Committee may recommend the following actions to the Advisory Board: adopt, adopt as amended, or not adopt. The full Advisory Board will vote on resolutions at the Advisory Board General Business Meeting.

STRATEGIC/OPERATIONAL PLAN ALIGNMENT

Strengthen Operations and Improve Execution

ORDER OF BUSINESS

	DESCRIPTION	**SPEAKER**	**ACTION**	**PAGE**
I.	Call to Order	Dr. Tope	AR	Verbal
II.	Establish Quorum	Dr. Tope	AR	Verbal
III.	Disclosure of Outside Interests	Dr. Tope	AR	Verbal
IV.	Overview of the Process	Dr. Tope	IO	Verbal
V.	Introduction of the Reference Committee	Dr. Tope	IO	Verbal

References:
Action Key: AR=Action Required; IO=Information Only; DI=Discussion Item

DESCRIPTION		SPEAKER	ACTION	PAGE
VI.	New Business			
	A. Consideration of 2026 Resolutions	Dr. Tope	IO	Verbal
	i. Elimination of Reinstatement Fees and Implementation of Safeguards for Membership Auto-Renewal Failures Among Early-Career Dermatologists	Zoë Indigo, MD, FAAD	IO	3 - 7
	ii. Enhancing SkinPAC Platinum Benefits for Increased Awareness and Donations	Roman Bronfenbrener, MD, FAAD	IO	8 - 10
	iii. Establishing a Task Force on the Safety of Novel Hair Loss Treatments	Neil S. Sadick, MD, FAAD	IO	11 - 12
	iv. Restoration of the “Summer AAD” Branding	Reena Jogi, MD, FAAD	IO	13 - 14
	v. Developing Guidance for Dermatologic Practice and Professionalism on Social Media	Jeffrey McBride, MD, FAAD	IO	15 - 16
	vi. Member Self-Defense and Concealed Carry at AAD Meetings and Events	Joshua E. Lane, MD, FAAD	IO	17 - 19
	vii. Mandatory Periodic Review and Sunsetting of AAD/A Position Statements	Curtis Asbury, MD, FAAD	IO	20 - 22
VII.	Adjournment	Dr. Tope	AR	Verbal

Governance Fiduciary Notes:

AAD/A Antitrust Compliance Policy. The Academy’s Antitrust Compliance Policy applies to this meeting. A copy of that policy was provided in the background materials for this meeting with the disclosures.

CCTF Meeting Recording Policy. Per Academy policy, the recording of CCTF meetings is strictly prohibited. Remember to remove any third-party screen and/or audio recording applications before joining a meeting. Should a member join a meeting with a third-party application installed, it will be dropped from the call.

RESOLUTION NUMBER AAD/A 001 (IA26)

TITLE ELIMINATION OF REINSTATEMENT FEES AND IMPLEMENTATION OF SAFEGUARDS FOR MEMBERSHIP AUTO-RENEWAL FAILURES AMONG EARLY-CAREER DERMATOLOGISTS

INTRODUCED BY Zoë Indigo, MD, FAAD

WHEREAS, the American Academy of Dermatology represents over 21,000 dermatologists and is committed to supporting its members across all stages of their careers, including early-career physicians transitioning from residency into independent practice; and

WHEREAS, more than 500 dermatology residents graduate annually in the United States and enter early-career practice, representing a significant and growing segment of the Academy's membership; and

WHEREAS, early-career dermatologists face unique financial and administrative burdens during the transition from training to practice, including high membership dues, relocation, licensure, and onboarding costs; and

WHEREAS, the AAD publicly states that members who opt into automatic renewal will have their membership renewed annually using stored payment information, without clear disclosure of potential reinstatement penalties in the event of failed auto-renewal; and

WHEREAS, multiple cohorts of recent dermatology graduates have reported unexpected membership lapses due to failed auto-renewal processes, resulting in reinstatement fees despite prior opt-in to automatic renewal; and

WHEREAS, such reinstatement fees may disproportionately impact early-career dermatologists and create unnecessary barriers to continued membership engagement, potentially undermining recruitment, retention, and long-term participation in the Academy; and

WHEREAS, transparent, fair, and member-centered policies are essential to maintaining trust and aligning with the Academy's mission to support dermatologists and advance the specialty;

THEREFORE BE IT RESOLVED, that the American Academy of Dermatology eliminate reinstatement fees for early-career dermatologists (defined as within the first five years post-residency) whose memberships lapse due to failed automatic renewal after opting into such renewal; and

BE IT FURTHER RESOLVED, that the AAD implement a mandatory fee waiver for any member whose automatic renewal fails, provided the member had previously opted into auto-renewal; and

BE IT FURTHER RESOLVED, that the AAD develop and implement standardized safeguards for membership renewal, including but not limited to: multi-channel notifications (email, text,

and/or app-based reminders) prior to lapse, clear and prominent disclosure of reinstatement policies at the time of enrollment and renewal, and a defined grace period following failed renewal during which membership may be restored without penalty;

BE IT FURTHER RESOLVED, that the AAD evaluate the impact of membership fee structures and administrative policies on early-career dermatologist retention and engagement, and report findings with recommendations to the House of Delegates.

Does the resolution fall within the scope of the AAD and AADA bylaws, mission, vision, or strategic goals? *
Yes

If yes, provide specifics.
This resolution falls well within the scope of both the AAD and the AADA, as it directly addresses membership policies, member experience, and early-career engagement, core priorities outlined in their mission and strategic goals. By eliminating reinstatement fees in cases of failed automatic renewal and implementing safeguards to improve transparency and communication, the proposal supports dermatologists during a critical transition period from training to practice. It promotes fairness, strengthens trust in Academy systems, and reduces unnecessary barriers to continued membership. Importantly, this resolution advances long-term member retention and engagement, which are essential to sustaining a strong, active dermatology community and ensuring continued participation in organized medicine.
Information necessary to support the resolution.

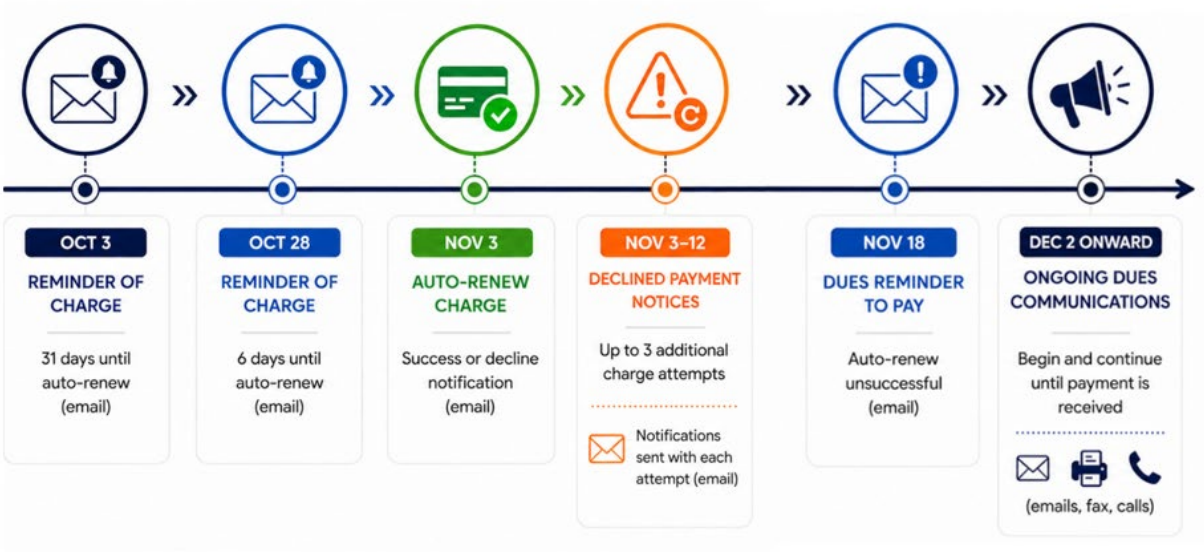
References
"AAD is committed to supporting dermatologists at all stages of their careers."
"AAD prioritizes member engagement and retention"- aad.org

Relevant Background and/or AAD Policy Considerations:

1. AAD Membership dues are payable by the end of each year. A 30-day grace period is offered through the end of January when a late fee is charged beginning February 1 for renewing membership. Members who have not paid by the end of March are "dropped" from membership on April 1. After this date, a $100 reinstatement fee is charged to cover the administrative costs of restoring a lapsed account, encourage timely renewal, and maintain equity among members who paid on time. The reinstatement policy is included on the AAD website dues page as well as the printed dues statements[1]. AAD offers a longer membership renewal period than many other medical societies and penalty fees are in line with standard practices.
2. AAD offers members the convenience of auto renewal for their membership through a secure payments platform called Recharge. Members opt-in to use this service using credit card information that they provide. Of the nearly 16,000 dues paying members, nearly 3,800 members used this service to successfully renew their 2026 membership.

[1] Reinstatement notice*: Former members must provide documentation proving they meet the current criteria for membership. $100.00 US dollars reinstatement fee, current year's membership dues and any required documents must be provided before membership will be considered active. If no longer meeting the previous member category requirements, you may be placed in a different category or may be denied membership completely.*

3. Dues renewal communication starts in September, and reminders are delivered across multiple channels including email, postal mail, the AAD website and shopping cart, catalogs, *JAAD* and *DermWorld* house ads, digital advertising and *DermWorl*d Academy Insider. For those enrolled in auto-renewal, the AAD complies with both state and federal Automatic Renewal Laws as well as best practice by providing a reminder email 30 days and 6 days prior to the charge. If the charge is declined, up to three additional attempts are made, generally three days apart. (See below)



If unsuccessful and no payment is made, the auto-renewal enrollment is cancelled, and the member is placed back into the standard renewal cycle which includes emails, paper mailing, phone calls and faxes to remind members that dues are owed. See Appendix for dues renewal communication schedule.

4. There are several common reasons that auto-renewals fail:
    - Expired credit card on file
    - New card issues after fraud/lost card
    - Insufficient funds
    - Bank declining recurring/large transactions
    - CVV or billing ZIP mismatch
    - Corporate/employer cards changing
    - Members locking/freezing cards
    - International transaction restrictions
    - Payment processor/network outages
5. In the last dues cycle, 217 early-career dermatologists (5 years out) were dropped from membership; 9 were enrolled in auto renewal. Of those 9 members, 2 were charged the reinstatement fee.
6. The AAD empathizes with the many challenges early career dermatologists experience as they transition to practice. To help ease the fiscal strain of moving from a complimentary membership during residency to AAD full/paid membership, the Academy has, for nearly 20 years, provided a steep discount (currently 80%) for 18 months of membership for the first year. The Board also recently approved a pro-rated discount for

the second year of membership, giving dermatologists starting their careers two full years of discounted membership dues.

Fiscal/Resource Impact

The primary rationale for charging a reinstatement fee is to cover administrative costs of restoring a lapsed account, encourage timely renewal, and maintain equity among members who paid on time. The fiscal impact of discontinuing late/reinstatement fees to early career members would vary depending on the number of those dropping membership/enrolled in auto renewal but would be an insignificant amount. The new second year discount will reduce dues revenue by $265,000 (assumes 2.7% COLA) in 2027 but will be offset when planned international increases go into effect in 2028.

APPENDIX – 2026 DUES COMMUNICATION SCHEDULE

Standard Membership Renewal Cycle starts in September:

December:

- Mid-December email goes out to those still owing dues indicating (including those remove from auto-renewal):
    - Due date of Jan 1.
    - How to make payment.
    - Online payment link.
        - Option to download dues invoice on AAD's dues web page.

January:

- Dues due January 1.
- 30-day grace period provided before a late fee is added on Feb 1.
- Paper dues statement mailed early to mid-January to those still owing dues.
- Emails:
    - Email sent to all CCTF members reminding them of late fee being added Feb 1.
    - 3rd week in January
        - Reminding all those still owing a late fee will be applied February 1st.
    - 4th week in January
        - Reminding all those still owing a late fee will be applied February 1st.

February:

- Late fee added February 1.
- Email:
    - Prior to Annual Meeting email sent to those still owing reminding to pay or may pay onsite during Annual Meeting.
- Phone Calls:
    - Member Resource Center calls CCTF member's offices to remind members' dues is owed and if possible, take payment over phone.

March:

Phone Calls:

- Member Resource Center calls all member's offices who still owe to remind members' dues is owed and membership ends at the end of March.

- Email:
    - 3rd and 4th week emails sent indicating membership ends on April 1.
- Fax:
    - 3rd and 4th week emails sent indicating membership ends on April 1.

RESOLUTION NUMBER AADA 002 (IA26)

TITLE ENHANCING SKINPAC PLATINUM BENEFITS FOR INCREASED AWARENESS AND DONATIONS

INTRODUCED BY Roman Bronfenbrener, MD, FAAD

WHEREAS*,* SkinPAC is the only federal political action committee (PAC) representing dermatologists in Washington, D.C., with a primary mission to advocate for Medicare physician payment reform and other legislative priorities impacting dermatological practices and patient care; and

WHEREAS*,* the American Academy of Dermatology Association (AADA) recognizes the essential role of SkinPAC and currently provides a tiered structure of benefits to its donors; and

WHEREAS*,* current SkinPAC Platinum Member Benefits include:

- **Legislative Conference Support**: Reimbursement for coach airfare, and ground transportation up to $700, and two nights' hotel stay in the Conference room block (Sunday and Monday), , for the AADA Legislative Conference in Washington, D.C.
- **Exclusive Dining**: Invitation to an intimate donor dinner with special guests during the Legislative Conference.
- **Lounge Access**: Full access to the SkinPAC Donor Lounge during the AAD Annual Meeting, offering complimentary meals and specialized services.

WHEREAS*,* benefits for other donor tiers include:

- **Silver Members ($1,000+ for Fellows; $100+ for Residents)**: Access to the dedicated SkinPAC Donor Lounge during the AAD Annual Meeting including complimentary breakfast, lunch, coffee, snacks, and head/neck massages; plus invitations to donor receptions at major dermatology conferences.
- **General Members ($250+ for Fellows; $25+ for Residents)**: Invitation to the SkinPAC Donor Reception at the AAD Annual Meeting for networking.

WHEREAS*,* modifications to the Platinum benefit structure can be utilized as a means to increase the general dermatologic public's awareness of SkinPAC and drive higher donation volume.

THEREFORE BE IT RESOLVED, that the AAD Advisory Board recommends the modification of SkinPAC Platinum benefits to include the following low-cost enhancements designed to increase SkinPAC visibility and donations:

- SkinPAC Platinum members shall be granted priority access to the exhibit floor 1 hour prior to general admission. SkinPAC Platinum-level donation request should be displayed on the exhibit floor hours posting.
- SkinPAC Platinum members shall be given early meeting registration on par with meeting speakers.
- SkinPAC Platinum members shall be granted access to a green room with the chosen keynote lecturer prior to the keynote address.

Does the resolution fall within the scope of the AAD and AADA bylaws, mission, vision, or strategic goals? *
Yes

If yes, provide specifics.
SkinPAC is the only federal PAC whose interest is increasing dermatologist's presence and concerns in the legislative arena. Improving membership and donations is a goal for the AADA.

Relevant Background and/or AAD Policy Considerations:

Background on the FEC's One-Third Rule:
A core principle of Federal Election Commission (FEC) rules is that a "connected organization" (i.e., American Academy of Dermatology Association) may not use its PAC fundraising process "as a means of exchanging [association] monies for voluntary contributions" to the PAC. This means a contributor may not be paid for his/her contribution to the PAC through a bonus, expense account, or other form of direct or indirect compensation from the Association. When the aggregate value of benefits provided to Platinum-level donors approaches or exceeds the contribution amount, there is a risk that the arrangement constitutes an impermissible exchange of association money for PAC contributions.

The primary exception is what the FEC refers to as the "one-third rule," which applies to "special prizes or recognition events for contributors." Under 11 CFR § 114.5(b)(2), when the association uses prizes or entertainment to raise funds, "a reasonable practice to follow is for the [PAC] to reimburse the corporation . . . for costs which exceed one-third of the money contributed." Said another way: Associations cannot have prizes or gifts exceeding 1/3 of the contribution amounts.

Any AAD costs associated with providing these enhanced Platinum benefits (e.g., the early exhibit floor access, priority registration/housing, and green room arrangements, etc.), may need to be measured against contributions raised and reimbursed by SkinPAC if they exceed one-third of the money contributed by donors.

The one-third rule is enforced under a "reasonableness standard" to avoid a situation where prizes or entertainment are "disproportionately numerous or valuable in comparison with the contributions raised." While this resolution describes these as "low-cost enhancements," the FEC has emphasized that the aggregate costs of prizes or entertainment cannot be disproportionately valuable relative to contributions raised (i.e., cannot be more than 1/3 of what is raised).

Background on SkinPAC Platinum Benefits:
Currently, there are 55 SkinPAC Platinum members.

In order to remain in compliance with the Federal Election Commission's One-Third Rule, the value of benefits SkinPAC and the AADA provide cannot exceed one-third of the total amount contributed.

Therefore, the reimbursement policy for Platinum members attending the Legislative Conference changed slightly beginning this year due to the increasing costs of travel. For Platinum members attending the 2026 Legislative Conference, SkinPAC will cover 2 nights in the Conference hotel room block and up to $700 total for an economy flight and ground

transportation. SkinPAC may need to adjust the amounts slightly in future years depending on the room block rate for the Conference. If Platinum members also have a leadership role that includes expense reimbursement for the Conference, they will be reimbursed under the policy for that role if it includes coverage for additional expenses.

Precedent for enhancing the benefits proposed for SkinPAC Platinum contributors in relation to the AAD Annual Meeting would need to be considered in the context of other types of Academy (AAD) and/or AAD/A contributors and/or special groups that could also qualify for comparable benefits/enhancements. In addition, the impact on these Academy programs, including any financial implications and overall logistics, would require additional research. Background related to each potential enhanced benefit is below:

- Access to the Exhibit Floor One Hour Before General Admission:

  The exhibit hall contains an average of 450 exhibiting companies, accompanied by approximately 7,500+ registered individual exhibitors. Logistical and financial considerations for the Academy and exhibitors would include additional security, labor, utilities/lighting, and booth staffing, among other items, which would need to be evaluated. The logistics involved in securing a one-hour exclusive time for tour and/or visitation of the exhibit hall for a small number of members might be perceived as an ineffective and inefficient use of time from the industry perspective, as they must document their time and ROI while exhibiting at any show, and it would not be possible to know which booths would be visited by the SkinPAC Platinum contributors.

- Early Meeting Registration on Par with Meeting Speakers:

  The current listing of those that receive Priority Registration (Housing) for the AAD Annual Meeting reflects approximately 1,500 individuals, including members of the Board of Directors, members of Councils, Committees and Task Forces, and Speakers/Faculty. The impact of this number of members receiving priority registration/housing is that often the Headquarters Hotel sells out of sleeping rooms before housing opens to general members, and limited rooms are available at several of the other most-desired hotels. New booking parameters and guidelines from hotel corporations have led to reductions in housing blocks at the Headquarters Hotel, which exacerbates this issue. The size of the Headquarters Hotel and related rooms inventory also has an impact, and it varies by meeting location.

- Access to a Green Room with Keynote Speaker:

  Academy VIP access to the Green Room for selected keynote speakers is dependent upon the contract and/or rider provided by the keynote speaker. The Academy generally has no control over what access might be granted for each meeting. Should such a policy be developed, a hierarchy and protocol would need to be developed in order to address priority/VIP access to the Green Room.

Fiscal/Resource Impact:
Additional research would need to be conducted on the financial impact of the proposed enhanced benefits related to the AAD Annual Meeting.

RESOLUTION NUMBER AAD 003 (IA26)

TITLE ESTABLISHING A TASK FORCE ON THE SAFETY OF NOVEL HAIR LOSS TREATMENTS

INTRODUCED BY Neil S. Sadick, MD, FAAD
Peter C. Friedman, MD, PhD, FAAD

WHEREAS, hair loss affects millions of Americans and has significant psychosocial impact on patients; and

WHEREAS, novel treatments for hair loss — including exosome therapy, mesotherapy, and stem cell-based therapies — are increasingly being offered by dermatologists and non-dermatologists alike, often without robust clinical evidence supporting their safety or efficacy; and

WHEREAS, many of these treatments are being marketed directly to patients with claims that may be misleading, exaggerated, or unsupported by peer-reviewed literature; and

WHEREAS, the U.S. Food and Drug Administration (FDA) has raised concerns about the use of exosome products and other biologics outside of approved indications, and no standardized safety or efficacy data currently exists for many of these treatments in the context of hair loss; and

WHEREAS, the American Academy of Dermatology (AAD) has a responsibility to protect patients and provide its members with evidence-based guidance on emerging and unproven treatment modalities;

THEREFORE BE IT RESOLVED, that the AAD establish a Task Force on Novel Hair Loss Treatments charged with evaluating the safety, efficacy, and marketing claims associated with emerging therapies — including but not limited to exosome therapy, mesotherapy, and stem cell-based treatments — for alopecia and other hair loss conditions; and

BE IT FURTHER RESOLVED, that the Task Force shall include representation from AAD members with expertise in hair disorders, clinical research, patient advocacy, and medical ethics, and shall consult with relevant external stakeholders including the FDA, patient advocacy organizations, and academic researchers as appropriate; and

BE IT FURTHER RESOLVED, that the Task Force shall systematically gather and evaluate available safety and adverse event data related to exosome therapy, mesotherapy, and stem cell-based treatments for hair loss, with particular attention to risks posed to patients by unproven or insufficiently studied protocols; and

BE IT FURTHER RESOLVED, that the Task Force shall review current marketing practices for these treatments and develop recommendations to address misleading or unsubstantiated claims directed at patients, including potential guidance for AAD members on ethical marketing standards; and

BE IT FURTHER RESOLVED, that the Task Force shall develop evidence-based clinical recommendations and draft a formal AAD position statement on the use of exosome therapy, mesotherapy, and stem cell-based treatments for hair loss, to be submitted for review and adoption through the standard AAD policy process.

Does the resolution fall within the scope of the AAD and AADA bylaws, mission, vision, or strategic goals? *
Yes

If yes, provide specifics.
Advance excellence in dermatology.

Relevant Background and/or AAD Policy Considerations:
Position statement:
https://resources.aad.org/Policies/Access/PDF/ps/205/PS-Dermatologic%20Off-Label%20Use%20of%20Therapies%20and%20Treatments

The position statement above supports the use of off-label medications. It states that it should apply to FDA-approved medical devices or drug products with unlabeled indications when their use is based on sound scientific evidence and consensus of medical opinion. Based on the language above, it seems that none of the therapies above are supported by scientific evidence, and there is no consensus. Given that, this position statement might not be relevant; however, it should be considered to ensure nothing needs to be updated.

Related public education and public awareness content:

- 2024 New release on trends, including red light therapy for hair loss release: https://www.aad.org/news/social-media-skin-care-trends
- 2024 news release on supplement myths, including Biotin for hair loss: https://www.aad.org/news/supplements-debunking-common-myths
- 2024 website article on red light therapy, including for hair loss: https://www.aad.org/public/cosmetic/safety/red-light-therapy
- 2024 website article that addresses JAK inhibitors for alopecia areata https://www.aad.org/public/diseases/hair-loss/types/alopecia/treatment
- 2022 website article addressing micro-needling, platelet-rich plasma, and supplements for hair loss: https://www.aad.org/public/diseases/hair-loss/treatment/diagnosis-treat
- 2022 website article addressing platelet-rich plasma for male-pattern hair loss: https://www.aad.org/public/diseases/hair-loss/treatment/male-pattern-hair-loss-treatment

Additionally, we are considering a press release for Hair Loss Awareness Month on a recent JAAD article, Adjunctive approaches for androgenetic alopecia: A clinical review of nutritional, light-based, topical, and lifestyle interventions.

Fiscal Impact: $720 for a committee meeting held in conjunction with the Annual Meeting.

Resource Impact: Staff time

RESOLUTION NUMBER AAD 004 (IA26)

TITLE RESTORATION OF THE "SUMMER AAD" BRANDING

INTRODUCED BY Reena Jogi, MD, FAAD

WHEREAS, for decades, the American Academy of Dermatology (AAD) has hosted a secondary annual gathering known and recognized globally as the "AAD Summer Meeting;" and

WHEREAS, the AAD Summer Meeting established a distinct brand identity characterized by high-quality clinical education in a more intimate, accessible environment than the Annual Meeting; and

WHEREAS, in 2022, the AAD transitioned the branding of this gathering to the "AAD Innovation Academy" to emphasize entrepreneurship and new technologies; and

WHEREAS, official Academy statistics reflect a significant and sustained decline in meeting participation following the 2022 rebranding; and

WHEREAS, the term "Innovation Academy" may inadvertently suggest a narrow focus on technology and business, potentially distancing members who seek traditional clinical updates, core dermatology education, and the seasonal camaraderie historically associated with the "Summer Meeting"; and

WHEREAS, clear and descriptive naming conventions assist members in distinguishing between the Academy's primary academic offerings, and the "Summer Meeting" title provides an immediate, intuitive understanding of the event's timing and nature; and

WHEREAS, maintaining long-standing institutional nomenclature fosters a sense of professional continuity and tradition within the Academy's membership;

THEREFORE BE IT RESOLVED, that the AAD/A revert the name of the "AAD Innovation Academy" back to the "AAD Summer Meeting" or a similar title that restores the "Summer" designation; and

BE IT FURTHER RESOLVED, that all future marketing, promotional materials, and organizational calendars be updated to reflect this return to the original branding starting with the 2027 meeting cycle;

BE IT FURTHER RESOLVED, that the AAD/A Board of Directors ensure that while the "Innovation" content (such as DermTank and practice management tracks) remains a component of the programming, the overarching brand of the meeting returns to its historically recognized seasonal title.

Does the resolution fall within the scope of the AAD and AADA bylaws, mission, vision, or strategic goals? *

Yes

If yes, provide specifics.

This meets the strategic goal of advancing education. The name Innovation Academy is confusing and deters people who think that they won't benefit from the meeting. Reverting back to the original branding would hopefully increase attendance and thereby further the goal of advancing education by reaching more members.

References

Relevant Background and/or AAD Policy Considerations:

At the May Board of Directors meeting, the Board approved a recommendation to accelerate comprehensive needs assessment, gap analysis, and brand equity audit. The purpose of this work is to identify actionable insights to support the repositioning and relaunch of the 2027 Innovation Academy (or its successor) and to evaluate whether a different name for the meeting should be considered.

Fiscal/Resource Impact

RESOLUTION NUMBER	AAD/A 005 (IA26)
TITLE	DEVELOPING GUIDANCE FOR DERMATOLOGIC PRACTICE AND PROFESSIONALISM ON SOCIAL MEDIA
INTRODUCED BY	Jeffrey McBride, MD, FAAD

WHEREAS, social media platforms (including but not limited to Instagram and Facebook) and personal devices have become prominent venues for the public to seek dermatologic information and advice; and

WHEREAS, there is an increasing trend of dermatologists providing free medical advice, offering diagnoses, and suggesting treatments directly to individuals in public comment sections or direct messages; and

WHEREAS, instances of medical professionals engaging in questionable behavior for social media content, such as treating or injecting themselves on camera, have become more common, raising significant concerns regarding medical professionalism and safety; and

WHEREAS, public forums and medical pages frequently solicit dermatologic diagnoses from the crowd, prompting commentary from unqualified individuals and "supposed experts" who are not board-certified dermatologists, thereby spreading misinformation; and

WHEREAS, providing specific medical advice online to non-established patients establishes an ambiguous physician-patient relationship, creates potentially actionable situations, and exposes dermatologists to substantial medical-legal liability; and

WHEREAS, the unchecked proliferation of free online consultations and the unchecked input of unqualified actors degrades the perceived value, worth, and expertise of board-certified dermatologists;

THEREFORE BE IT RESOLVED, that the AAD develop comprehensive, official guidance for dermatologists regarding the appropriate provision of medical information, interactions, and professional boundaries on social media and personal devices; and

BE IT FURTHER RESOLVED, that this guidance specifically outline the medical-legal liability risks associated with giving free medical advice online and the ethical implications of attempting to diagnose conditions via social media images and comments; and

BE IT FURTHER RESOLVED, that the guidance address standards of digital professionalism, specifically discouraging practices that diminish the specialty, such as on-camera self-treatment or self-injection;

BE IT FURTHER RESOLVED, that the Academy explore strategies to clearly distinguish board-certified dermatologists from unqualified actors on social media platforms to protect the public from harmful advice and safeguard the integrity of the specialty.

Does the resolution fall within the scope of the AAD and AADA bylaws, mission, vision, or strategic goals? *
Yes

If yes, provide specifics.
The goal of the resolution is to elevate our specialty, while safeguarding board-certified dermatologists from acquiring unnecessary risk.

References

Relevant Background and/or AAD Policy Considerations:
Position Statement on Medical Professionalism in the Use of Social Media

Social Media Best Practices: Tool kit for AAD members.

Your Dermatologist Knows consumer positioning strategy: Our current consumer positioning strategy emphasized social media, with dermatologist members featured prominently as experts.

Consumer messaging testing several years ago found that messaging making negative comparisons with non-dermatologists resonated poorly. Messaging that addressed interest in skin health and piqued curiosity with the public to learn more resonated very positively with the general public. We focus on leveraging that interest to deliver a message that “No one knows your skin better than a board-certified dermatologist. Trust the experts for the best care.”

However, in response to ongoing member concern and potential opportunities with changing public attitudes, testing of updated, more direct expertise messaging is currently in process and may address some of the proposals in this resolution.

Fiscal/Resource Impact
While updating our social media guidelines for dermatologists would not require significant staff time, it may require legal consultation, cost TBD and dependent on scope.

Developing and implementing new strategies to clearly distinguish board-certified dermatologists from non-dermatologist influencers and other health content creators on social media could require significant resources, depending on the scope.

RESOLUTION NUMBER AAD 006 (IA26)

TITLE MEMBER SELF-DEFENSE AND CONCEALED CARRY AT AAD MEETINGS AND EVENTS

INTRODUCED BY Joshua E. Lane, MD, FAAD

WHEREAS, the American Academy of Dermatology (AAD) prioritizes the safety, security, and well-being of its members, attendees, exhibitors, and staff at all officially sanctioned meetings and events; and

WHEREAS, the AAD acknowledges that the fundamental right and responsibility of personal self-defense ultimately belongs to the individual, and the Academy should not dictate, control, or overly restrict how law-abiding medical professionals choose to protect themselves and their families; and

WHEREAS, recent events, specifically the shooting that occurred near the Colorado Convention Center in Denver during the March 2026 AAD Annual Meeting, have heightened legitimate concerns regarding the personal safety of meeting attendees navigating major metropolitan areas; and

WHEREAS, due to the massive scale of AAD events, members and attendees frequently secure lodging at designated conference hotels that are located over a mile away from the primary convention center, necessitating daily travel through unfamiliar and sometimes unpredictable urban environments by foot, ride-share, or public transit; and

WHEREAS, strict Academy-imposed blanket prohibitions on legal concealed carry weapons (CCW)—such as those outlined in the BGP - Firearms policy—effectively disarm law-abiding physicians during their commutes to and from the venue, potentially leaving them vulnerable when they are outside the immediate, localized security perimeter of the event; and

WHEREAS, a majority of U.S. states now legally recognize constitutional (permit less) carry, affirming the rights of law-abiding citizens to carry concealed firearms for self-defense without mandated, state-issued permits;

THEREFORE BE IT RESOLVED, that the AAD amend its current governance policies, including the BGP - Firearms policy, to allow attendees to carry concealed firearms at AAD meetings and events if they hold a valid, legally recognized Concealed Carry Weapon (CCW) permit or are otherwise lawfully permitted to carry concealed under the constitutional carry laws of the host state; and

BE IT FURTHER RESOLVED, that this allowance shall be strictly contingent upon, and in full accordance with, the existing rules, regulations, and permissions of the specific host facility, convention center, and local legal jurisdiction;

BE IT FURTHER RESOLVED, that the AAD shall defer to the host venue's established security and firearms protocols, ensuring that AAD members are not subjected to arbitrary, Academy-

imposed self-defense restrictions that exceed the rules of the facility or the laws of the host state.

Does the resolution fall within the scope of the AAD and AADA bylaws, mission, vision, or strategic goals? *
Yes

If yes, provide specifics.
Addresses a current AAD policy.

References

Relevant Background and/or AAD Policy Considerations:
Refer to attached current Board Governance Policy regarding Firearms.

If AAD were to allow guns at its events, it could face greater exposure to negligence claims if someone were shot at an event.

While the Academy currently has in place the prohibition of firearms within the official meeting facility at AAD meetings and events; ultimately, should there be consideration of a policy change, any such policy must conform to facility/venue and/or state/local jurisdictions. Therefore, if the policy is changed, it should stipulate that the Academy and its meeting attendees will abide by all facility/venue and/or state/local jurisdictions.

Fiscal/Resource Impact:
No foreseeable fiscal or resource impact.

Approved: Board of Directors – 11/8/2025

FIREARMS

For the safety and security of all attendees, firearms are strictly prohibited in any portion of official American Academy of Dermatology and American Academy of Dermatology Association (individually and collectively the "AAD/A") meeting facilities. This includes, but is not limited to, meeting rooms, session rooms, exhibit halls, common areas, and any other spaces being used for official AAD/A meeting activities, whether indoors or outdoors.

Possession of firearms[1]—regardless of whether the individual holds a concealed carry permit or other legal authorization—is not permitted under any circumstances. This policy applies to members, attendees, exhibitors, vendors, staff, and guests.

Local law enforcement will immediately be notified if anyone is found or observed in possession of a firearm on AAD/A meeting premises. The individual will be promptly removed from the event and may have their meeting credentials revoked without refund.

The AAD/A requires all individuals to abide by any applicable local, state, tribunal and federal laws.

This is to ensure a safe and professional environment for learning and networking.

[1] Law enforcement, which includes law enforcement on a local, state, tribunal, and federal level, are exempt from this policy.

OWNER: Executive Office

RESOLUTION NUMBER AAD/A 007 (IA26)

TITLE MANDATORY PERIODIC REVIEW AND SUNSETTING OF AAD/A POSITION STATEMENTS

INTRODUCED BY Curtis Asbury, MD, FAAD

WHEREAS, the American Academy of Dermatology and AAD Association (AAD/A) utilize Position Statements to formally articulate the organization's guiding principles, advocacy goals, and policy stances on issues critical to the practice of dermatology and patient care; and

WHEREAS, the medical, legal, and regulatory landscapes are constantly evolving, meaning that over time, existing Position Statements may become outdated, superseded by new evidence, or irrelevant to the current strategic priorities of the Academy; and

WHEREAS, the accumulation of outdated or redundant Position Statements creates bureaucratic bloat, dilutes the impact and clarity of the Academy's active advocacy efforts, and requires unnecessary administrative maintenance; and

WHEREAS, establishing a codified, mandatory review schedule for Position Statements—similar to the review schedules already in place for clinical guidelines and other Academy documents—will ensure that the AAD/A's policy compendium remains streamlined, highly relevant, and impactful;

THEREFORE BE IT RESOLVED, that the AAD/A shall institute a codified, mandatory review cycle requiring all approved Position Statements to be formally reviewed every five (5) years from their date of original adoption or last revision; and

BE IT FURTHER RESOLVED, that upon reaching the five-year review mark, the appropriate oversight council or committee must evaluate the Position Statement and recommend to the Board of Directors one of three explicit outcomes: (1) Reaffirm the statement as currently written, (2) Revise the statement to reflect current data and policy goals, or (3) Sunset/Retire the statement; and

BE IT FURTHER RESOLVED, that reviewing bodies are directed to recommend the sunsetting of Position Statements that are no longer highly relevant or actionable, in order to maintain a streamlined, impactful, and up-to-date policy compendium; and

BE IT FURTHER RESOLVED, that the Board of Directors shall be granted the discretion to establish the specific procedural details, delegation of review duties, and a timeline required to process the existing backlog of Position Statements currently older than five years; and

BE IT FURTHER RESOLVED, that to ensure ongoing compliance following the clearance of the initial backlog, any Position Statement that is not formally reaffirmed or revised within six (6) years of its original adoption or last revision date shall be automatically designated as archived/retired.

Does the resolution fall within the scope of the AAD and AADA bylaws, mission, vision, or strategic goals? *
Yes

If yes, provide specifics.
Academy's core purposes include promoting the "highest possible standards in clinical practice, education, and research" and promoting the "highest standards of patient care and promote the public interest relating to dermatology."

References
American Academy of Dermatology | Association Position Statements

Relevant Background and/or AAD Policy Considerations:
The Academy has a standard operating procedure on a 5-Year Review Process for all Administrative Regulations (AR), Board Governance Policies (BGP) and Position Statements (PS). Attached.

A review of all position statements indicates that the organization remains largely compliant with the established 5-year review cycle. Of the current portfolio, all position statements have been reviewed within the required timeframe except for one statement that is now past due for review.

Photographic Enhancement – will be reviewed by the Council on Communications summer of 2026.

The following position statements are scheduled for review in 2026:

- Joint Position Statement on Buffered Lidocaine
- Pharmaceutical Compounding
- Physician–Industry Interactions
- Expert Witnesses
- Dermatology Workforce Diversity and Health Disparities
- Corporate Practice of Medicine
- Health Information Technology
- Teledermatology
- Guidance Statement on Documentation of Patient Encounters and Procedures
- Electronic Surface Brachytherapy
- Temporary Black Henna Tattoos
- Superficial Radiation Therapy

Continued monitoring and timely completion of the 2026 review schedule will help ensure that all position statements remain current, evidence-based, and aligned with organizational priorities and evolving clinical practice standards.

Fiscal/Resource Impact
None

American Academy of Dermatology
Standard Operating Procedure

NAME OF PROCEDURE: Administrative Regulation (AR), Board Governance Policy (BGP) and Position Statement (PS) 5-Year Review Process

DATE: July 2, 2020

DEPARTMENT: Executive Office

APPLICABLE TO: CCTF Liaisons

SCOPE: Ensure Administrative Regulations (ARs), Board Governance Policies (BGPs), and Position Statements (PSs) are reviewed at least every five years

PROCEDURE:

- Executive Office will track the review date for Administrative Regulations, Board Governance Policies, and Position Statements on Monday.com boards.

  Administrative Regulations → https://aad.monday.com/boards/2154477503
  Board Governance Policies → https://aad.monday.com/boards/2154763476
  Position Statements → https://aad.monday.com/boards/2120136005

- Each year Executive Office will identify ARs, BGPs and PSs that have not been reviewed during the past five years. The assigned Council, Committee or Task Force (CCTF) will review the assigned document during that calendar year.

- Assigned CCTF will present recommended edits to the Board of Directors. If deemed no edits are needed, the review will be shared with its reporting entity via an information report which will work its way up the reporting structure until it is presented to the Board of Directors.

- Once ARs, BGPs, and PSs are reviewed by the Board, the review date will be updated by the Executive Office in the master spreadsheet.

REVISION DATE:
August 6, 2025