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3 **DISCLAIMER**

4 **The following is a preliminary report of actions taken by the House of Delegates at**
5 **its 2016 Annual Meeting and should not be considered final. Only the Official**
6 **Proceedings of the House of Delegates reflect official policy of the Association.**
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8 AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-16)
9

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11 Report of Reference Committee D

12
13 Michael D. Bishop, MD, Chair
14

15 Your Reference Committee recommends the following consent calendar for acceptance:
16

17 **RECOMMENDED FOR ADOPTION**
18

- 19 1. Council on Science and Public Health Report 4 – Powdered Alcohol
20 2. Council on Science and Public Health Report 8 – Juvenile Justice System
21 Reform
22 3. Resolution 402 – Addressing Sexual Assault on College Campuses
23 4. Resolution 403 – Policies on Intimacy and Sexual Behavior in Residential Aged-
24 Care Facilities
25 5. Resolution 411 – Protecting Children from Excess Sound Exposure and Hearing
26 Loss
27 6. Resolution 422 – Sunscreen Use at Schools and Summer Camps
28 7. Resolution 430 – Support for Detergent Poisoning and Child Safety Act
29

30 **RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE**
31

- 32 8. Resolution 404 – Vaccine Availability in Small Practices
33

34 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**
35

- 36 9. Council on Science and Public Health Report 1 – CSAPH Sunset Review of 2006
37 House Policies
38 10. Council on Science and Public Health Report 6 – Delaying School Start Time to
39 Alleviate Adolescent Sleep Deprivation
40 11. Council on Science and Public Health Report 7 – Preventing Violent Acts Against
41 Health Care Providers
42 12. Resolution 401 – Evidence-Based Sexual Education Enforcement in School
43 13. Resolution 405 – Sexual Violence Education and Prevention in High Schools with
44 Sexual Health Curricula
45 14. Resolution 406 – Research the Effects of Physical or Verbal Violence Between
46 Law Enforcement Officers and Public Citizens on Public Health Outcomes
47 15. Resolution 407 – Tobacco Products in Pharmacies and Healthcare Facilities
48 16. Resolution 409 – Lead and Copper Rule Compliance
49 Resolution 413 – Ban Lead in Plumbing
50 Resolution 414 – Replace Municipal Lead Plumbing
51 Resolution 415 – Regular Monitoring of Water at School and Daycare Sites

- 1 Resolution 416 – Timely and Transparent Data Sharing for Drinking Water
2 Testing
3 17. Resolution 410 – Baby-Friendly Health Care Delivery and Breastfeeding Rights
4 18. Resolution 418 – Challenging the Pro-Tobacco Actions of the U.S. Chamber of
5 Commerce
6 19. Resolution 419 – Opposition to Quarantine for Zika Patients
7 20. Resolution 420 – Create a Contingency Fund at CDC to Facilitate Timely
8 Response to Public Health Threats
9 21. Resolution 424 – Enhanced Zika Virus Public Health Action – NOW
10 Resolution 431 – Funding for Zika Control and Research
11 22. Resolution 425 – Oppose Efforts to Stop, Weaken or Delay FDAs Authority to
12 Regulate All Tobacco Products
13 23. Resolution 426 – Weapons, Hospital Workplace and Patient Safety Issues
14 24. Resolution 427 – Community Benefit Dollars for Diabetes Prevention
15 25. Resolution 428 – Lead Contamination in Flint Water: Negligence
16 26. Resolution 429 – Appropriate Labeling of Sleep Products for Infants

17

18 RECOMMENDED FOR REFERRAL

19

- 20 27. Resolution 417 – Changing Public Policy to Assist Obesity Goals

21

22 RECOMMENDED FOR NOT ADOPTION

23

- 24 28. Resolution 421 – Rational Regulation of Electronic Nicotine Delivery Systems
25 (ENDS)
26 29. Resolution 423 – Core Measure for Flu Vaccination

27

28 Item reaffirmed through the Reaffirmation Consent Calendar

29 Resolution 412 – Ban Electronic Cigarette Advertisement

1 (1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
2 4 - POWDERED ALCOHOL
3

4 RECOMMENDATION:
5

6 Madam Speaker, your Reference Committee recommends
7 that the recommendations in Council on Science and
8 Public Health Report 4 be adopted and the remainder of
9 the report be filed.

10
11 **HOD ACTION: Council on Science and Public Health**
12 **Report 4 adopted.**
13

14 Council on Science and Public Health Report 4 examines the prevalence of excessive
15 alcohol consumption by minors, reviews the public health concerns raised regarding
16 powdered alcohol, and discusses actions taken by states to address these concerns.
17 The report recommends that our American Medical Association supports federal and
18 state laws banning the manufacture, importation, distribution, and sale of powdered or
19 crystalline alcohol intended for human consumption.
20

21 CSAPH was thanked for their excellent review of this issue. Testimony was largely
22 supportive of the Council's recommendations. One individual testified regarding the
23 benefits of portability of the product. It was noted that alcohol is the most widely misused
24 substance among America's youth. Your Reference Committee agrees with the
25 Council's assessment regarding the potential public health harms and supports adoption
26 of the report's recommendations.
27

28 (2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
29 8 - JUVENILE JUSTICE SYSTEM REFORM
30

31 RECOMMENDATION:
32

33 Madam Speaker, your Reference Committee recommends
34 that the recommendations in Council on Science and
35 Public Health Report 8 be adopted and the remainder of
36 the report be filed.
37

38 **HOD ACTION: Council on Science and Public Health**
39 **Report 8 adopted.**
40

41 Council on Science and Public Health Report 8 explains research findings on adolescent
42 brain development and the impact of these findings on the juvenile justice system,
43 discusses the impact of the use of zero tolerance policies in schools and the school-to-
44 jail pipeline, describes the characteristics of youth involved in the juvenile justice system,
45 explains the harms of solitary confinement, examines the evidence in support of
46 community based alternatives, and addresses the importance of reentry and aftercare
47 services to reduce recidivism. The report recommends that our American Medical
48 Association:

- 1 1. Reaffirm policies H-60.922, "Solitary Confinement of Juveniles in Legal Custody,"
2 D-430.997, "Support for Health Care Services to Incarcerated Persons," and H-
3 60.986, "Health Status of Detained and Incarcerated Youth."
- 4 2. Support school discipline policies that permit reasonable discretion and
5 consideration of mitigating circumstances when determining punishments rather
6 than "zero tolerance" policies that mandate out-of-school suspension, expulsion,
7 or the referral of students to the juvenile or criminal justice system.
- 8 3. Encourage continued research to identify programs and policies that are effective
9 in reducing disproportionate minority contact across all decision points within the
10 juvenile justice system.
- 11 4. Encourage states to increase the upper age of original juvenile court jurisdiction
12 to at least 17 years of age.
- 13 5. Support reforming laws and policies to reduce the number of youth transferred to
14 adult criminal court.
- 15 6. Support the reauthorization of federal programs for juvenile justice and
16 delinquency prevention, which should include incentives for: (1) community-
17 based alternatives for youth who pose little risk to public safety, (2) reentry and
18 aftercare services to prevent recidivism, (3) policies that promote fairness to
19 reduce disparities, and (4) the development and implementation of gender-
20 responsive, trauma-informed programs and policies across juvenile justice
21 systems.
- 22 7. Encourage juvenile justice facilities to adopt and implement policies to prohibit
23 discrimination against youth on the basis of their sexual orientation, gender
24 identity, or gender expression in order to advance the safety and well-being of
25 youth and ensure equal access to treatment and services.
- 26 8. Encourage states to suspend rather than terminate Medicaid coverage following
27 arrest and detention in order to facilitate faster reactivation and ensure continuity
28 of health care services upon their return to the community.
- 29 9. Encourage Congress to enact legislation prohibiting evictions from public housing
30 based solely on an individual's relationship to a wrongdoer, and encourages the
31 Department of Housing and Urban Development and local public housing
32 agencies to implement policies that support the use of discretion in making
33 housing decisions, including consideration of the juvenile's rehabilitation efforts.
34

35 The Council was commended for their superb report on this difficult issue. Testimony
36 was unanimously supportive of the Council's recommendations, which address a wide
37 range of issues relevant to reform of the juvenile justice system. Therefore, your
38 Reference Committee recommends adoption.

39
40 (3) RESOLUTION 402 - ADDRESSING SEXUAL ASSAULT
41 ON COLLEGE CAMPUSES

42
43 RECOMMENDATION:

44
45 Madam Speaker, your Reference Committee recommends
46 that Resolution 402 be adopted.

47
48 **HOD ACTION: Resolution 402 adopted.**

1 Resolution 402 asks that our American Medical Association support universities'
2 implementation of evidence-driven sexual assault prevention programs that specifically
3 address the needs of college students and the unique challenges of the collegiate
4 setting.

5
6 Testimony was largely supportive of Resolution 402. An individual proposed the addition
7 of a resolve to address requiring referral to law enforcement and non-university
8 emergency departments in sexual assault cases. Opposition was heard regarding this
9 proposal. Your Reference Committee felt that the proposed additional resolve statement
10 was outside the scope of this resolution since it dealt with response activities rather than
11 prevention. Since existing AMA policy does not address sexual assault prevention
12 programs for college students, your Reference Committee recommends adoption of this
13 resolution.

14
15 (4) RESOLUTION 403 - POLICIES ON INTIMACY AND
16 SEXUAL BEHAVIOR IN RESIDENTIAL AGED-CARE
17 FACILITIES

18
19 RECOMMENDATION:

20
21 Madam Speaker, your Reference Committee recommends
22 that Resolution 403 be adopted.

23
24 **HOD ACTION: Resolution 403 adopted.**

25
26 Resolution 403 asks that our American Medical Association urge long-term care facilities
27 and other appropriate organizations to adopt policies and procedures on intimacy and
28 sexual behavior that preserve residents' rights to pursue sexual relationships, while
29 protecting them from unsafe, unwanted, or abusive situations and urge long-term care
30 facilities and other appropriate organizations to provide staff with in-service training to
31 develop a framework to address intimacy in their patient population.

32
33 Animated testimony was heard in support of Resolution 403. AMDA - The Society for
34 Post-Acute and Long-Term Care Medicine indicated that they recently developed a white
35 paper on capacity for sexual consent for people with dementia in long-term care, which
36 is a resource for facilities on this issue. Your Reference Committee thinks this is an
37 important issue and recommends adoption. Given the growing prevalence of sexually
38 transmitted diseases in the elderly population, your Reference Committee also
39 encourages health care providers to discuss prevention with elderly patients.

40
41 (5) RESOLUTION 411 - PROTECTING CHILDREN FROM
42 EXCESS SOUND EXPOSURE AND HEARING LOSS

43
44 RECOMMENDATION:

45
46 Madam Speaker, your Reference Committee recommends
47 that Resolution 411 be adopted.

48
49 **HOD ACTION: Resolution 411 adopted as amended.**

1 **RESOLVED, That our American Medical Association adopt**
 2 **pediatric noise exposure standards recommending that**
 3 **children avoid toys that produce greater than 85 dB of**
 4 **SPL, or greater than 90 dB SPL for more than one hour,**
 5 **and that toy sounds be set preferentially at 40-50 dB SPL**
 6 **(New HOD Policy); and be it further**
 7

8 **RESOLVED, That our AMA work with other stakeholders to**
 9 **ensure toy manufacturers' adherence to pediatric noise**
 10 **exposure standards that children avoid toys that produce**
 11 **85 dB of SPL, or greater than 90 dB SPL for more than one**
 12 **hour, and that toy sounds be set preferentially at 40-50 dB**
 13 **SPL (Directive to Take Action); and be it further**
 14

15 **RESOLVED, That our AMA work with other stakeholders to**
 16 **require that manufacturers label toys with the level of**
 17 **sound produced and/or a warning that sound production**
 18 **exceeds safety standards (85 dB of SPL) and may result in**
 19 **hearing loss. (Directive to Take Action)**
 20

21 Resolution 411 asks that our American Medical Association adopt pediatric noise
 22 exposure standards recommending that children avoid toys that produce greater than 85
 23 dB of SPL, or greater than 90 dB SPL for more than one hour, and that toy sounds be
 24 set preferentially at 40-50 dB; work with other stakeholders to ensure toy manufacturers'
 25 adherence to pediatric noise exposure standards that children avoid toys that produce
 26 85 dB of SPL, or greater than 90 dB SPL for more than one hour, and that toy sounds be
 27 set preferentially at 40-50 dB SPL; and work with other stakeholders to require that
 28 manufacturers label toys with the level of sound produced and/or a warning that sound
 29 production exceeds safety standards (85 dB of SPL) and may result in hearing loss.
 30

31 Testimony was largely supportive of Resolution 411. Since existing AMA policy does not
 32 address specific pediatric noise exposure standards, your Reference Committee
 33 recommends adoption of this resolution. There were concerns raised that noise and
 34 hearing loss should be addressed as an issue across the lifespan. Since this is outside
 35 the intent of the original resolution, your Reference Committee recommends that this
 36 resolution be adopted and encourages future resolutions to address these additional
 37 concerns.
 38

39 (6) **RESOLUTION 422 - SUNSCREEN USE AT SCHOOLS**
 40 **AND SUMMER CAMPS**
 41

42 **RECOMMENDATION:**
 43

44 Madam Speaker, your Reference Committee recommends
 45 that Resolution 422 be adopted.
 46

47 **HOD ACTION: Resolution 422 adopted.**
 48

49 Resolution 422 asks that our American Medical Association work with state and
 50 specialty medical societies and patient advocacy groups to provide advocacy resources

1 and model legislation for use in state advocacy campaigns seeking the removal of
2 sunscreen-related bans at schools and summer camp programs.

3
4 Testimony was largely supportive of Resolution 422. Limited testimony raised concerns
5 regarding dermatitis-based allergic reactions to sunscreens in certain individuals. Given
6 the increasing prevalence of skin cancer and the current restrictions placed on
7 sunscreens in schools and daycares, your Reference Committee recommends adoption.

8
9 (7) RESOLUTION 430 - SUPPORT FOR DETERGENT
10 POISONING AND CHILD SAFETY ACT

11
12 RECOMMENDATION:

13
14 Madam Speaker, your Reference Committee recommends
15 that Resolution 430 be adopted.

16
17 **HOD ACTION: Resolution 430 adopted.**

18
19 Resolution 430 asks that our American Medical Association advocate to the state and
20 federal authorities for laws that would protect children from poisoning by detergent
21 packet products by requiring that these products meet child-resistant packaging
22 requirements; are manufactured to be less attractive to children in color and in design;
23 include conspicuous warning labels; and that the product package labeling be
24 constructed in a clear and obvious method so children know that the product is
25 dangerous to ingest.

26
27 Testimony was unanimously supportive of Resolution 430. Given the harms associated
28 with laundry detergent packets and the limited success of voluntary efforts to address
29 these harms, your Reference Committee agrees that the resolution should be adopted.

30
31 (8) RESOLUTION 404 - VACCINE AVAILABILITY IN SMALL
32 PRACTICES

33
34 RECOMMENDATION:

35
36 Madam Speaker, your Reference Committee recommends
37 that Resolution 404 be adopted.

38
39 RECOMMENDATION B:

40
41 Madam Speaker, your Reference Committee recommends
42 that the title of Resolution 404 be changed.

43
44 VACCINE AVAILABILITY IN SMALL QUANTITIES

45
46 **HOD ACTION: Resolution 404 adopted with a change in**
47 **title.**

1 Resolution 404 asks that our American Medical Association encourage vaccine
2 manufacturers to make small quantities of vaccines available for purchase by physician
3 practices without financial penalty.

4
5 Testimony on Resolution 404 was largely supportive of this resolution. One individual
6 suggested referral to study other vaccine universal purchasing mechanisms in place in
7 some jurisdictions. However, given the widespread agreement that the inability of
8 physician practices to purchase small quantities of vaccine is a barrier to immunizations,
9 your Reference Committee supports adoption.

10
11 (9) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
12 1 - CSAPH SUNSET REVIEW OF 2006 HOUSE
13 POLICIES

14
15 RECOMMENDATION A:

16
17 Madam Speaker, your Reference Committee recommends
18 that the recommendations in Council on Science and
19 Public Health Report 1 be amended by addition to read as
20 follows:

21
22 The Council on Science and Public Health recommends
23 that the House of Delegates directives and policies that are
24 listed in the Appendix to this report be acted upon in the
25 manner indicated in the Appendix, with the exception of D-
26 120.969 and the remainder of the report be filed.

27
28 RECOMMENDATION B:

29
30 Madam Speaker, your Reference Committee recommends
31 that Council on Science and Public Health Report 1
32 be amended by the addition of a new Recommendation 2
33 to read as follows:

34
35 That Policy D-120.969 in Council on Science and Public
36 Health Report 1 be retained.

37
38 RECOMMENDATION C:

39
40 Madam Speaker, your Reference Committee recommends
41 that the recommendations contained in Council on Science and
42 Public Health Report 1 be adopted as amended and the
43 remainder of the report be filed.

44
45 **HOD ACTION: Council on Science and**
46 **Public Health Report 1 adopted as amended.**

47
48 Council on Science and Public Health Report 1 presents the Council's recommendations
49 on the disposition of the House policies from 2006 that were assigned to it. The report

1 recommends that the House of Delegates policies that are listed in the Appendix to this
2 report be acted upon in the manner indicated and the remainder of this report be filed.

3
4 Limited testimony was heard on the Council's sunset report. Testimony was heard in
5 support of retaining existing policy on hormone replacement until the Council completes
6 its pending report on this issue. The Council had no objection to the proposed change.
7 Your Reference Committee supports retaining this policy until after that report is
8 released.

9
10 (10) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
11 6 - DELAYING SCHOOL START TIME TO PREVENT
12 ADOLESCENT SLEEP DEPRIVATION

13
14 RECOMMENDATION A:

15
16 Madam Speaker, your Reference Committee recommends
17 that Recommendation 2 in Council on Science and Public
18 Health Report 6 be amended by addition to read as follows:

19
20 Encourage physicians, especially those who work closely
21 with school districts, to become actively involved in the
22 education of parents, school administrators, teachers, and
23 other members of the community to stress the importance
24 of sleep and consequences of sleep deprivation among
25 adolescents, and to encourage school districts to structure
26 school start times to accommodate the biologic sleep needs
27 of adolescents. (New HOD Policy)

28
29 RECOMMENDATION B:

30
31 Madam Speaker, your Reference Committee recommends
32 the recommendations in Council on Science and Public
33 Health Report 6 be adopted as amended and the
34 remainder of the report be filed.

35
36 **HOD ACTION: Council on Science and Public Health**
37 **Report 6 adopted as amended.**

38
39 Council on Science and Public Health Report 6 reviews the health and academic
40 consequences of decreased sleep in adolescents and examines recent evidence for
41 delaying school start times as a mechanism to address adolescent sleep deprivation.
42 The report recommends that our American Medical Association: (1) encourage school
43 districts to aim for the start of middle schools and high schools to be no earlier than 8:30
44 a.m., in order to allow adolescents time for adequate sleep; (2) encourage physicians,
45 especially those who work closely with school districts, to become actively involved in
46 the education of parents, school administrators, teachers, and other members of the
47 community to stress the importance of sleep and consequences of sleep deprivation
48 among adolescents, and to encourage school districts to structure school start times to
49 accommodate the sleep needs of adolescents; (3) reaffirm policy H-60.930, Insufficient
50 Sleep in Adolescents, identifying adolescent insufficient sleep and sleepiness as a public

1 health issue and supporting education about sleep health as a standard component of
2 care for adolescent patients; and (4) encourage continued research on the impact of
3 sleep on adolescent health and academic performance.

4
5 In testimony, the Council on Science and Public Health was praised for its report on the
6 issue of adolescent sleep. While there was some acknowledgment regarding the
7 potential burden a later start time may have on families, there was recognition of the
8 important role that exists for physicians to use this paper with their own local school
9 boards. The AAP recommended adding the word “biologic” to stress that more sleep is a
10 biological need not just a preference. The Council supported the amendment and so did
11 your Reference Committee.

12
13 (11) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
14 7 - PREVENTING VIOLENT ACTS AGAINST HEALTH
15 CARE PROVIDERS

16
17 RECOMMENDATION A:

18
19 Madam Speaker, your Reference Committee recommends
20 that Recommendation 5 in Council on Science and Public
21 Health Report 7 be amended by addition to read as
22 follows:

23
24 5. Amend Policy H-215.978, “Guns in Hospitals,” by
25 addition and deletion and a change in title to better reflect
26 the content of the policy to read as follows:

27
28 Workplace Violence Prevention

29 Our AMA:

30 (1) supports the efforts of the International Association for
31 Healthcare Security and Safety, the AHA, and The Joint
32 Commission to develop guidelines or standards regarding
33 hospital security issues and recognizes these groups'
34 collective expertise in this area. As standards are
35 developed, the AMA will ensure that physicians are
36 advised; (2) encourages physicians to work with their
37 hospital safety committees to address the security issues
38 within particular hospitals; ~~and also~~ encourages physicians
39 to become aware of and familiar with their own institution's
40 policies and procedures; and encourages physicians to
41 participate in training to prevent and respond to workplace
42 violence threats; encourages physicians to report all
43 incidents of workplace violence; and encourages physicians
44 to promote a culture of safety within their workplace; and (3)
45 urges that hospital safety committees include physicians
46 and that emergency departments be recognized as high risk
47 environments for violence. (Modify Current HOD Policy)
48

1 RECOMMENDATION B:
2

3 Madam Speaker, your Reference Committee recommends
4 that the recommendations in Council on Science and
5 Public Health Report 7 be adopted as amended and the
6 remainder of the report be filed.
7

8 **HOD ACTION: Council on Science and Public Health**
9 **Report 6 adopted as amended.**

10
11 Council on Science and Public Health Report 7 provides information on the incidence of
12 workplace violence in the health care setting, outlines the landscape of requirements for
13 employers to protect health care workers from violence, and reviews the interventions to
14 prevent workplace violence in the health care setting and the evidence of their
15 effectiveness. The report recommends that our American Medical Association:

- 16 1. Encourage the Occupational Safety and Health Administration to develop and
17 enforce a standard addressing workplace violence prevention in health care and
18 social service industries.
- 19 2. Encourage Congress to provide additional funding to the National Institute for
20 Occupational Safety and Health to further evaluate programs and policies to prevent
21 violence against health care workers.
- 22 3. Encourage the National Institute for Occupational Safety and Health to adapt the
23 content of their online continuing education course on workplace violence for nurses
24 into a continuing medical education course for physicians.
- 25 4. Amend Policy H-515.966, "Violence and Abuse Prevention in the Health Care
26 Workplace," by addition and deletion to read as follows: Our AMA encourages all
27 health care facilities to: adopt policies to reduce and prevent all forms of workplace
28 violence and abuse; develop a reporting tool that is easy for workers to find and
29 complete; and develop policies to assess and manage reported occurrences of
30 workplace violence and abuse; and will advocate that make training courses on
31 workplace violence prevention available to employees and consultants and reduction
32 be more widely available; and include physicians in safety and health committees.
- 33 5. Amend Policy H-215.978, "Guns in Hospitals," by addition and deletion and a change
34 in title to better reflect the content of the policy to read as follows:

35 Workplace Violence Prevention

36 Our AMA: (1) supports the efforts of the International Association for Healthcare
37 Security and Safety, the AHA, and The Joint Commission to develop guidelines or
38 standards regarding hospital security issues and recognizes these groups' collective
39 expertise in this area. As standards are developed, the AMA will ensure that
40 physicians are advised; (2) encourages physicians to work with their hospital safety
41 committees to address the security issues within particular hospitals; ~~and also~~
42 encourages physicians to become aware of and familiar with their own institution's
43 policies and procedures; encourages physicians to participate in training to prevent
44 and respond to workplace violence threats; encourages physicians to report all
45 incidents of workplace violence; and encourages physicians to promote a culture of
46 safety within their workplace. ~~and (3) urges that hospital safety committees include~~
47 ~~physicians and that emergency departments be recognized as high risk~~
48 ~~environments for violence.~~

- 49 6. Amend Policy D-515.983, "Preventing Violent Acts Against Healthcare Providers," by
50 addition and deletion to read as follows (as it has been implemented in part):

- 1 1. Our AMA will ~~make CSAPH Report 2-1-10, Violence in the Emergency~~
 2 ~~Department, available to hospitals, emergency medicine departments,~~
 3 ~~emergency physicians, mental health physicians, patient advocates, and law~~
 4 ~~enforcement organizations as a resource designed to assist in the~~
 5 ~~implementation of procedures to protect students, trainees, physicians, nurses,~~
 6 ~~and other health care staff in the Emergency Department environment and to~~
 7 ~~assure optimal care for patients, including those with psychiatric or behavioral~~
 8 ~~conditions. 2. Our American Medical Association will: (a) continue to work with~~
 9 ~~other appropriate organizations to study mechanisms to prevent acts of violence~~
 10 ~~against health care providers and improve the safety and security of providers~~
 11 ~~while engaged in caring for patients; and (b) widely disseminate information on~~
 12 ~~effective workplace violence prevention interventions in the health care setting as~~
 13 ~~well as opportunities for training the results of this study.~~

14
 15 The Council on Science and Public Health was commended for increasing awareness
 16 regarding this important issue. Strong support was heard in support of the Council's
 17 recommendations. Your Reference Committee received testimony from the Emergency
 18 Medicine Section Council asking to retain language regarding emergency departments
 19 being recognized as high risk environments for violence. Your Reference Committee
 20 agrees that this policy should be retained.

21
 22 (12) RESOLUTION 401 - EVIDENCE-BASED SEXUAL
 23 EDUCATION ENFORCEMENT IN SCHOOL

24
 25 RECOMMENDATION A:

26
 27 Madam Speaker, your Reference Committee recommends
 28 that Resolution 401 be amended by addition and deletion
 29 to read as follows:

30
 31 RESOLVED, That our American Medical Association
 32 encourage physicians and all interested parties to develop
 33 best-practice, evidence-based, guidelines
 34 for ~~developmentally appropriate~~ sexual education curricula
 35 that are developmentally appropriate as well as medically,
 36 factually, and technically accurate. (New HOD Policy)

37
 38 RECOMMENDATION B:

39
 40 Madam Speaker, your Reference Committee recommends
 41 that Resolution 401 be adopted as amended.

42
 43 RECOMMENDATION C:

44
 45 Madam Speaker, your Reference Committee recommends
 46 that the title of Resolution 401 be changed to read as
 47 follows:

48
 49 EVIDENCE-BASED SEXUAL EDUCATION IN SCHOOLS
 50

1 **HOD ACTION: Resolution 401 adopted as amended with a**
2 **change in title.**
3

4 Resolution 401 asks that our American Medical Association encourage all interested
5 parties to develop best-practice, evidence-based guidelines for developmentally
6 appropriate sexual education curricula that are medically, factually, and technically
7 accurate.
8

9 Testimony on Resolution 401 was supportive of evidence-based sexual curricula.
10 Existing policy supports comprehensive, developmentally appropriate education
11 programs that are based on rigorous peer-reviewed science and supports the redirection
12 of federal resources for the development and dissemination of comprehensive sex
13 education programs. The intent of this resolution was to ensure engagement of
14 physicians in the development of evidence-based sexual education curriculum. To meet
15 the intent of this resolution, your Reference Committee felt it was warranted to explicitly
16 include physicians. Enforcement was removed from the title to better reflect the scope of
17 the resolution.
18

19 (13) RESOLUTION 405 - SEXUAL VIOLENCE EDUCATION
20 AND PREVENTION IN HIGH SCHOOLS WITH SEXUAL
21 HEALTH CURRICULA
22

23 RECOMMENDATION A:
24

25 Madam Speaker, your Reference Committee recommends
26 that Resolution 405 be amended by deletion to read as
27 follows:
28

29 H-170.968 Sexuality Education, Sexual Violence
30 Prevention, Abstinence, and Distribution of Condoms in
31 Schools

32 Our AMA:(1) Recognizes that the primary responsibility for
33 family life education is in the home, and additionally
34 supports the concept of a complementary family life and
35 sexuality education program in the schools at all levels, at
36 local option and direction; (2) Urges schools at all
37 education levels to implement comprehensive,
38 developmentally appropriate sexuality education programs
39 that: (a) are based on rigorous, peer reviewed science; (b)
40 incorporate sexual violence prevention; ~~(b)~~(c) show
41 promise for delaying the onset of sexual activity and a
42 reduction in sexual behavior that puts adolescents at risk
43 for contracting human immunodeficiency virus (HIV) and
44 other sexually transmitted diseases and for becoming
45 pregnant; ~~(e)~~ (d) include an integrated strategy for making
46 condoms available to students and for providing both
47 factual information and skill-building related to reproductive
48 biology, sexual abstinence, sexual responsibility,
49 contraceptives including condoms, alternatives in birth
50 control, and other issues aimed at prevention of pregnancy

1 and sexual transmission of diseases; ~~(d)~~ (e) utilize
2 classroom teachers and other professionals who have
3 shown an aptitude for working with young people and who
4 have received special training that includes addressing the
5 needs of gay, lesbian, and bisexual youth; ~~(e)~~ (f) include
6 ample involvement of parents, health professionals, and
7 other concerned members of the community in the
8 development of the program; and ~~(f)~~ (g) are part of an
9 overall health education program; (3) Continues to monitor
10 future research findings related to emerging initiatives that
11 include abstinence-only, school-based sexuality
12 education, and consent communication to prevent dating
13 violence and reduce substance use while promoting
14 healthy relationships, and school-based condom
15 availability programs that address sexually transmitted
16 diseases and pregnancy prevention for young people and
17 report back to the House of Delegates as appropriate;(4)
18 Will work with the United States Surgeon General to
19 design programs that address communities of color and
20 youth in high risk situations within the context of a
21 comprehensive school health education program; (5)
22 Opposes the sole use of abstinence-only education, as
23 defined by the 1996 Temporary Assistance to Needy
24 Families Act (P.L. 104-193), within school systems; (6)
25 Endorses comprehensive family life education in lieu of
26 abstinence-only education, unless research shows
27 abstinence-only education to be superior in preventing
28 negative health outcomes; (7) Supports federal funding of
29 comprehensive sex education programs that stress the
30 importance of abstinence in preventing unwanted teenage
31 pregnancy and sexually transmitted infections, and also
32 teach about contraceptive choices and safer sex, and
33 opposes federal funding of community-based programs
34 that do not show evidence-based benefits; and (8) Extends
35 its support of comprehensive family-life education to
36 community-based programs promoting abstinence as the
37 best method to prevent teenage pregnancy and sexually-
38 transmitted diseases while also discussing the roles of
39 condoms and birth control, as endorsed for school systems
40 in this policy; and (9) Supports the development of sexual
41 education curriculum that integrates dating violence
42 prevention through lessons on healthy relationships ,
43 sexual health, and conversations about
44 consent and substance abuse.
45

1 RECOMMENDATION B:

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4

Madam Speaker, your Reference Committee recommends that Resolution 405 be adopted as amended.

5 RECOMMENDATION C:

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9

Madam Speaker, your Reference Committee recommends that the title of Resolution 405 be changed.

10 SEXUAL VIOLENCE EDUCATION AND PREVENTION IN SCHOOLS

11
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14

HOD ACTION: Resolution 405 adopted as amended with a change in title.

15
16
17

Resolution 405 asks that our American Medical Association amend Policy H-170.968 by addition and deletion to read as follows:

18
19

H-170.968 Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools

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Our AMA:(1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and direction; (2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; ~~(b)~~(c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; ~~(c)~~ (d) include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; ~~(d)~~ (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth; ~~(e)~~ (f) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and ~~(f)~~ (g) are part of an overall health education program; (3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence and reduce substance use while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate;(4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program; (5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems; (6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-

1 only education to be superior in preventing negative health outcomes; (7) Supports
2 federal funding of comprehensive sex education programs that stress the importance of
3 abstinence in preventing unwanted teenage pregnancy and sexually transmitted
4 infections, and also teach about contraceptive choices and safer sex, and opposes
5 federal funding of community-based programs that do not show evidence-based
6 benefits; and (8) Extends its support of comprehensive family-life education to
7 community-based programs promoting abstinence as the best method to prevent
8 teenage pregnancy and sexually-transmitted diseases while also discussing the roles of
9 condoms and birth control, as endorsed for school systems in this policy; and (9)
10 Supports the development of sexual education curriculum that integrates dating violence
11 prevention through lessons on healthy relationships, sexual health, conversations about
12 consent and substance abuse.

13

14 Testimony was overwhelmingly supportive of Resolution 405. Current AMA policy on
15 sexual education does not currently address sexual violence. Testimony asked that
16 amendments referencing substance abuse be removed. Your Reference Committee
17 agrees and recommends adoption as amended.

18

19 (14) RESOLUTION 406 - RESEARCH THE EFFECTS OF
20 PHYSICAL OR VERBAL VIOLENCE BETWEEN LAW
21 ENFORCEMENT OFFICERS AND PUBLIC CITIZENS ON
22 PUBLIC HEALTH OUTCOMES

23

24 RECOMMENDATION A:

25

26 Madam Speaker, your Reference Committee recommends
27 that the first Resolve of Resolution 406 be amended by
28 addition to read as follows:

29

30 RESOLVED, That our American Medical Association
31 encourage the National Academies of Sciences,
32 Engineering, and Medicine and other interested parties to
33 study the public health effects of physical or verbal
34 violence between law enforcement officers and public
35 citizens, particularly within ethnic and racial minority
36 communities.

37

38 RECOMMENDATION B:

39

40 Madam Speaker, your Reference Committee recommends
41 that Resolution 406 be amended by the addition of a
42 second Resolve to read as follows:

43

44 RESOLVED, That our American Medical Association affirm
45 that physical and verbal violence between law enforcement
46 officers and public citizens, particularly within racial and
47 ethnic minority populations, is a social determinant of
48 health.

1 RECOMMENDATION C:
2

3 Madam Speaker, your Reference Committee recommends
4 that Resolution 406 be amended by addition of a third
5 Resolve to read as follows.
6

7 RESOLVED, That our American Medical Association
8 encourage the Centers for Disease Control and Prevention
9 as well as state and local health departments and
10 agencies to research the nature and public health
11 implications of violence involving law enforcement.
12

13 RECOMMENDATION D:
14

15 Madam Speaker, your Reference Committee recommends
16 that Resolution 406 be adopted as amended.
17

18 **HOD ACTION: Resolution 406 adopted as amended.**
19

20 Resolution 406 asks that our American Medical Association study the public health
21 effects of physical or verbal violence between law enforcement officers and public
22 citizens, particularly within ethnic and racial minority communities.
23

24 Testimony on Resolution 406 was supportive of the need for additional information on
25 the public health outcomes of violence between law enforcement officers and public
26 citizens, particularly racial and ethnic minorities. However, there is currently limited
27 evidence linking law enforcement violence to public health outcomes, making this a
28 difficult issue for our AMA to study. Your Reference Committee heard testimony
29 indicating that the Roundtable on Population Health of the National Academies of
30 Sciences, Engineering, and Medicine is holding a workshop on community violence as a
31 population health issue and therefore felt it was best to amend this resolution asking the
32 National Academies to study this issue. Support was also heard for two additional
33 resolve statements recognizing violence between law enforcement and public citizens as
34 a social determinant of health and encouraging additional research across the public
35 health enterprise. Your Reference Committee supports the addition of these resolves.
36

37 (15) RESOLUTION 407 - TOBACCO PRODUCTS IN
38 PHARMACIES AND HEALTHCARE FACILITIES
39

40 RECOMMENDATION A:
41

42 Madam Speaker, your Reference Committee recommends
43 that Policy H-495.977 be amended by addition and
44 deletion to read as follows:
45

46 Banning the Sale of Tobacco Products in Pharmacies and
47 Health Care Facilities and/or Tobacco By-Products in
48 Retail Outlets Housing Store-Based Health Clinics H-
49 495.977
50

1 Our AMA supports efforts to ban the sale of tobacco
 2 products ~~and/or tobacco by products~~ meeting the definition
 3 of “tobacco product” under the Family Smoking Prevention
 4 and Tobacco Control Act, with the exception of medicinal
 5 nicotine products approved by the FDA, where health care
 6 is delivered or where prescriptions are filled, including retail
 7 outlets housing store-based health clinics.

8

9

RECOMMENDATION B:

10

11

Madam Speaker, your Reference Committee recommends
 12 that amended Policy H-495.977 be adopted in lieu of
 13 Resolution 407.

14

15

HOD ACTION: Amended Policy H-495.977 adopted in lieu
of Resolution 407.

16

17

18

Resolution 407 asks that our American Medical Association support the position that the
 19 sale of any tobacco or vaporized nicotine products be prohibited where healthcare is
 20 delivered or where prescriptions are filled.

21

22

Your Reference Committee heard testimony in support of the intent of Resolution 407.
 23 However, because vaporized nicotine products could include medicinal products
 24 approved by the FDA, such as the nicotine inhaler, your Reference Committee thought it
 25 would be best to amend existing policy to include “tobacco products” as defined under
 26 the Family Smoking Prevention and Tobacco Control Act. Products that meet the
 27 statutory definition of “tobacco products” include, but are not limited to, currently
 28 marketed products such as dissolvables not already regulated by FDA, gels, waterpipe
 29 tobacco, electronic nicotine delivery systems (including e-cigarettes, e-hookah, e-cigars,
 30 vape pens, advanced refillable personal vaporizers, and electronic pipes), cigars, and
 31 pipe tobacco.

32

33

(16) RESOLUTION 409 - LEAD AND COPPER RULE

34

COMPLIANCE

35

RESOLUTION 413 - BAN LEAD IN PLUMBING

36

RESOLUTION 414 - REPLACE MUNICIPAL LEAD PLUMBING

37

RESOLUTION 415 - REGULAR MONITORING OF WATER AT SCHOOL AND
 38 DAYCARE SITES

39

RESOLUTION 416 - TIMELY AND TRANSPARENT DATA SHARING FOR
 40 DRINKING WATER TESTING

41

42

RECOMMENDATION:

43

44

Madam Speaker, your Reference Committee recommends
 45 that the following resolution be adopted in lieu of
 46 Resolutions 409, 413, 414, 415, and 416.

47

48

SAFE DRINKING WATER

49

RESOLVED, That our AMA supports updates to the U.S.

50

Environmental Protection Agency’s Lead and Copper Rule

1 as well as other state and federal laws to eliminate
2 exposure to lead through drinking water by:

3 (1) Removing, in a timely manner, lead service lines and
4 other leaded plumbing materials that come into contact
5 with drinking water;

6 (2) Requiring public water systems to establish a
7 mechanism for consumers to access information on lead
8 service line locations;

9 (3) Informing consumers about the health-risks of partial
10 lead service line replacement;

11 (4) Requiring the inclusion of schools, licensed daycare,
12 and health care settings among the sites routinely tested
13 by municipal water quality assurance systems;

14 (5) Improving public access to testing data on water lead
15 levels by requiring testing results from public water
16 systems to be posted on a publicly available website in a
17 reasonable timeframe thereby allowing consumers to take
18 precautions to protect their health;

19 (6) Establishing more robust and frequent public education
20 efforts and outreach to consumers that have lead service
21 lines, including vulnerable populations; and

22 (7) Requiring public water systems to notify public health
23 agencies and health care providers when local water
24 samples test above the action level for lead.

25
26 **HOD ACTION: Alternative Resolution 409 adopted as**
27 **amended in lieu of Resolutions 409, 413, 414, 415, and 416.**

28
29 **8) Seeking to shorten and streamline the compliance**
30 **deadline requirements in the Safe Drinking Water Act**
31 **(Directive to take action).**

32
33 Resolution 409 asks that our American Medical Association work with the Environmental
34 Protection Agency to shorten and streamline the Lead and Copper Rule
35 compliance deadline requirements in the Safe Drinking Water Act with the goal of
36 avoiding unnecessary multi-year periods and other prolonged compliance deadlines,
37 while maintaining reasonableness in review of circumstances on a case-by-case basis.

38
39 Resolution 413 asks that our American Medical Association pursue lead-free standards
40 at the federal level that are actually lead-free, for all plumbing related to drinking water.

41
42 Resolution 414 asks that our American Medical Association strongly advocate that the
43 United States of America end the man-made scourge of lead in drinking water by taking
44 swift action to support the replacement of lead plumbing throughout our country.

45
46 Resolution 415 asks that our American Medical Association lobby at the federal level for
47 the following mandates: (1) that all schools and registered daycare sites be among those
48 sites routinely chosen by municipal water quality assurance testing as part of the Safe
49 Drinking Water Act enforcement; and (2) in cases where there are abnormal test results

1 from water testing at schools and registered daycare sites, that those sites continue to
2 be tested repeatedly until results return to normal.

3
4 Resolution 416 asks that our American Medical Association lobby at the federal level for
5 legislation, regulations, and/or policies that would: (1) require all municipal water test
6 results performed by municipal, city, county, district or state agencies to be posted on a
7 publicly available website within seven business days of their receipt; (2) require all
8 communicable disease reports performed by city, county, district or state agencies to be
9 posted on a publicly available website within seven business days of their receipt; (3)
10 require reports of sewage overflows to be posted on a publicly available website within
11 four hours of the receipt of such reports; (4) create and make available a real-time alert
12 system for all water test results, which exceed federal, state, or local standards within a
13 person's designated zip code(s), to which the public could subscribe; and (5) create and
14 make available a process in which all collected test results related to the quality of water
15 that are excluded from final data analysis are annotated and explained.

16
17 Your Reference Committee heard overwhelming support for the intent of Resolutions
18 409, 413, 414, 415 and 416 in response to the contamination of drinking water in Flint,
19 MI. There was some support for referral of these resolutions for further study. The
20 Council of Science and Public Health proposed a substitute resolution that addresses
21 the gaps in the Lead and Copper Rule and captures the intent of all the proposed
22 resolutions. Your Reference Committee recommends adoption of this comprehensive
23 substitute resolution.

24
25 (17) RESOLUTION 410 - BABY-FRIENDLY HEALTH CARE
26 DELIVERY AND BREASTFEEDING RIGHTS

27
28 RECOMMENDATION A:

29
30 Madam Speaker, your Reference Committee recommends
31 that the first Resolve of Resolution 410 be deleted.

32
33 ~~RESOLVED, That our American Medical Association adopt~~
34 ~~policy that supports the implementation of the full ten~~
35 ~~steps of the World Health Organization (WHO) Baby-~~
36 ~~Friendly Hospital Initiative in all sites of health care delivery~~
37 ~~(New HOD Policy); and be it further~~

38
39 RECOMMENDATION B:

40
41 Madam Speaker, your Reference Committee recommends
42 that the second Resolve of Resolution 410 be amended by
43 addition and deletion to read as follows:

44
45 RESOLVED, That our AMA adopt policy supporting the
46 evaluation and grading of the practice of primary care
47 interventions to support breastfeeding as an intervention,
48 as developed by the United States Preventive Services
49 Task Force (USPSTF). (New HOD Policy)

1 RECOMMENDATION C:
2

3 Madam Speaker, your Reference Committee recommends
4 that Resolution 410 be adopted as amended.
5

6 RECOMMENDATION D:
7

8 Madam Speaker, your Reference Committee recommends
9 that the title of Resolution 410 be changed.
10

11 PRIMARY CARE INTERVENTIONS TO SUPPORT
12 BREASTFEEDING
13

14 **HOD ACTION: Resolution 410 adopted as amended with a**
15 **change in title.**
16

17 Resolution 410 asks that our American Medical Association adopt policy that supports
18 the implementation of the full ten steps of the World Health Organization Baby-Friendly
19 Hospital Initiative in all sites of health care delivery and adopt policy supporting the
20 evaluation and grading of the practice of breastfeeding as an intervention, as developed
21 by the United States Preventive Services Task Force.
22

23 Your Reference Committee heard conflicting testimony regarding Resolution 410. Some
24 concerns were raised regarding new evidence that conflicts with some of the Baby
25 Friendly Health Initiative (BFHI) recommendations. Testimony also highlighted that
26 patient satisfaction has decreased in some hospitals with the BFHI designation. Support
27 was heard for the USPTF grading of interventions to support breastfeeding. There was
28 overwhelming testimony in support of deleting the first resolve. Therefore, your
29 Reference Committee recommends adoption of the resolution as amended.
30

31 (18) RESOLUTION 418 - CHALLENGING THE PRO-
32 TOBACCO ACTIONS OF THE U.S. CHAMBER OF
33 COMMERCE
34

35 RECOMMENDATION A:
36

37 Madam Speaker, your Reference Committee recommends
38 that the first resolve of Resolution 418 be amended by
39 addition and deletion to read as follows:
40

41 RESOLVED, That our American Medical Association
42 strongly object to any pro-tobacco efforts by the U.S.
43 Chamber of Commerce ~~in other nations~~
44 and encourage ~~call upon~~ the U.S. Chamber of Commerce
45 to be transparent in ~~immediately halt~~ all advocacy activity
46 on behalf of tobacco companies.

1 RECOMMENDATION B:

2
3 Madam Speaker, your Reference Committee recommends
4 that the second resolve of Resolution 418 be deleted.

5
6 ~~RESOLVED, That our AMA urge conscientious companies~~
7 ~~that are members of the U.S. Chamber of Commerce to~~
8 ~~call for an end to all pro-tobacco efforts within the~~
9 ~~organization, and if necessary, quit their membership to~~
10 ~~protest such anti-health activity.~~

11
12 RECOMMENDATION C:

13
14 Madam Speaker, your Reference Committee recommends
15 that Resolution 418 be adopted as amended.

16
17 **HOD ACTION: Resolution 418 adopted as amended.**

18
19 **RESOLVED, That our American Medical Association**
20 **strongly object to any pro-tobacco efforts by the U.S.**
21 **Chamber of Commerce in ~~other nations~~**
22 **and encourage call ~~upon~~ the U.S. Chamber of**
23 **Commerce to be transparent in immediately ~~halt~~ all**
24 **advocacy activity on behalf of tobacco companies.**

25
26 **RESOLVED, That our AMA urge conscientious**
27 **companies that are members of the U.S. Chamber of**
28 **Commerce to call for an end to all pro-tobacco efforts**
29 **within the organization.**

30
31 Resolution 418 asks that our American Medical Association strongly object to any pro-
32 tobacco efforts by the U.S. Chamber of Commerce in other nations and call upon the
33 U.S. Chamber of Commerce to immediately halt all advocacy activity on behalf of
34 tobacco companies and urge conscientious companies that are members of the U.S.
35 Chamber of Commerce to call for an end to all pro-tobacco efforts within the
36 organization, and if necessary, quit their membership to protest such anti-health activity.

37
38 Testimony was heard both in support of and in opposition to Resolution 418. Your
39 Reference Committee agrees with the public health concerns raised by the advocacy
40 activities conducted by the U.S. Chamber of Commerce on tobacco issues. However,
41 given the chambers interest in advocating on behalf of their members, your Reference
42 Committee felt that rather than the AMA advocating for organizations to quit their
43 membership in the chamber, the AMA should encourage the chamber to be transparent
44 in their advocacy efforts so organizations can make an informed decision regarding their
45 membership.

1 (19) RESOLUTION 419 - OPPOSITION TO QUARANTINE
2 FOR ZIKA PATIENTS

3
4 RECOMMENDATION A:

5
6 Madam Speaker, your Reference Committee recommends
7 that Resolution 419 be amended by addition to read as
8 follows:

9 RESOLVED, That our American Medical Association
10 oppose quarantine measures for suspected-Zika-infected
11 patients. (New HOD Policy)

12
13 RECOMMENDATION B:

14
15 Madam Speaker, your Reference Committee recommends
16 that Resolution 419 be adopted as amended.

17
18 **HOD ACTION: Resolution 419 adopted.**

19
20 Resolution 419 asks that our American Medical Association oppose quarantine
21 measures for Zika-infected patients.

22
23 Testimony was heard in support of Resolution 419. Zika is a vector-borne disease that
24 can also be sexually transmitted. There is widespread agreement in the scientific
25 community that quarantine will not be effective in controlling the spread of Zika virus.
26 Your Reference Committee felt that it was important to develop policy in support of
27 science-based quarantine measures.

28
29 (20) RESOLUTION 420 - CREATE A CONTINGENCY FUND
30 AT CDC TO FACILITATE TIMELY RESPONSE TO
31 PUBLIC HEALTH THREATS

32
33 RECOMMENDATION A:

34
35 Madam Speaker, your Reference Committee recommends
36 that Resolution 420 be amended by addition and deletion
37 to read as follows:

38
39 RESOLVED, That our American Medical Association
40 support the reauthorization establishment—and
41 appropriation of sufficient funds to a public health
42 emergency fund within the Department of Health and
43 Human Services of a contingency fund at CDC to facilitate
44 adequate responses to future public health emergencies
45 without redistributing funds from established public health
46 accounts. (New HOD Policy)

1 RECOMMENDATION B:
2

3 Madam Speaker, your Reference Committee recommends
4 that Resolution 420 be adopted as amended.

5
6 RECOMMENDATION C:
7

8 Madam Speaker, your Reference Committee recommends
9 that the title of Resolution 420 be changed.

10
11 FUND FOR PUBLIC HEALTH EMERGENCY RESPONSE
12

13 **HOD ACTION: Resolution 420 adopted as amended with a**
14 **change in title.**
15

16 Resolution 420 asks that our American Medical Association support establishment of a
17 contingency fund at CDC to facilitate adequate responses to future public health
18 emergencies.

19
20 Your Reference Committee heard testimony in support of the concept of this resolution
21 given the delay by Congress in approving the emergency supplemental funding for the
22 Zika virus response. Congress authorized the establishment of Public Health Emergency
23 Fund in 1983, but has not regularly appropriated funding to this account. Minor
24 amendments were made to reflect that this fund may not be specifically defined as a
25 “contingency” fund and that while the fund will likely be administered by the Department
26 of Health and Human Services, it may not be specifically under the CDC. Some
27 members of the Reference Committee raised issues regarding the process of creating
28 such an account, but overall your Reference Committee felt that it was important to
29 appropriate funding for public health emergencies without redistributing funds from
30 existing public health accounts.

31
32 (21) RESOLUTION 424 - ENHANCED ZIKA VIRUS PUBLIC
33 HEALTH ACTION – NOW
34 RESOLUTION 431 – FUNDING FOR ZIKA CONTROL
35 AND RESEARCH
36

37 RECOMMENDATION A:
38

39 Madam Speaker, your Reference Committee recommends
40 that the first Resolve of Resolution 424 be amended by
41 substitution to read as follows:
42

43 RESOLVED, That our American Medical Association urge
44 Congress to enact legislation, without further delay, to
45 provide increased and sufficient funding for research,
46 prevention, control, and treatment of illnesses associated
47 with the Zika virus, commensurate with the public health
48 emergency that the virus poses, without diverting
49 resources from other essential health initiatives. (Directive
50 to Take Action)

1 RECOMMENDATION B:
2

3 Madam Speaker, your Reference Committee recommends
4 that the second Resolve of Resolution 424 be amended by
5 addition and deletion to read as follows:
6

7 RESOLVED, That our AMA encourage the Centers for
8 Disease Control and Prevention to continue working with
9 experts in all relevant disciplines, and convene expert
10 workgroups when appropriate, to help develop
11 needed ~~American~~ U.S. and global strategies and limit the
12 spread and impact of this virus (Directive to Take Action);
13 and be it further
14

15 RECOMMENDATION C:
16

17 Madam Speaker, your Reference Committee recommends
18 that the third Resolve of Resolution 424 be amended by
19 deletion to read as follows:
20

21 RESOLVED, That our AMA consider collaboration with
22 other educational and promotional entities (e.g., the AMA
23 Alliance) to ~~develop~~ and promote family-directed and
24 community-directed strategies that minimize the
25 transmission of Zika virus to potentially pregnant women.
26 (Directive to Take Action)
27

28 RECOMMENDATION D:
29

30 Madam Speaker, your Reference Committee recommends
31 that Resolution 424 be adopted as amended in lieu of
32 Resolution 431.
33

34 **HOD ACTION: Resolution 424 adopted as amended in lieu**
35 **of Resolution 431.**
36

37 **RESOLVED, That our American Medical Association urge**
38 **Congress to enact legislation, without further delay, to**
39 **provide increased and sufficient funding for research,**
40 **prevention, control, and treatment of illnesses associated**
41 **with the Zika virus, commensurate with the public health**
42 **emergency that the virus poses, without diverting**
43 **resources from other essential health initiatives. (Directive**
44 **to Take Action)**
45

1 **RESOLVED, That our AMA work with experts in all relevant**
2 **disciplines, and convene expert workgroups when**
3 **appropriate, to help develop needed American United**
4 **States and global strategies and limit the spread and**
5 **impact of this virus (Directive to Take Action)**
6

7 **RESOLVED, That our AMA consider collaboration**
8 **with other educational and promotional entities**
9 **(e.g., the AMA Alliance) to ~~develop~~ and promote**
10 **family-directed and community-directed strategies**
11 **that minimize the transmission of Zika virus to**
12 **potentially pregnant women. (Directive to Take**
13 **Action)**
14

15 Resolution 424 asks that our American Medical Association immediately increase its
16 advocacy efforts for adequate Federal and state support for Zika virus control and
17 research--including vector and pathogenesis research, vaccine development,
18 environmental and vector controls, targeted Zika testing and treatment, patient
19 education, public education, and the notification and education of those who may have
20 been exposed to Zika viruses sexually or by mosquitoes; work with experts in all relevant
21 disciplines, and convene expert workgroups when appropriate, to help develop needed
22 American and global strategies and limit the spread and impact of this virus; and
23 consider collaboration with other educational and promotional entities (e.g., the AMA
24 Alliance) to develop and promote family-directed and community-directed strategies that
25 minimize the transmission of Zika virus to potentially pregnant women.
26

27 Resolution 431 asks that our American Medical Association urge Congress to enact
28 legislation, without further delay, to provide increased and sufficient funding for research,
29 prevention, control, and treatment of illnesses associated with the Zika virus
30 commensurate with the public health emergency that the virus poses without diverting
31 resources from other essential health initiatives.
32

33 Your Reference Committee heard testimony in support of Resolutions 424 and 431.
34 Testimony strongly encouraged the AMA to strengthen their lobbying efforts in support of
35 Zika funding and to not lead from behind on this important issue that can have
36 devastating consequences for pregnant women and their babies. Your Reference
37 Committee felt that CDC was the appropriate organization to convene relevant
38 stakeholders on this issue given the Zika Action Plan Summit they held in April, that the
39 AMA attended, and the regular follow-up conference calls they have subsequently held.
40 Your Reference Committee also recognizes that educational resources already exist
41 around strategies to minimize transmission of Zika virus, and that the AMA should not
42 reinvent the wheel, but promote these existing resources. Your Reference Committee
43 recognizes the importance of this issue and therefore recommends this resolution be
44 adopted as amended.

1 (22) RESOLUTION 425 - OPPOSE EFFORTS TO STOP,
2 WEAKEN OR DELAY FDA'S AUTHORITY TO
3 REGULATE ALL TOBACCO PRODUCTS
4

5 RECOMMENDATION A:
6

7 Madam Speaker, your Reference Committee recommends
8 that Resolution 425 be amended by addition to reads as
9 follows:

10
11 RESOLVED, That our American Medical
12 Association encourage Congress to oppose any legislation
13 that would stop, weaken, or delay FDA's authority to fully
14 regulate all tobacco products. (Directive to Take Action)
15

16 RECOMMENDATION B:
17

18 Madam Speaker, you Reference Committee recommends the
19 addition of a second Resolve to read as follows:
20

21 RESOLVED, That our American Medical Association write
22 a letter to the Administration expressing our strong
23 opposition to the decision to strike from the Food and Drug
24 Administration's deeming rule on tobacco products, the
25 restriction of flavored electronic nicotine delivery systems.
26 (New HOD Policy)
27

28 RECOMMENDATION C:
29

30 Madam Speaker, your Reference Committee recommends
31 that Resolution 425 be adopted as amended.
32

33 **HOD ACTION: Resolution 425 adopted as amended.**
34

35 Resolution 425 asks that our American Medical Association oppose any legislation that
36 would stop, weaken or delay FDA's authority to fully regulate all tobacco products. Your
37 Reference Committee heard testimony on the need to communicate to Congressional
38 leaders the strong opposition to the recent decision to strike provisions to regulate candy
39 flavored e-cigarettes from the FDA Final Deeming Rule. Your Reference Committee
40 recommends adoption as amended.
41

42 Testimony was heard in support of referral of this resolution. CSAPH spoke against
43 referral given their recent reports addressing this issue. Amendments were proposed to
44 address the issue of restricting the sale of flavored electronic nicotine delivery systems,
45 which was originally proposed, but removed from the final version of the FDA's new
46 deeming rule on tobacco products. Your Reference Committee supports adoption of
47 Resolution 425 as amended.

1 (23) RESOLUTION 426 - WEAPONS, HOSPITAL
2 WORKPLACE AND PATIENT SAFETY ISSUES
3

4 RECOMMENDATION A:
5

6 Madam Speaker, your Reference Committee recommends
7 that Resolve 1 - 4 of Resolution 426 be amended by
8 addition and deletion to read as follows:
9

10 RESOLVED, That our American Medical Association
11 advocate that hospitals and other healthcare delivery
12 settings ~~restrict~~ limit guns and conducted electrical
13 weapons ~~TASERS~~ on their premises, particularly in
14 ~~emergency departments and psychiatric~~ in units where
15 patients suffering from mental illness are present (New
16 HOD Policy)
17

18 ~~RESOLVED, That our AMA reaffirm Policy H-145.975 and~~
19 ~~support Joint Commission's position which strongly~~
20 ~~encourages its accredited institutions to report "sentinel~~
21 ~~events" defined as patient safety events that result in~~
22 ~~"death, permanent harm, or severe temporary harm and~~
23 ~~intervention necessary to sustain life" (Reaffirm HOD~~
24 ~~Policy); and be it further~~
25

26 ~~RESOLVED, That our AMA encourage all hospitals to~~
27 ~~invest in comprehensive training of security personnel that~~
28 ~~focus on patient safety, empathy, and de-escalation (New~~
29 ~~HOD Policy); and be it further~~
30

31 ~~RESOLVED, That our AMA advocate for increased~~
32 ~~resources and broader efforts to work with partner~~
33 ~~organizations, such as the National Alliance on Mental~~
34 ~~Health, to increase awareness, access, and education to~~
35 ~~de-stigmatize mental health among minority communities.~~
36 ~~(New HOD Policy)~~
37

38 RECOMMENDATION B:
39

40 Madam Speaker, your Reference Committee recommends
41 that Policies H-345.974, H-145.975, H-215.977 be
42 reaffirmed.
43

44 RECOMMENDATION C:
45

46 Madam Speaker, your Reference Committee recommends
47 that Resolution 426 be adopted as amended.
48

49 **HOD ACTION: Resolution 426 adopted as amended.**
50

1 Resolution 426 asks that our American Medical Association advocate that hospitals and
2 other healthcare delivery settings restrict guns and Tasers on their premises, particularly
3 in emergency departments and psychiatric units where patients suffering from mental
4 illness are present; reaffirm Policy 145.975 and support Joint Commission's position
5 which strongly encourages its accredited institutions to report "sentinel events" defined
6 as patient safety events that result in "death, permanent harm, or severe temporary
7 harm and intervention necessary to sustain life"; encourage all hospitals to invest in
8 comprehensive training of security personnel that focus on patient safety, empathy, and
9 de-escalation; and advocate for increased resources and broader efforts to work with
10 partner organizations, such as the National Alliance on Mental Health, to increase
11 awareness, access, and education to de-stigmatize mental health among minority
12 communities.

13 Your Reference Committee heard passionate testimony in support of the spirit of the
14 resolution. Testimony favored developing policy with less restrictive language regarding
15 guns and conducted electrical weapons would allow for health care settings to
16 implement policies that they deemed appropriate. Testimony also stated support for
17 reaffirmation of existing AMA polices that accomplish some of the Resolves of this
18 Resolution. AMA has existing policy calling for training to recognize and defuse
19 potentially violent situations and access to mental health services for diverse, multi-
20 ethnic communities. Therefore, your Reference Committee recommends adoption as
21 amended and reaffirmation of stated policies.

22

23 Policies for Reaffirmation:

24

25 Culturally, Linguistically Competent Mental Health Care and Outreach for At-Risk 26 Communities H-345.974

27

28 Our AMA supports adequate attention and funds being directed towards culturally and
29 linguistically competent mental health direct services for the diverse, multi-ethnic
30 communities at greatest risk, and encourages greater cultural and linguistic-competent
31 outreach to ethnic communities including partnerships with ethnic community
32 organizations, health care advocates, and respected media outlets.

32

33 Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to 34 Mental Health Care H-145.975

35

36 1. Our AMA supports: a) federal and state research on firearm-related injuries and
37 deaths; b) increased funding for and the use of state and national firearms injury
38 databases, including the expansion of the National Violent Death Reporting System to all
39 50 states and U.S. territories, to inform state and federal health policy; c) encouraging
40 physicians to access evidence-based data regarding firearm safety to educate and
41 counsel patients about firearm safety; d) the rights of physicians to have free and open
42 communication with their patients regarding firearm safety and the use of gun locks in
43 their homes; e) encouraging local projects to facilitate the low-cost distribution of gun
44 locks in homes; f) encouraging physicians to become involved in local firearm safety
45 classes as a means of promoting injury prevention and the public health; and g)
46 encouraging CME providers to consider, as appropriate, inclusion of presentations about
47 the prevention of gun violence in national, state, and local continuing medical education
48 programs. 2. Our AMA supports initiatives to enhance access to mental and cognitive
49 health care, with greater focus on the diagnosis and management of mental illness and
concurrent substance abuse disorders, and work with state and specialty medical

1 societies and other interested stakeholders to identify and develop standardized
2 approaches to mental health assessment for potential violent behavior.

3
4 Guns in Hospitals H-215.977

5 The policy of the AMA is to encourage hospitals to incorporate, within their security
6 policies, specific provisions on the presence of firearms in the hospital. The AMA
7 believes the following points merit attention: (1) Given that security needs stem from
8 local conditions, firearm policies must be developed with the cooperation and
9 collaboration of the medical staff, the hospital security staff, the hospital administration,
10 other hospital staff representatives, legal counsel, and local law enforcement officials.
11 Consultation with outside experts, including state and federal law enforcement agencies,
12 or patient advocates may be warranted. (2) The development of these policies should
13 begin with a careful needs assessment that addresses past issues as well as future
14 needs. (3) Policies should, at minimum, address the following issues: a means of
15 identification for all staff and visitors; restrictions on access to the hospital or units within
16 the hospital, including the means of ingress and egress; changes in the physical layout
17 of the facility that would improve security; the possible use of metal detectors; the use of
18 monitoring equipment such as closed circuit television; the development of an
19 emergency signaling system; signage for the facility regarding the possession of
20 weapons; procedures to be followed when a weapon is discovered; and the means for
21 securing or controlling weapons that may be brought into the facility, particularly those
22 considered contraband but also those carried in by law enforcement personnel. (4) Once
23 policies are developed, training should be provided to all members of the staff, with the
24 level and type of training being related to the perceived risks of various units within the
25 facility. Training to recognize and defuse potentially violent situations should be included.
26 (5) Policies should undergo periodic reassessment and evaluation. (6) Firearm policies
27 should incorporate a clear protocol for situations in which weapons are brought into the
28 hospital.

29
30 (24) RESOLUTION 427 - COMMUNITY BENEFIT DOLLARS
31 FOR DIABETES PREVENTION

32
33 RECOMMENDATION A:

34
35 Madam Speaker, your Reference Committee recommends
36 that Resolution 427 be amended by addition of a Resolve
37 to read as follows:

38
39 RESOLVED, That our AMA encourage that private and public payors offer the
40 Center for Disease Control and Prevention's Diabetes Prevention Recognition
41 Program to patients as part of their suite of benefits.

42
43 RECOMMENDATION B:

44
45 Madam Speaker, your Reference Committee recommends
46 that Resolution 427 be adopted as amended.

47
48 **HOD ACTION: Resolution 427 adopted as amended.**

1 Resolution 427 asks that our American Medical Association support allocating
2 community benefit dollars to cover the cost of enrolling patients in an in-person or virtual
3 diabetes prevention program that is part of the Center for Disease Control and
4 Prevention's Diabetes Prevention Recognition Program; work with the American Hospital
5 Association and other stakeholders to develop and disseminate a position paper with
6 guidance for covering the costs of the Center for Disease Control and Prevention's
7 Diabetes Prevention Recognition Program with community benefit dollars; and
8 encourage each state medical society to work with their respective hospitals and local
9 Diabetes Prevention Program providers to offer the Center for Disease Control and
10 Prevention's Diabetes Prevention Recognition Program to patients.

11
12 Given the prevalence of diabetes and pre-diabetes, testimony was in support of the
13 intent of the resolution. Your Reference Committee also heard testimony asking for the
14 addition of payors to the resolution to encourage them to provide coverage for the
15 diabetes prevention program. Your Reference Committee recommends the addition of a
16 resolve to address this issue.

17
18 (25) RESOLUTION 428 - LEAD CONTAMINATION IN FLINT
19 WATER: NEGLIGENCE

20
21 RECOMMENDATION A:

22
23 Madam Speaker, your Reference Committee recommends
24 that the first Resolve of Resolution 428 be amended by
25 addition and deletion to read as follows:

26
27 RESOLVED, That our American Medical Association
28 advocate for biologic (including hematological) and
29 neurodevelopmental monitoring at established intervals
30 for ~~the children of Flint who are~~ exposed to lead
31 contaminated water with resulting elevated blood lead
32 levels (EBLL) so that they do not suffer delay in diagnosis
33 of adverse consequences of their lead exposure (New
34 HOD Policy); and be it further

35
36 RECOMMENDATION B:

37
38 Madam Speaker, your Reference Committee recommends
39 that the third Resolve of Resolution 428 be amended by
40 addition and deletion to read as follows:

41
42 RESOLVED, That our American Medical Association
43 advocate for appropriate nutritional support for all ~~Flint~~
44 residents people exposed to lead contaminated water with
45 resulting elevated blood lead levels, but especially
46 exposed pregnant women, lactating mothers and exposed
47 children. ~~That s~~Support should include Vitamin C, green
48 leafy vegetables and other calcium resources so that their
49 bodies will not be forced to substitute lead for missing

1 calcium as the children grow (New HOD Policy); and be it
2 further

3
4 RECOMMENDATION C:

5
6 Madam Speaker, your Reference Committee recommends
7 that the fourth Resolve of Resolution 428 be amended by
8 addition and deletion to read as follows:

9
10 RESOLVED, That our AMA promote screening, diagnosis
11 and acceptable treatment of lead exposure and iron
12 deficiency in all people Flint residents exposed to lead
13 contaminated water with ~~resulting elevated blood lead~~
14 ~~levels, especially women and children.~~ (New HOD Policy)

15
16 RECOMMENDATION D:

17
18 Madam Speaker, your Reference Committee recommends
19 that Resolution 428 be adopted as amended.

20
21 RECOMMENDATION E:

22
23 Madam Speaker, your Reference Committee recommends
24 that the title of Resolution 428 be changed.

25
26 LEAD CONTAMINATION IN MUNICIPAL WATER
27 SYSTEMS AS EXEMPLIFIED BY FLINT, MICHIGAN

28
29 **HOD ACTION: Resolution 428 adopted as amended**
30 **with a change in title.**

31
32 Resolution 428 asks that our American Medical Association advocate for hematological
33 and neurodevelopmental monitoring at established intervals for the children of Flint who
34 are exposed to lead contaminated water with resulting elevated blood lead levels (EBLL)
35 so that they do not suffer delay in diagnosis of adverse consequences of their lead
36 exposure; urge existing federal and state-funded programs to evaluate at-risk children to
37 expand services to provide automatic entry into early-intervention screening programs to
38 assist in the neurodevelopmental monitoring of exposed children with EBLL; advocate
39 for appropriate nutritional support for all Flint residents, but especially exposed pregnant
40 women, lactating mothers and exposed children. That support should include Vitamin C,
41 green leafy vegetables and other calcium sources so that their bodies will not be forced
42 to substitute lead for missing calcium as the children grow; and promote screening,
43 diagnosis and treatment of lead exposure and iron deficiency anemia in all Flint
44 residents, especially women and children.

45
46 Testimony was largely supportive of Resolution 428. There was agreement regarding
47 the need for ongoing monitoring of the health of the children in Flint. Your Reference
48 Committee heard that Flint was the tip of the iceberg on lead drinking water exposure
49 and that the resolution needs to be expanded to encompass all exposed to lead

1 contaminated water. Your Reference Committee recommends adoption as amended
2 with a title change.

3
4 (26) RESOLUTION 429 - APPROPRIATE LABELING OF
5 SLEEP PRODUCTS FOR INFANTS

6
7 RECOMMENDATION:

8
9 Madam Speaker, your Reference Committee recommends
10 that following resolution be adopted in lieu of Resolution
11 429.

12
13 **HOD ACTION: Alternative Resolution 429 adopted in**
14 **lieu of Resolution 429.**

15
16 RESOLVED, That our American Medical Association
17 advocate for the appropriate labeling of all infant sleep
18 products, not in compliance with the Safe Infant Sleeping
19 Environment Guidelines, as adopted by the AAP, to
20 adequately warn consumers of the risks of product use and
21 prevent sudden unexpected infant death; (New HOD
22 Policy) and be it further

23
24 RESOLVED, That our AMA encourage consumers to avoid
25 commercial devices marketed to reduce the risk of SIDS,
26 including: wedges, positioners, special mattresses, and
27 special sleep surfaces; (New HOD Policy) and be it further

28
29 RESOLVED, That our AMA encourage media and
30 manufacturers to follow safe-sleep guidelines in their
31 messaging and advertising (New HOD Policy).

32
33 Resolution 429 asks that our American Medical Association adopt the following
34 excerpted guidelines of the Safe Infant Sleeping Environment Guidelines adapted from
35 the American Academy of Pediatrics and the Centers for Disease Control and
36 Prevention (CDC), which read as follows: (1) "Avoid commercial devices marketed to
37 reduce the risk of SIDS. These devices include wedges, positioners, special mattresses,
38 and special sleep surfaces. There is no evidence that these devices reduce the risk of
39 SIDS or suffocation or that they are safe" and (2) "Media and manufacturers should
40 follow safe-sleep guidelines in their messaging and advertising."; advocate for the
41 appropriate labeling of all infant sleep products that are not in compliance with the
42 American Academy of Pediatrics and the CDC "Safe Infant Sleeping Environment
43 Guidelines" to adequately warn consumers of the risks of product use. "Media and
44 manufacturers should follow safe-sleep guidelines in their messaging and advertising.";
45 and advocate on the state and federal level for the appropriate labeling of all infant sleep
46 products that are not in compliance with the American Academy of Pediatrics and the
47 CDC Safe Infant Sleeping Environment Guidelines to adequately warn consumers of the
48 risks of product use.

1 Your Reference Committee heard testimony supportive of Resolution 429. Your
2 Reference Committee felt that the language as proposed in the original resolution could
3 be streamlined while still maintaining the intent of the original resolution, which was to
4 support consumers' awareness of the risks associated with the use of commercial
5 devices marketed to reduce the risk of SIDS and Sudden Unexpected Infant Death.
6 Since existing AMA policy does not address appropriate labeling of sleep products for
7 infants, your Reference Committee recommends adoption of this resolution as amended.

8
9 (27) RESOLUTION 417 - CHANGING PUBLIC POLICY TO
10 ASSIST OBESITY GOALS

11
12 RECOMMENDATION:

13
14 Madam Speaker, your Reference Committee recommends
15 that Resolution 417 be referred.

16 **HOD ACTION: Resolution 417 referred.**

17
18 Resolution 417 asks that our American Medical Association support efforts to limit the
19 consumption of foods and beverages that contain added sweeteners, including but not
20 limited to, ending corn subsidies for the production of high fructose corn syrup.

21
22 Your Reference Committee heard testimony in support of Resolution 417. CSAPH noted
23 that current AMA policy recognizes there is insufficient evidence to recommend
24 restricting the use of high fructose corn syrup and other fructose-containing sweeteners.
25 The CSAPH is working on a related report for I-16 and asked that this item be referred to
26 allow for a review of the available scientific evidence. Your Reference Committee
27 agrees with CSAPH that this item be referred for further study.

28
29 (28) RESOLUTION 421 - RATIONAL REGULATION OF
30 ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS)

31
32 RECOMMENDATION:

33
34 Madam Speaker, your Reference Committee recommends
35 that Resolution 421 not be adopted.

36
37 **HOD ACTION: Resolution 421 not adopted.**

38
39 Resolution 421 asks that our American Medical Association oppose measures that
40 would have the practical effect of imposing more burdensome regulatory burdens on
41 electronic nicotine delivery systems (ENDS) than on more hazardous combustible
42 cigarettes; oppose measures that would have the practical effect of making cigarette
43 companies the dominant manufacturers and marketers of ENDS products; and oppose
44 measures that would have the practical effect of eliminating ENDS from the U.S. market
45 as long as combustible cigarettes are marketed to, and smoked by, a significant
46 proportion of Americans.

47
48 Testimony was heard in strong opposition to this resolution, which has the practical
49 effect of opposing the FDA's regulatory authority over all tobacco products. The AMA

1 has strong policy in support of the FDA regulation of all tobacco products, including
2 ENDS. In written testimony the FDA indicated that this resolution is based on inaccurate
3 information regarding the pre-market tobacco application requirements and costs.
4 According to the U.S. Preventive Services Task Force, there is insufficient evidence to
5 recommend ENDS for tobacco cessation. Therefore, your Reference Committee
6 recommends that Resolution 421 not be adopted.

7
8 (29) RESOLUTION 423 - CORE MEASURE FOR FLU
9 VACCINATION

10
11 RECOMMENDATION:

12
13 Madam Speaker, your Reference Committee recommends
14 that Resolution 423 not be adopted.

15
16 **HOD ACTION: Resolution 423 not adopted.**

17
18 Resolution 423 asks that our American Medical Association study the benefits and risks
19 of systematically administering flu vaccinations to post-operative patients in the hospital
20 setting, with report back at the 2016 Interim Meeting.

21
22 Your Reference Committee heard mixed testimony on this Resolution. Testimony from
23 the Council on Science and Public Health noted that this would be a difficult issue for the
24 AMA to study given that we do not have the appropriate data to conduct such a study.
25 The Council also noted that a study was recently published in the Annals of Internal
26 Medicine examining this issue, which found no strong evidence of increased risk for
27 adverse outcomes in comparing patients who received vaccination during hospitalization
28 and those who did not. Given that this issue has already been studied, your Reference
29 Committee recommends that Resolution 423 not be adopted.

1 Madam Speaker, this concludes the report of Reference Committee D. I would like to
2 thank Alisha Reiss, MD, Wayne C. Hardwick, MD, John Montgomery, MD, Shilpen A.
3 Patel, MD, Nikita Consul, Leslie H. Secrest, MD, the staff of Reference Committee D,
4 Andrea Garcia, Vanessa Salcedo, and Tanya Lopez, and all those who testified before
5 the Committee.

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