DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2016 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-16)

Report of Reference Committee D

Michael D. Bishop, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

3. Resolution 402 – Addressing Sexual Assault on College Campuses
4. Resolution 403 – Policies on Intimacy and Sexual Behavior in Residential Aged-Care Facilities
5. Resolution 411 – Protecting Children from Excess Sound Exposure and Hearing Loss
6. Resolution 422 – Sunscreen Use at Schools and Summer Camps
7. Resolution 430 – Support for Detergent Poisoning and Child Safety Act

RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE

8. Resolution 404 – Vaccine Availability in Small Practices

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

12. Resolution 401 – Evidence-Based Sexual Education Enforcement in School
13. Resolution 405 – Sexual Violence Education and Prevention in High Schools with Sexual Health Curricula
15. Resolution 407 – Tobacco Products in Pharmacies and Healthcare Facilities
16. Resolution 409 – Lead and Copper Rule Compliance
17. Resolution 413 – Ban Lead in Plumbing
18. Resolution 414 – Replace Municipal Lead Plumbing
19. Resolution 415 – Regular Monitoring of Water at School and Daycare Sites
1. Resolution 416 – Timely and Transparent Data Sharing for Drinking Water Testing

17. Resolution 410 – Baby-Friendly Health Care Delivery and Breastfeeding Rights

18. Resolution 418 – Challenging the Pro-Tobacco Actions of the U.S. Chamber of Commerce

19. Resolution 419 – Opposition to Quarantine for Zika Patients

20. Resolution 420 – Create a Contingency Fund at CDC to Facilitate Timely Response to Public Health Threats


22. Resolution 425 – Oppose Efforts to Stop, Weaken or Delay FDAs Authority to Regulate All Tobacco Products

23. Resolution 426 – Weapons, Hospital Workplace and Patient Safety Issues

24. Resolution 427 – Community Benefit Dollars for Diabetes Prevention

25. Resolution 428 – Lead Contamination in Flint Water: Negligence

26. Resolution 429 – Appropriate Labeling of Sleep Products for Infants

RECOMMENDED FOR REFERRAL

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

RECOMMENDED FOR NOT ADOPTION


29. Resolution 423 – Core Measure for Flu Vaccination

Item reaffirmed through the Reaffirmation Consent Calendar

29. Resolution 412 – Ban Electronic Cigarette Advertisement
COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
4 - POWDERED ALCOHOL

RECOMMENDATION:

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


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

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

COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
8 - JUVENILE JUSTICE SYSTEM REFORM

RECOMMENDATION:

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


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

2. Support school discipline policies that permit reasonable discretion and consideration of mitigating circumstances when determining punishments rather than “zero tolerance” policies that mandate out-of-school suspension, expulsion, or the referral of students to the juvenile or criminal justice system.

3. Encourage continued research to identify programs and policies that are effective in reducing disproportionate minority contact across all decision points within the juvenile justice system.

4. Encourage states to increase the upper age of original juvenile court jurisdiction to at least 17 years of age.

5. Support reforming laws and policies to reduce the number of youth transferred to adult criminal court.

6. Support the reauthorization of federal programs for juvenile justice and delinquency prevention, which should include incentives for: (1) community-based alternatives for youth who pose little risk to public safety, (2) reentry and aftercare services to prevent recidivism, (3) policies that promote fairness to reduce disparities, and (4) the development and implementation of gender-responsive, trauma-informed programs and policies across juvenile justice systems.

7. Encourage juvenile justice facilities to adopt and implement policies to prohibit discrimination against youth on the basis of their sexual orientation, gender identity, or gender expression in order to advance the safety and well-being of youth and ensure equal access to treatment and services.

8. Encourage states to suspend rather than terminate Medicaid coverage following arrest and detention in order to facilitate faster reactivation and ensure continuity of health care services upon their return to the community.

9. Encourage Congress to enact legislation prohibiting evictions from public housing based solely on an individual’s relationship to a wrongdoer, and encourages the Department of Housing and Urban Development and local public housing agencies to implement policies that support the use of discretion in making housing decisions, including consideration of the juvenile’s rehabilitation efforts.

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

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

RECOMMENDATION:

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

HOD ACTION: Resolution 402 adopted.
Resolution 402 asks that our American Medical Association support universities’ implementation of evidence-driven sexual assault prevention programs that specifically address the needs of college students and the unique challenges of the collegiate setting.

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

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

RECOMMENDATION:

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

HOD ACTION: Resolution 403 adopted.

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

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

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

RECOMMENDATION:

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

HOD ACTION: Resolution 411 adopted as amended.
RESOLVED, That our American Medical Association adopt pediatric noise exposure standards recommending that children avoid toys that produce greater than 85 dB of SPL, or greater than 90 dB SPL for more than one hour; and that toy sounds be set preferentially at 40-50 dB SPL (New HOD Policy); and be it further

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

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

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

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

(6) RESOLUTION 422 - SUNSCREEN USE AT SCHOOLS AND SUMMER CAMPS

RECOMMENDATION:

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

HOD ACTION: Resolution 422 adopted.

Resolution 422 asks that our American Medical Association work with state and specialty medical societies and patient advocacy groups to provide advocacy resources
and model legislation for use in state advocacy campaigns seeking the removal of
sunscreen-related bans at schools and summer camp programs.

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

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

RECOMMENDATION:

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

HOD ACTION: Resolution 430 adopted.

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

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

(8) RESOLUTION 404 - VACCINE AVAILABILITY IN SMALL
PRACTICES

RECOMMENDATION:

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

RECOMMENDATION B:

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

VACCINE AVAILABILITY IN SMALL QUANTITIES

HOD ACTION: Resolution 404 adopted with a change in
title.
Resolution 404 asks that our American Medical Association encourage vaccine manufacturers to make small quantities of vaccines available for purchase by physician practices without financial penalty.

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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


Council on Science and Public Health Report 1 presents the Council’s recommendations on the disposition of the House policies from 2006 that were assigned to it. The report
recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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


Council on Science and Public Health Report 6 reviews the health and academic consequences of decreased sleep in adolescents and examines recent evidence for delaying school start times as a mechanism to address adolescent sleep deprivation. The report recommends that our American Medical Association: (1) encourage school districts to aim for the start of middle schools and high schools to be no earlier than 8:30 a.m., in order to allow adolescents time for adequate sleep; (2) encourage physicians, especially those who work closely with school districts, to become actively involved in the education of parents, school administrators, teachers, and other members of the community to stress the importance of sleep and consequences of sleep deprivation among adolescents, and to encourage school districts to structure school start times to accommodate the sleep needs of adolescents; (3) reaffirm policy H-60.930, Insufficient Sleep in Adolescents, identifying adolescent insufficient sleep and sleepiness as a public
health issue and supporting education about sleep health as a standard component of
care for adolescent patients; and (4) encourage continued research on the impact of
sleep on adolescent health and academic performance.

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

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

RECOMMENDATION A:

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

addition and deletion and a change in title to better reflect
the content of the policy to read as follows:

Workplace Violence Prevention

Our AMA:
(1) supports the efforts of the International Association for
Healthcare Security and Safety, the AHA, and The Joint
Commission to develop guidelines or standards regarding
hospital security issues and recognizes these groups' col lective expertise in this area. As standards are
developed, the AMA will ensure that physicians are
advised; (2) encourages physicians to work with their
hospital safety committees to address the security issues
within particular hospitals; and also encourages physicians
to become aware of and familiar with their own institution's
policies and procedures; and encourages physicians to
participate in training to prevent and respond to workplace
violence threats; encourages physicians to report all
incidents of workplace violence; and encourages physicians
to promote a culture of safety within their workplace; and (3)
urges that hospital safety committees include physicians
and that emergency departments be recognized as high-risk
environments for violence. (Modify Current HOD Policy)
RECOMMENDATION B:

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


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

1. Encourage the Occupational Safety and Health Administration to develop and enforce a standard addressing workplace violence prevention in health care and social service industries.

2. Encourage Congress to provide additional funding to the National Institute for Occupational Safety and Health to further evaluate programs and policies to prevent violence against health care workers.

3. Encourage the National Institute for Occupational Safety and Health to adapt the content of their online continuing education course on workplace violence for nurses into a continuing medical education course for physicians.

4. Amend Policy H-515.966, “Violence and Abuse Prevention in the Health Care Workplace,” by addition and deletion to read as follows: Our AMA encourages all health care facilities to: adopt policies to reduce and prevent all forms of workplace violence and abuse; develop a reporting tool that is easy for workers to find and complete; and develop policies to assess and manage reported occurrences of workplace violence and abuse; and will advocate that training courses on workplace violence prevention be more widely available; and include physicians in safety and health committees.

5. Amend Policy H-215.978, “Guns in Hospitals,” by addition and deletion and a change in title to better reflect the content of the policy to read as follows: Workplace Violence Prevention Our AMA: (1) supports the efforts of the International Association for Healthcare Security and Safety, the AHA, and The Joint Commission to develop guidelines or standards regarding hospital security issues and recognizes these groups’ collective expertise in this area. As standards are developed, the AMA will ensure that physicians are advised; (2) encourages physicians to work with their hospital safety committees to address the security issues within particular hospitals; and also encourages physicians to become aware of and familiar with their own institution’s policies and procedures; encourages physicians to participate in training to prevent and respond to workplace violence threats; encourages physicians to report all incidents of workplace violence; and encourages physicians to promote a culture of safety within their workplace; and (3) urges that hospital safety committees include physicians and that emergency departments be recognized as high-risk environments for violence.

6. Amend Policy D-515.983, “Preventing Violent Acts Against Healthcare Providers,” by addition and deletion to read as follows (as it has been implemented in part):
1. Our AMA will make CSAPH Report 21-10, Violence in the Emergency Department, available to hospitals, emergency medicine departments, emergency physicians, mental health physicians, patient advocates, and law enforcement organizations as a resource designed to assist in the implementation of procedures to protect students, trainees, physicians, nurses, and other health care staff in the Emergency Department environment and to assure optimal care for patients, including those with psychiatric or behavioral conditions. 2. Our American Medical Association will: (a) continue to work with other appropriate organizations to study mechanisms to prevent acts of violence against health care providers and improve the safety and security of providers while engaged in caring for patients; and (b) widely disseminate information on effective workplace violence prevention interventions in the health care setting as well as opportunities for training the results of this study.

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RECOMMENDATION C:

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

EVIDENCE-BASED SEXUAL EDUCATION IN SCHOOLS
HOD ACTION: Resolution 401 adopted as amended with a change in title.

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

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

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

RECOMMENDATION A:

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

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

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

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

RECOMMENDATION C:

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

SEXUAL VIOLENCE EDUCATION AND PREVENTION IN SCHOOLS

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

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

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

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

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

RECOMMENDATION D:

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

HOD ACTION: Resolution 406 adopted as amended.

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

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

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

RECOMMENDATION A:

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

Banning the Sale of Tobacco Products in Pharmacies and Health Care Facilities and/or Tobacco By-Products in Retail Outlets Housing Store-Based Health Clinics H-495.977
Our AMA supports efforts to ban the sale of tobacco products and/or tobacco by-products meeting the definition of “tobacco product” under the Family Smoking Prevention and Tobacco Control Act, with the exception of medicinal nicotine products approved by the FDA, where health care is delivered or where prescriptions are filled, including retail outlets housing store-based health clinics.

RECOMMENDATION B:

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

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

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

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

RECOMMENDATION:

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

SAFE DRINKING WATER

RESOLVED, That our AMA supports updates to the U.S. Environmental Protection Agency’s Lead and Copper Rule
as well as other state and federal laws to eliminate exposure to lead through drinking water by:

(1) Removing, in a timely manner, lead service lines and other leaded plumbing materials that come into contact with drinking water;
(2) Requiring public water systems to establish a mechanism for consumers to access information on lead service line locations;
(3) Informing consumers about the health-risks of partial lead service line replacement;
(4) Requiring the inclusion of schools, licensed daycare, and health care settings among the sites routinely tested by municipal water quality assurance systems;
(5) Improving public access to testing data on water lead levels by requiring testing results from public water systems to be posted on a publicly available website in a reasonable timeframe thereby allowing consumers to take precautions to protect their health;
(6) Establishing more robust and frequent public education efforts and outreach to consumers that have lead service lines, including vulnerable populations; and
(7) Requiring public water systems to notify public health agencies and health care providers when local water samples test above the action level for lead.


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

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

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

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

Resolution 415 asks that our American Medical Association lobby at the federal level for the following mandates: (1) that all schools and registered daycare sites be among those sites routinely chosen by municipal water quality assurance testing as part of the Safe Drinking Water Act enforcement; and (2) in cases where there are abnormal test results
from water testing at schools and registered daycare sites, that those sites continue to be tested repeatedly until results return to normal.

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

Madam Speaker, your Reference Committee recommends that Resolution 410 be **adopted as amended**.

RECOMMENDATION D:

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

PRIMARY CARE INTERVENTIONS TO SUPPORT BREASTFEEDING

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

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

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

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

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association strongly object to any pro-tobacco efforts by the U.S. Chamber of Commerce in other nations and **encourage** call upon the U.S. Chamber of Commerce to be **transparent** in **immediately** halt all advocacy activity on behalf of tobacco companies.
RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

HOD ACTION: Resolution 418 adopted as amended.

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

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

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

Testimony was heard both in support of and in opposition to Resolution 418. Your Reference Committee agrees with the public health concerns raised by the advocacy activities conducted by the U.S. Chamber of Commerce on tobacco issues. However, given the chambers interest in advocating on behalf of their members, your Reference Committee felt that rather than the AMA advocating for organizations to quit their membership in the chamber, the AMA should encourage the chamber to be transparent in their advocacy efforts so organizations can make an informed decision regarding their membership.
RESOLUTION 419 - OPPOSITION TO QUARANTINE
FOR ZIKA PATIENTS

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

HOD ACTION: Resolution 419 adopted.

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

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

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

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association support the reauthorization establishment and appropriation of sufficient funds to a public health emergency fund within the Department of Health and Human Services of a contingency fund at CDC to facilitate adequate responses to future public health emergencies without redistributing funds from established public health accounts. (New HOD Policy)
RECOMMENDATION B:

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

RECOMMENDATION C:

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

FUND FOR PUBLIC HEALTH EMERGENCY RESPONSE

HOD ACTION: Resolution 420 adopted as amended with a change in title.

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

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

RESOLUTION 424 - ENHANCED ZIKA VIRUS PUBLIC HEALTH ACTION – NOW
RESOLUTION 431 – FUNDING FOR ZIKA CONTROL AND RESEARCH

RECOMMENDATION A:

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

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

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

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

HOD ACTION: Resolution 424 adopted as amended in lieu of Resolution 431.

RESOLVED, That our American Medical Association urge Congress to enact legislation, without further delay, to provide increased and sufficient funding for research, prevention, control, and treatment of illnesses associated with the Zika virus, commensurate with the public health emergency that the virus poses, without diverting resources from other essential health initiatives. (Directive to Take Action)
RESOLVED, That our AMA work with experts in all relevant disciplines, and convene expert workgroups when appropriate, to help develop needed American United States and global strategies and limit the spread and impact of this virus (Directive to Take Action)

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

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

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

Your Reference Committee heard testimony in support of Resolutions 424 and 431. Testimony strongly encouraged the AMA to strengthen their lobbying efforts in support of Zika funding and to not lead from behind on this important issue that can have devastating consequences for pregnant women and their babies. Your Reference Committee felt that CDC was the appropriate organization to convene relevant stakeholders on this issue given the Zika Action Plan Summit they held in April, that the AMA attended, and the regular follow-up conference calls they have subsequently held. Your Reference Committee also recognizes that educational resources already exist around strategies to minimize transmission of Zika virus, and that the AMA should not reinvent the wheel, but promote these existing resources. Your Reference Committee recognizes the importance of this issue and therefore recommends this resolution be adopted as amended.
(22) RESOLUTION 425 - OPPOSE EFFORTS TO STOP, WEAKEN OR DELAY FDA’S AUTHORITY TO REGULATE ALL TOBACCO PRODUCTS

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

HOD ACTION: Resolution 425 adopted as amended.

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

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

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

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

RESOLVED, That our AMA reaffirm Policy H-145.975 and support Joint Commission’s position which strongly encourages its accredited institutions to report “sentinel events” defined as patient safety events that result in “death, permanent harm, or severe temporary harm and intervention necessary to sustain life” (Reaffirm HOD Policy); and be it further

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

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

RECOMMENDATION B:

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

RECOMMENDATION C:

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

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

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

Policies for Reaffirmation:

Culturally, Linguistically Competent Mental Health Care and Outreach for At-Risk Communities H-345.974
Our AMA supports adequate attention and funds being directed towards culturally and linguistically competent mental health direct services for the diverse, multi-ethnic communities at greatest risk, and encourages greater cultural and linguistic-competent outreach to ethnic communities including partnerships with ethnic community organizations, health care advocates, and respected media outlets.

Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care H-145.975
1. Our AMA supports: a) federal and state research on firearm-related injuries and deaths; b) increased funding for and the use of state and national firearms injury databases, including the expansion of the National Violent Death Reporting System to all 50 states and U.S. territories, to inform state and federal health policy; c) encouraging physicians to access evidence-based data regarding firearm safety to educate and counsel patients about firearm safety; d) the rights of physicians to have free and open communication with their patients regarding firearm safety and the use of gun locks in their homes; e) encouraging local projects to facilitate the low-cost distribution of gun locks in homes; f) encouraging physicians to become involved in local firearm safety classes as a means of promoting injury prevention and the public health; and g) encouraging CME providers to consider, as appropriate, inclusion of presentations about the prevention of gun violence in national, state, and local continuing medical education programs. 2. Our AMA supports initiatives to enhance access to mental and cognitive 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
societies and other interested stakeholders to identify and develop standardized approaches to mental health assessment for potential violent behavior.

Guns in Hospitals H-215.977
The policy of the AMA is to encourage hospitals to incorporate, within their security policies, specific provisions on the presence of firearms in the hospital. The AMA believes the following points merit attention: (1) Given that security needs stem from local conditions, firearm policies must be developed with the cooperation and collaboration of the medical staff, the hospital security staff, the hospital administration, other hospital staff representatives, legal counsel, and local law enforcement officials. Consultation with outside experts, including state and federal law enforcement agencies, or patient advocates may be warranted. (2) The development of these policies should begin with a careful needs assessment that addresses past issues as well as future needs. (3) Policies should, at minimum, address the following issues: a means of identification for all staff and visitors; restrictions on access to the hospital or units within the hospital, including the means of ingress and egress; changes in the physical layout of the facility that would improve security; the possible use of metal detectors; the use of monitoring equipment such as closed circuit television; the development of an emergency signaling system; signage for the facility regarding the possession of weapons; procedures to be followed when a weapon is discovered; and the means for securing or controlling weapons that may be brought into the facility, particularly those considered contraband but also those carried in by law enforcement personnel. (4) Once policies are developed, training should be provided to all members of the staff, with the level and type of training being related to the perceived risks of various units within the facility. Training to recognize and defuse potentially violent situations should be included. (5) Policies should undergo periodic reassessment and evaluation. (6) Firearm policies should incorporate a clear protocol for situations in which weapons are brought into the hospital.

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

HOD ACTION: Resolution 427 adopted as amended.
Resolution 427 asks that our American Medical Association support allocating community benefit dollars to cover the cost of enrolling patients in an in-person or virtual diabetes prevention program that is part of the Center for Disease Control and Prevention’s Diabetes Prevention Recognition Program; work with the American Hospital Association and other stakeholders to develop and disseminate a position paper with guidance for covering the costs of the Center for Disease Control and Prevention’s Diabetes Prevention Recognition Program with community benefit dollars; and encourage each state medical society to work with their respective hospitals and local Diabetes Prevention Program providers to offer the Center for Disease Control and Prevention’s Diabetes Prevention Recognition Program to patients.

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RESOLVED, That our American Medical Association advocate for appropriate nutritional support for all Flint residents people exposed to lead contaminated water with resulting elevated blood lead levels, but especially exposed pregnant women, lactating mothers and exposed children. That support should include Vitamin C, green leafy vegetables and other calcium resources so that their bodies will not be forced to substitute lead for missing
calcium as the children grow (New HOD Policy); and be it further

RECOMMENDATION C:

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

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

RECOMMENDATION D:

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

RECOMMENDATION E:

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

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

HOD ACTION: Resolution 428 adopted as amended with a change in title.

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

Testimony was largely supportive of Resolution 428. There was agreement regarding the need for ongoing monitoring of the health of the children in Flint. Your Reference Committee heard that Flint was the tip of the iceberg on lead drinking water exposure and that the resolution needs to be expanded to encompass all exposed to lead
contaminated water. Your Reference Committee recommends adoption as amended with a title change.

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

RECOMMENDATION:

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

HOD ACTION: Alternative Resolution 429 adopted in lieu of Resolution 429.

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

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

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

Resolution 429 asks that our American Medical Association adopt the following excerpted guidelines of the Safe Infant Sleeping Environment Guidelines adapted from the American Academy of Pediatrics and the Centers for Disease Control and Prevention (CDC), which read as follows: (1) “Avoid commercial devices marketed to reduce the risk of SIDS. These devices include wedges, positioners, special mattresses, and special sleep surfaces. There is no evidence that these devices reduce the risk of SIDS or suffocation or that they are safe” and (2) “Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising.”; advocate for the appropriate labeling of all infant sleep products that are not in compliance with the American Academy of Pediatrics and the CDC “Safe Infant Sleeping Environment Guidelines” to adequately warn consumers of the risks of product use. “Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising.”; and advocate on the state and federal level for the appropriate labeling of all infant sleep products that are not in compliance with the American Academy of Pediatrics and the CDC Safe Infant Sleeping Environment Guidelines to adequately warn consumers of the risks of product use.
Your Reference Committee heard testimony supportive of Resolution 429. Your Reference Committee felt that the language as proposed in the original resolution could be streamlined while still maintaining the intent of the original resolution, which was to support consumers’ awareness of the risks associated with the use of commercial devices marketed to reduce the risk of SIDS and Sudden Unexpected Infant Death. Since existing AMA policy does not address appropriate labeling of sleep products for infants, your Reference Committee recommends adoption of this resolution as amended.

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

RECOMMENDATION:

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

HOD ACTION: Resolution 417 referred.

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

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

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

RECOMMENDATION:

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

HOD ACTION: Resolution 421 not adopted.

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

Testimony was heard in strong opposition to this resolution, which has the practical effect of opposing the FDA’s regulatory authority over all tobacco products. The AMA
has strong policy in support of the FDA regulation of all tobacco products, including ENDS. In written testimony the FDA indicated that this resolution is based on inaccurate information regarding the pre-market tobacco application requirements and costs. According to the U.S. Preventive Services Task Force, there is insufficient evidence to recommend ENDS for tobacco cessation. Therefore, your Reference Committee recommends that Resolution 421 not be adopted.

(29) RESOLUTION 423 - CORE MEASURE FOR FLU VACCINATION

RECOMMENDATION:

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

HOD ACTION: Resolution 423 not adopted.

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

Your Reference Committee heard mixed testimony on this Resolution. Testimony from the Council on Science and Public Health noted that this would be a difficult issue for the AMA to study given that we do not have the appropriate data to conduct such a study. The Council also noted that a study was recently published in the Annals of Internal Medicine examining this issue, which found no strong evidence of increased risk for adverse outcomes in comparing patients who received vaccination during hospitalization and those who did not. Given that this issue has already been studied, your Reference Committee recommends that Resolution 423 not be adopted.
Madam Speaker, this concludes the report of Reference Committee D. I would like to thank Alisha Reiss, MD, Wayne C. Hardwick, MD, John Montgomery, MD, Shilpen A. Patel, MD, Nikita Consul, Leslie H. Secrest, MD, the staff of Reference Committee D, Andrea Garcia, Vanessa Salcedo, and Tanya Lopez, and all those who testified before the Committee.

Alisha Reiss, MD  
Ohio

Shilpen A. Patel, MD  
American Society for Radiation Oncology

Wayne C. Hardwick, MD  
Nevada

Nikita Consul  
New York

John Montgomery, MD  
Florida

Leslie H. Secrest, MD (Alternate)  
Texas

Michael D. Bishop, MD  
American College of Emergency Physicians  
Chair