

AMA-YPS Handbook Review: HOD Reference Committee D (public health)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomd.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
BOT Report 15: Tobacco Control Content in Electronic Health Records	The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 901 (I-08), and that the remainder of this report be filed. 1) That our American Medical Association encourage physicians to capture information from all their patients on tobacco use, secondhand smoke exposure, cessation interest, and past quit attempts. (New HOD Policy) 2) That our American Medical Association encourage the development of EHR systems that provide physicians with the ability to capture information on specific health behaviors deemed appropriate by the physician and that provide physicians the option to utilize automated reminders to benefit their patients. (New HOD Policy) Fiscal note: Less than \$500 to implement policy.	Support	Adopted
BOT Report 22: Annual Update on Activities and Progress in Tobacco Control: Feb. 2008 Through Feb. 2009	The Board of Trustees is taking steps to reduce the number of mandated, annual reports it prepares for the House of Delegates in order to reallocate staff to other activities. As a result, the Board of Trustees recommends that an informational report on tobacco be prepared to apprise the House of Delegates only when significant changes in tobacco use or policy occur. In order to achieve this, the Board of Trustees recommends that AMA Policy D-490.983 be rescinded, and that the remainder of this report be filed. Fiscal note: Total staff savings of \$2,100	Support	Not adopted
CSAPH Report 1: CSAPH's Sunset Review of 1999 House Directives and Policies	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 and the remainder of this report be filed. (Directive to Take Action) Fiscal Note: Less than \$500 to update policy	Support	Adopted
CSAPH Report 4: Appropriate Supplementation of Vitamin D	The Council on Science and Public Health recommends that the following statements be adopted in lieu of Resolution 425 (A-08) and the remainder of this report be filed: 1. That our American Medical Association (AMA) support continued research on vitamin D and its metabolites, particularly long-term studies that address adverse outcomes and potential confounders across all life stage groups. (Directive to Take Action) 2. That our AMA educate physicians about the evolving science of vitamin D and its impact on health and develop resources about vitamin D for patients. (Directive to Take Action) 3. That our AMA encourage physicians to consider measuring the serum concentration of 25-hydroxyvitamin D in patients at risk of vitamin D deficiency and counsel those with deficient or insufficient levels on ways to improve their vitamin D status. (New HOD Policy) 4. That our AMA monitor the development of new dietary references intakes for vitamin D in 2010 and respond as appropriate. (Directive to Take Action) Fiscal Note: \$ 3,500	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language
CSAPH Report 6: Use of Tasers by Law Enforcement Agencies	The Council on Science and Public Health recommends that the following statements be adopted in lieu of Resolution 401(A-08) and the remainder of the report be filed: 1. That our American Medical Association establish policy that law enforcement departments and agencies should have in place specific guidelines, rigorous training, and	Monitor	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-

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	<p>an accountability system for the use of conducted electrical devices (CEDs) that is modeled after available national guidelines. (New HOD Policy)</p> <p>2. That our AMA encourage additional independent research involving actual field deployment of CEDs to better understand the risks and benefits under conditions of actual use. Federal, state, and local agencies should accurately report and analyze the parameters of CED use in field applications. (Directive to Take Action)</p> <p>3. That our AMA establish policy that law enforcement departments and agencies have a standardized approach to the medical evaluation, management and post-exposure monitoring of subjects exposed to CEDs. (New HOD Policy)</p> <p>Fiscal Note: Less than \$500</p>		<p>ref-comm-d-annotated.pdf for exact language</p>
<p>CSAPH Report 7: An Updated Review of Sex Education Programs in the US</p>	<p>The Council on Science and Public Health recommends that the following statements be adopted in lieu of Substitute Resolution 409 (A-08), and the remainder of the report be filed:</p> <p>1. That our American Medical Association (AMA) recognize that increasing sexually transmitted disease (STD) and human immunodeficiency virus (HIV) transmission rates among youth, as well as a recent increase in the national teen pregnancy rate, indicate a gap in public health education and should be addressed; and that comprehensive-based sex education is currently the most effective strategy to address these public health problems. (New HOD Policy)</p> <p>2. That our AMA support the redirection of federal resources toward the development and dissemination of more comprehensive health and sex education programs that are shown to be efficacious by rigorous scientific methodology. This includes programs that include scientifically accurate education on abstinence in addition to contraception, condom use, and transmission of STDs and HIV. (New HOD Policy)</p> <p>3. That our AMA reaffirm Policies H-170.968, "Sexuality Education, Abstinence, and Distribution of Condoms in Schools," and H-170.977, "Comprehensive Health Education."(Reaffirm HOD Policy)</p> <p>Fiscal Note: < \$500</p>	<p>Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language</p>
<p>CSAPH Report 8: Sustainable Food</p>	<p>The Council on Science and Public Health recommends that the following statements be adopted in lieu of Resolution 405 (A-08) and that the remainder of this report be filed:</p> <p>1. That our American Medical Association (AMA) support practices and policies in medical schools, hospitals, and other health care facilities that support and model a healthy food system, which provides food and beverages of naturally high nutritional quality, is environmentally sustainable and economically viable, and supports human dignity and justice. (New HOD Policy)</p>	<p>Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language</p>

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	<p>2. That our AMA encourage the development of a healthier food system through the US Farm Bill and other federal legislation. (Directive to Take Action)</p> <p>3. That our AMA consider working with other health care and public health organizations to educate the health care community and the public about the importance of healthy and ecologically sustainable food systems. (Directive to Take Action)</p> <p>Fiscal Note: \$1,000</p>		
<p>Resolution 401: Lead Levels in Children (AACAP, APA, AAPL)</p>	<p>RESOLVED, That our American Medical Association Council on Science and Public Health review and update its 1994 report on children and lead (Directive to Take Action); and be it further</p> <p>RESOLVED, That our Council on Science and Public Health generate appropriate evidence-based recommendations regarding screening for lead (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA advocate for updated policies, procedures, and standards with respect to lead screening programs, consistent with current research and scientific knowledge. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,817.</p>	Support	Referred
<p>Resolution 402: Model Physician Health Programs Act (ACEP, ACR, ASA, CAP, AL, CA, PA)</p>	<p>RESOLVED, That our American Medical Association study the differences among physician health programs and their confidentiality safeguards and funding mechanisms, and report back at the 2010 Annual Meeting (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA review and update Policy H-275.964 "Impaired Physicians Practice Act" and model legislation regarding physician health programs to facilitate the enactment of legislative changes that would promote safe and effective utilization of physician health programs (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA educate members to help ensure they are fully knowledgeable about the purpose of physician health programs and the relationship that exists between the physician health program and the licensing authority in their state or territory. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$9,169 includes research and development of a CSAPH report.</p>	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language
<p>Resolution 403: Banning Tobacco Produce Sales in Pharmacies (CA)</p>	<p>RESOLVED, That our American Medical Association support prohibitions on the sale of tobacco products in any store that contains a pharmacy. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Support RECOMMENDED FOR REAFFIRMATION CALENDAR	Reaffirmed

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Resolution 404: Head Protection in Soccer (CA)	RESOLVED, That our American Medical Association recognize the problem of concussion and head injury in soccer (Directive to Take Action); and be it further RESOLVED, That our AMA encourage additional studies into the incidence of head injury in soccer and methods to reduce these injuries. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Substitute Resolution 404 adopted; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language
Resolution 405: Raising the Age of Alcohol Consumption in the Territory of Guam (Guam)	RESOLVED, That our American Medical Association endorse raising the age of legal alcohol consumption to 21 years on Guam to mirror the local federal military standard and to help reduce any future adverse social impact of the impending military build up by 8,000 Marines and 22,000 support staff relocating to the small Island of Guam. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Monitor/Support RECOMMENDED FOR REAFFIRMATION CONSENT CALENDAR	Reaffirmed
Resolution 406: Reducing Tobacco Consumption in the Territory of Guam (Guam)	RESOLVED, That our American Medical Association endorse the Guam Medical Society's efforts to have local legislation to sharply increase the Guam tobacco tax, which is the lowest in United States of America, in order to decrease the consumption of industrialized tobacco products. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language
Resolution 407: Health Food Pledge (IL)	RESOLVED, That our American Medical Association, encourage hospitals and other health care institutions to sign and support the Healthy Food in Health Care Pledge (Directive to Take Action); and be it further RESOLVED, That our AMA, to the best of its ability, work to secure food for professional meetings consistent with this pledge, while taking into account food availability and economic feasibility. (Directive to Take Action) This resolution relies heavily on materials written and developed by Jamie Harvie, PE from a paper presented by The Center for Health Design® and Health Care Without Harm at a conference sponsored by the Robert Wood Johnson Foundation, September 2006. www.healthdesign.org . Fiscal Note: Staff cost estimated at less than \$500 to implement.	Monitor	Not adopted
Resolution 408: The Physician's Obligation to Identify and Treat Prenatal and Perinatal Addiction (IL)	RESOLVED, That our American Medical Association, through its communication vehicles, encourage all physicians to increase their knowledge regarding the effects of drug and alcohol abuse during pregnancy and to communicate that information to women of reproductive age pre-conception (Directive to Take Action); and be it further	Support RECOMMENDED FOR REAFFIRMATION	Reaffirmed

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	<p>RESOLVED, That our AMA encourage physicians to routinely inquire about alcohol, tobacco and drug use during the course of providing prenatal care (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage physicians to identify alcohol, tobacco, and drug use in their pregnant patients and provide them with treatment options best suited to their needs (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA collaborate with health partners across the country to study the prevalence and benefits of implementing a simple screening process. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated cost of \$10,721 which includes staff time and costs for approximately 2 meetings of appropriate stakeholders to survey current screening procedures, evaluate the benefits of implementing standard screening, and make recommendations.</p>	<p>CONSENT CALENDAR</p>	
<p>Resolution 409: Guiding Principles for Eliminating Racial and Ethnic Health Care Disparities (MAC, IMG, NMA)</p>	<p>RESOLVED, That our American Medical Association adopt the Guiding Principles document of the Commission to End Health Care Disparities as AMA policy (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA, in collaboration with the National Medical Association and the National Hispanic Medical Association, distribute these guiding principles to all members of the federation and encourage them to adopt and use these principles when addressing policies focused on racial and ethnic health care disparities (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA shall work with the Commission to End Health Care Disparities to develop a national repository of state and specialty society policies, programs and other actions focused on studying, reducing and eliminating racial and ethnic health care disparities. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	<p>Support</p>	<p>Adopted</p>
<p>Resolution 410: Hispanic Population and Access to the US Healthcare System (MAC)</p>	<p>RESOLVED, That our American Medical Association encourage promotion of educational information in Spanish and assistance in listing media resources to help care for this growing population with regards to preventative medicine and disease management (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA continue to encourage and promote physicians to go to federally designated health shortage areas to increase the pool of physicians to care for the Hispanic population and encourage physicians to become more involved in the Hispanic community in their areas. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	<p>Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language</p>

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<p>Resolution 411: Reduction or Elimination of Gun Violence in the Mass Media (MD)</p>	<p>RESOLVED, That our American Medical Association ask the Council on Science and Public Health to evaluate the feasibility and value of pursuing a multi-media campaign with the AMA Alliance and AMA Foundation to promote the reduction, and/or elimination, of gratuitous gun violence in the media as well as portraying the devastating consequences of gratuitous gun violence in films, and undertake an initiative calling for the popular media to portray responsible gun ownership and advertise this initiative in theaters, and portray leading characters demonstrating this behavior. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$2,718.</p>	<p>Monitor</p> <p>RECOMMENDED FOR REAFFIRMATION CONSENT CALENDAR</p>	<p>Referred</p>
<p>Resolution 412: Obesity as a Disability (MI)</p>	<p>RESOLVED, That our American Medical Association not support the effort to make obesity a disability. (New HOD Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	<p>Monitor</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language</p>
<p>Resolution 413: Support of Nutrition Labeling in Restaurants (MO)</p>	<p>RESOLVED, That our American Medical Association work with medical societies, the restaurant industry, and other interested parties to create a method for displaying nutritional information on restaurant menus and menu boards for all food and beverage items. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	<p>Support</p>	<p>Reaffirmed</p>
<p>Resolution 414: Physician-Assisted Regulation of Firearm Access by Suicidal Patients (MSS)</p>	<p>RESOLVED, That our American Medical Association complete a comprehensive study of the following issues with report back at the 2009 Interim Meeting:</p> <ol style="list-style-type: none"> 1. The current role of physician-assisted regulation of firearm access by suicidal patients in all 50 states; 2. The variation among states in communication between physicians and local authorities in relation to the regulation of firearm access for patients who pose harm to themselves and to others; 3. The impact of physician-assisted regulation of firearm access in states where there is already a legally prescribed role for physicians in regulating their suicidal patients' access to firearms; 4. Patient privacy concerns surrounding physician-assisted regulation of firearms; and 5. The best way to increase the physician's role in minimizing the potential harm of firearms to at-risk patients. (Directive to Take Action) <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,804 to research and generate CSAPH report.</p>	<p>Support</p>	<p>Referred</p>

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Resolution 415: Promoting Physician Awareness of the Correlation Between Domestic Violence and Child Abuse (MSS)	RESOLVED, That our American Medical Association work with members of the Federation of Medicine and other appropriate organizations to educate physicians on (1) the relationship between domestic violence and child abuse and (2) the appropriate role of the physician in treating patients when domestic violence and/or child abuse are suspected. (Directive to Take Action) Fiscal note: Implement accordingly at estimated staff cost of \$4,592 to format and post existing educational materials on the AMA Web site and complete CSAPH Report for the 2009 Interim Meeting.	Monitor/Support	Adopted
Resolution 416: Support of Calorie Labeling in Restaurants (NE, MN, SD)	RESOLVED, That our American Medical Association work with all state medical associations, state restaurant associations, state departments of health, and other interested parties, to create a method for displaying calories on restaurant menus and menu boards for all food and beverage items. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Reaffirmed
Resolution 417: Secondhand Smoke (OK)	RESOLVED, That our American Medical Association urge the President of the United States to issue an Executive Order making all federal workplaces, including buildings and campuses, entirely smoke free and urge its federation members to do the same. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.	Support	Adopted
Resolution 418: Support of Calorie Labeling in Restaurants (RFS)	RESOLVED, That our American Medical Association work with state medical associations, state restaurant associations, state departments of health, and other interested parties to create a method for displaying nutritional information on restaurant menus and menu boards for all food and beverage items. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Reaffirmed
Resolution 419: Oppose Sale of Tobacco Products in Pharmacies (AmAssocPublicHealth Phys)	RESOLVED, That our American Medical Association specifically and publicly oppose the sale and marketing of tobacco products including cigarettes in a pharmacy (Directive to Take Action); and be it further RESOLVED, That our AMA communicate with appropriate federal agencies including the Bureau of Alcohol, Tobacco and Firearms, many public health groups, various pharmacy trade groups and media outlets seeking their help in removing tobacco products including cigarettes from the pharmacy shelves (Directive to Take Action); and be it further RESOLVED, That our AMA study the feasibility of introduction and support of such federal legislation as would ban sale of tobacco products including cigarettes in pharmacies across the country and report back to the AMA HOD at the 2010 Annual Meeting. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$4,365.	Support	Substitute Resolution 419 adopted in lieu of Resolution 423; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language

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<p>Resolution 420: Study of Appropriate Use of Electronic Cigarettes in Smoking Cessation Programs (AmAssocPublicHealth Phys)</p>	<p>RESOLVED, That our American Medical Association Council on Science and Public Health study the available evidence and develop recommendations for our profession on appropriate use of electronic cigarettes in smoking cessation programs, with a report back at the 2010 Annual Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$3,813.</p>	Monitor	Adopted
<p>Resolution 421: Strengthen State and Local Health Department Pandemic Response Capacity (AmAssocPublicHealth Phys)</p>	<p>RESOLVED, That our American Medical Association urge the Centers for Disease Control and Prevention to urgently assess, in collaboration with the leadership of state and local health departments and the national organizations representing them, the funding, staffing, vaccine, drug and data management capacity to prepare for and respond to a potential influenza pandemic as early as this coming fall of 2009 (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA urge President Obama and the Congress to take rapid action to provide dollars and other resources necessary to bolster the capacity of various state and local health departments to prepare and respond effectively and timely to protect the population we serve from expected disease and deaths due to a potential influenza pandemic this year and in future years. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Support	Substitute Resolution 421 adopted; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language
<p>Resolution 422: Preventing Suicide in Physicians (AmPsychAssoc, AmAcadChildPsych, AmAcadPsych&Law)</p>	<p>RESOLVED, That our American Medical Association collaborate with appropriate state and specialty societies to prepare an updated review of the literature on the incidence and risk factors of suicide by physicians and medical students (Directive to Take Action); and be it further</p> <p>RESOLVED, That such a study of suicide by physicians and medical trainees include specific recommendations designed to reduce the incidence of suicide by physicians at all stages of training and practice. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,938.</p>	Support	Adopted
<p>Resolution 423: Ban Tobacco Sales in Pharmacies (NJ)</p>	<p>RESOLVED, That our American Medical Association lobby Congress to pass legislation to accomplish the goal of banning tobacco sales in pharmacies nationwide. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$5,000.</p>	Support	Substitute Resolution 419 adopted in lieu of Resolution 423; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language

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<p>Resolution 424: Instructional Resources on Epidemic and Pandemic Flu for Medical Office Staffs (NJ)</p>	<p>RESOLVED, That our American Medical Association provide or obtain instructional resources on procedures to follow and solutions to foreseeable problems during a flu epidemic or pandemic for medical office staffs in ambulatory care settings. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated cost of \$87,258 which includes professional fees and printing and production.</p>	<p>Monitor/Support</p>	<p>Substitute Resolution 424 adopted; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language</p>
<p>Resolution 425: Support of a National HIV/AIDS Strategy (NY)</p>	<p>RESOLVED, That our American Medical Association support the creation of a National HIV/AIDS strategy (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA to support the following guiding principles as outlined by the Coalition for a National AIDS Strategy:</p> <ul style="list-style-type: none"> - Improve prevention, care, and treatment outcomes through reliance on evidence-based programming; - Set ambitious and credible prevention, care, and treatment targets and require annual reporting on progress toward goals; - Identify clear priorities for action across federal agencies and assign responsibilities, timelines, and follow-through; - Include, as a primary focus, the prevention and treatment needs of African Americans and other communities of color, women of color, men who have sex with men of all races and ethnicities, and other groups at elevated risk for HIV; - Address social, economic, and structural factors that increase vulnerability to HIV infection; - Promote a strengthened and more highly coordinated HIV prevention and treatment research effort; and - Involve many sectors in developing the Strategy, including government, business, community, civil rights organizations, faith-based groups, researchers, and people living with HIV/AIDS (New HOD Policy); and be it further <p>RESOLVED, That our AMA to work with the White House Office of National AIDS Policy and other relevant bodies to develop a National HIV/AIDS strategy. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated cost of \$8,950 for travel, meetings, and staff time.</p>	<p>Support</p>	<p>Substitute Resolution 425 adopted; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-d-annotated.pdf for exact language</p>