Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE**

1. Resolution 407 – SNAP Reform to Improve Health and Combat Food Deserts

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

2. Council on Science and Public Health Report 3 – Strategies to Reduce the Consumption of Beverages with Added Sweeteners
3. Resolution 401 – Use of Phrase "Gun Violence Mitigation" in Lieu of "Gun Control"
4. Resolution 402 – Destigmatizing Obesity
5. Resolution 404 – Support for Standardized Diagnosis and Treatment of Hepatitis C Virus in the Population of Incarcerated Persons
6. Resolution 405 – Decreasing Screen Time and Increasing Outdoor Activity to Offset Myopia Onset and Progression in School Children
7. Resolution 406 – Healthful Hospital Foods
8. Resolution 408 – Increased Oversight of Suicide Prevention Training for Correctional Facility Staff
9. Resolution 410 – Improving Access to Direct Acting Antivirals for Hepatitis C-Infected Individuals
10. Resolution 411 – Preserving Vaccine Policy in the United States
11. Resolution 420 – Evidenced-Based Vaccination Recommendations
13. Resolution 413 – Ocular Burns from Liquid Laundry Packets
14. Resolution 414 – Imposing Taxes on Sugar-Sweetened Beverages
15. Resolution 415 – Food Bank and Pantry Distribution of Nutrient-Dense Foods
16. Resolution 418 – Policy on Quarantine
17. Resolution 419 – Improving Physicians’ Ability to Discuss Firearm Safety

**RECOMMENDED FOR REFERRAL**

18. Resolution 416 – Policy and Economic Support for Early Child Care

**RECOMMENDED FOR REFERRAL FOR DECISION**

19. Resolution 409 – Pediatric/Adolescent Informed Consent Concussion Discussion
20. Resolution 417 – Mandatory Public Health Reporting of Law-Enforcement-Related Injuries and Death
RECOMMENDED FOR REAFFIRMATION IN LIEU OF

(1) RESOLUTION 407 - SNAP REFORM TO IMPROVE HEALTH AND COMBAT FOOD DESERTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 407 be adopted.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the title of Resolution 407 be changed.

SNAP REFORM TO IMPROVE ACCESS TO HEALTHFUL FOODS

Resolution 407 asks that our American Medical Association request that the federal government support Supplemental Nutrition Assistance Program (SNAP) initiatives to: (1) incentivize healthful foods and disincentivize or eliminate unhealthful foods and (2) harmonize SNAP food offerings with those of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Your Reference Committee heard testimony in support of Resolution 407. Your Reference Committee also heard a concern that there is no universally accepted definition of “healthful foods”, and that increasing complexity in incentives might reduce the number of retailers accepting SNAP. However, given the important role of poor diet in obesity, diabetes, cardiovascular and other diseases, and data suggesting that SNAP recipients do not consistently purchase healthful foods, incentives are thought necessary to ensure that merchants frequented by SNAP recipients stock healthful foods and reduce the availability of unhealthful foods. Therefore, your Reference Committee recommends that Resolution 407 be adopted and that the title be changed to more accurately reflect the intent.

(2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 3 - STRATEGIES TO REDUCE THE CONSUMPTION OF BEVERAGES WITH ADDED SWEETENERS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the third Recommendation of Council on Science and Public Health Report 3 be amended by addition, to read as follows:

That our AMA encourage hospitals and medical facilities to offer healthier beverages, such as water, unflavored milk, coffee, and unsweetened tea, for purchase in place of SSBs and apply calorie counts for beverages in vending machines to be visible next to the price. (New HOD Policy)
RECOMMENDATION B:

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

Council on Science and Public Health Report 3 reviews the evidence to support strategies to reduce the consumption of beverages with added sweeteners. It recommends that our AMA: (1) acknowledge the adverse health impacts of sugar-sweetened beverage (SSB) consumption, and support evidence-based strategies to reduce the consumption of SSBs, including but not limited to, excise taxes on SSBs, removing options to purchase SSBs in primary and secondary schools, the use of warning labels to inform consumers about the health consequences of SSB consumption, and the use of plain packaging; (2) encourage continued research into strategies that may be effective in limiting SSB consumption, such as controlling portion sizes; limiting options to purchase or access SSBs in early childcare settings, workplaces, and public venues; restrictions on marketing SSBs to children; and changes to the agricultural subsidies system; (3) encourage hospitals and medical facilities to offer healthier beverages, such as water, unflavored milk, coffee, and unsweetened tea, for purchase in place of SSBs; (4) encourage physicians to (a) counsel their patients about the health consequences of SSB consumption and replacing SSBs with healthier beverage choices, as recommended by professional society clinical guidelines; and (b) work with local school districts to promote healthy beverage choices for students. That Policy H-150.933, “Taxes on Beverages with Added Sweeteners,” which encourages consumer education about SSBs, encourages SSB tax revenues to be used for obesity prevention, and advocates for continued research into the potentially adverse effects of consumption of non-calorically sweetened beverages, be reaffirmed. In addition, it recommends that Policy H-150.960, “Improving Nutritional Value of Snack Foods Available in Primary and Secondary Schools,” be amended by addition and deletion to read as follows:

H-150.960, Improving Nutritional Value of Snack Foods Available in Primary and Secondary Schools
The AMA supports the position that primary and secondary schools should follow federal nutrition standards that replace foods in vending machines and snack bars, which are of low nutritional value and are high in fat, salt and/or sugar, including sugar-sweetened beverages, with healthier food and beverage choices that contribute to the nutritional needs of the students.

Furthermore, that Policy H-150.944, “Combating Obesity and Health Disparities,” be amended by addition and deletion to read as follows:

H-150.944, Combating Obesity and Health Disparities
Our AMA supports efforts to: (1) reduce health disparities by basing food assistance programs on the health needs of their constituents; (2) provide vegetables, fruits, legumes, grains, vegetarian foods, and healthful dairy and nondairy beverages in school lunches and food assistance programs; and (3) ensure that federal subsidies encourage the consumption of products foods and beverages low in fat, added sugars, and cholesterol.

The Council was congratulated for its thoughtful review of strategies to reduce the consumption of beverages with added sweeteners. Testimony was mostly in favor of the report’s recommendations. Several amendments were proposed. Your Reference Committee felt that the amendments that related to healthy food were outside the scope of this report. A suggestion to eliminate free refills sounded promising; however, it is not supported by scientific evidence.
and implementation would be difficult. Your Reference Committee did agree that calorie counts should be visible for beverages sold in vending machines. Therefore, your Reference Committee recommends that the report’s recommendation be adopted as amended.

(3) RESOLUTION 401 – USE OF PHRASE “GUN VIOLENCE MITIGATION” IN LIEU OF “GUN CONTROL”

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the title of Policy H-145.991 be changed to read as follows:

H-145.991 Gun Control Waiting Periods for Firearm Purchases


RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Policy H-145.999 be amended by deletion to read as follows:

H-145.999 Gun Regulation


RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that amended Policies H-145.991 and H-145.999 be adopted in lieu of Resolution 401.

Resolution 401 asks that our American Medical Association employ in all official AMA actions, policies and public statements, the phrase “gun violence mitigation” in lieu of “gun control” when referencing gun violence reduction laws/legislation and related initiatives.

Your Reference Committee heard testimony in support of this Resolution. Recent policies and public statements made by the AMA on this issue have not utilized the terms “gun control.” Your Reference Committee agreed that use of the term “gun violence mitigation” may not always be
an appropriate substitute for “gun control,” particularly in discussions around firearm safety. While there was support in the hearing for the use of the term “gun violence prevention,” your Reference Committee did not feel it was helpful to require use of this term in all policies and public statements. Since policies that originated in the 1980s utilize the terms “gun control,” your Reference Committee felt that updating these policies to reflect modern terminology in lieu of Resolution 401 was warranted.

(4) RESOLUTION 402 - DESTIGMATIZING OBESITY

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 402 be amended by addition and deletion, to read as follows:

RESOLVED, That our American Medical Association require encourage the use of patient-person-first language (patients with obesity, patients affected by obesity) in all discussions, resolutions and reports regarding obesity (New HOD Policy); and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the fourth Resolve of Resolution 402 be deleted.

RESOLVED, That our AMA study other diseases and conditions that may benefit from patient-first language, and report back with recommendations on preferred language for these diseases and conditions. (Directive to Take Action)

RECOMMENDATION C:

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

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Policy H-440.902 Obesity as a Major Health Concern be amended by addition and deletion, to read as follows:

The AMA: (1) recognizes obesity in children and adults as a major public health problem; (2) will study the medical, psychological and socioeconomic issues associated with obesity, including reimbursement for evaluation and management of obese patients with obesity; (3) will work with other professional medical organizations, and other public and private organizations to develop evidence-based recommendations regarding education, prevention, and treatment of obesity; (4) recognizes that racial and
ethnic disparities exist in the prevalence of obesity and diet-related diseases such as coronary heart disease, cancer, stroke, and diabetes and recommends that physicians use culturally responsive care to improve the treatment and management of obesity and diet-related diseases in minority populations; and (5) supports the use of cultural and socioeconomic considerations in all nutritional and dietary research and guidelines in order to treat patients affected by obesity, overweight, and obese patients.

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends that amended Policy H-440.902 be adopted as amended.

RECOMMENDATION F:

Madam Speaker, your Reference Committee recommends that the title of Resolution 402 be changed.

PERSON-FIRST LANGUAGE FOR OBESITY

Resolution 402 asks that our American Medical Association: (1) require the use of patient-first language (patients with obesity, patients affected by obesity) in all discussions, resolutions and reports regarding obesity; (2) encourage the use of preferred terms in discussions, resolutions and reports regarding patients affected by obesity including weight and unhealthy weight, and discourage the use of stigmatizing terms including obese, morbidly obese, and fat; (3) educate health care providers on the importance of patient-first language for treating patients with obesity; equipping their health care facilities with proper sized furniture, medical equipment and gowns for patients with obesity; and having patients weighed respectfully; and (4) study other diseases and conditions that may benefit from patient-first language, and report back with recommendations on preferred language for these diseases and conditions.

Your Reference Committee heard testimony in support this Resolution and on the importance of using sensitive language with patients. It was noted that while the resolution states “patient-first,” the common vernacular is “person-first.” The Council on Science and Public Health testified that the AMA Manual of Style already encourages the use of person-first language. Your Reference Committee felt that having our AMA conduct a study on the issue would not be worthwhile. Your Reference Committee recommends adoption of Resolution 402 as amended, and that existing obesity policy be amended to incorporate person-first language.

(5) RESOLUTION 404 - SUPPORT FOR STANDARDIZED DIAGNOSIS AND TREATMENT OF HEPATITIS C VIRUS IN THE POPULATION OF INCARCERATED PERSONS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that second Resolve of Resolution 404 be amended by addition and deletion, to read as follows:
RESOLVED, That our AMA advocate for the initiation of treatment for HCV when appropriate in all incarcerated patients with the disease—infected who are seeking treatment (New HOD Policy);

RECOMMENDATION B:

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

Resolution 404 asks that our American Medical Association: (1) support the implementation of routine screening for Hepatitis C virus (HCV) in prisons; (2) advocate for the initiation of treatment for HCV in all incarcerated patients with the disease and seeking treatment; and (3) support negotiation for affordable pricing for therapies to treat and cure HCV among correctional facility health care providers, correctional facility health care payors, and drug companies to maximize access to these disease-altering medications.

Your Reference Committee heard supportive testimony on the issue of treatment of patients with HCV in prisons. While testimony unanimously supported the screening of incarcerated patients and the need for affordable pricing for HCV treatment, some testimony illuminated that many factors can impact a patient’s ability to complete treatment while in prison (e.g., medical necessity, potential release date, patient refusal, unstable clinical conditions) as well as outside of prison upon release (e.g., access to care, cost, contraindications). Your Reference Committee is sensitive to the needs of this population and therefore recommends adoption of this resolution as amended.

RESOLUTION 405 - DECREASING SCREEN TIME AND INCREASING OUTDOOR ACTIVITY TO OFFSET MYOPIA ONSET AND PROGRESSION IN SCHOOL CHILDREN

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the following resolution be adopted in lieu of Resolution 405.

INCREASING OUTDOOR ACTIVITY TO PREVENT MYOPIA ONSET AND PROGRESSION IN SCHOOL CHILDREN

RESOLVED, That our American Medical Association support efforts to increase outdoor time and promote other activities that have been demonstrated to reduce the progression of myopia in children. (New HOD Policy)

Resolution 405 asks that our American Medical Association support the efforts of the American Academy of Pediatrics and American Academy of Ophthalmology to educate, promote public awareness, and promote guidelines to reduce the incidence and burdens of myopia to physicians, public health agencies and schools.
Your Reference Committee heard limited testimony in favor of increasing outdoor activity to prevent myopia onset and progression in school children. Testimony also indicated that there presently was no conclusive evidence linking screen time to myopia. It was also recommended that language related to specific medical societies be limited in the resolution. Your Reference Committee agrees and recommends adoption of this alternative language in lieu of 405.

(7) RESOLUTION 406 - HEALTHFUL HOSPITAL FOODS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 407 be amended by addition and deletion, to read as follows:

RESOLVED, That our American Medical Association hereby call on US hospitals to improve the health of patients, staff, and visitors by (1) providing a variety of healthful food, including and promoting plant-based meals, and meals that are low in fat, sodium, and added sugars for hospital patients, staff, and visitors, and (2) eliminating the use of processed meats from patient menus, and (3) providing and promoting healthful beverages. (Directive to Take Action)

RECOMMENDATION B:

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

Resolution 406 asks that our American Medical Association hereby call on U.S. hospitals to improve the health of patients, staff, and visitors by (1) providing and promoting plant-based meals that are low in fat, sodium, and added sugars for hospital patients, staff, and visitors and (2) eliminating the use of processed meats from patient menus.

Your Reference Committee heard testimony in support of this Resolution, which noted the importance of hospitals serving as models of wellness in the nourishment that they provide to all. While testimony noted specifics such as the different forms of protein in a healthy diet, the limitations of a plant-based diet for some people, and the value of lean meat versus processed meat, your Reference Committee decided to keep the resolution broad in order to strengthen the intent. Your Reference Committee recommends adoption of this resolution as amended.

(8) RESOLUTION 408 - INCREASED OVERSIGHT OF SUICIDE PREVENTION TRAINING FOR CORRECTIONAL FACILITY STAFF

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 408 be amended by addition and deletion, to read as follows:
RESOLVED, That our American Medical Association strongly encourage all state and local adult and juvenile correctional facilities to develop a suicide prevention plan that meets current National Commission on Correctional Health Care guidelines standards for accreditation (New HOD Policy); and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 408 be amended by addition, to read as follows:

RESOLVED, That our AMA strongly encourage all state and local adult and juvenile correctional facility officers to undergo suicide prevention training annually. (New HOD Policy)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 408 be adopted as amended.

Resolution 408 asks that our American Medical Association: (1) strongly encourage all state and local correctional facilities to develop a suicide prevention plan that meets current National Commission on Correctional Health Care guidelines and (2) strongly encourage all state and local correctional facility officers to undergo suicide prevention training annually.

Your Reference Committee heard testimony unanimously supportive of Resolution 408. Testimony was also given in support of finding ways to improve access to mental health services in rural areas. An amendment was offered to specify that this policy should apply to both juvenile and adult facilities, your Reference Committee agrees. Given the high prevalence of suicide in correctional facilities, your Reference Committee supports the development of suicide prevention plans and officer training and thus recommends adoption as amended.

(9) RESOLUTION 410 - IMPROVING ACCESS TO DIRECT ACTING ANTIVIRALS FOR HEPATITIS C-INFECTED INDIVIDUALS

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association amend current Policy H-440.845 by addition to read as follows:

H-440.845, Advocacy for Hepatitis C Virus Education, Prevention, Screening and Treatment

Our AMA will: (1) encourage the adoption of birth year-based screening practices for hepatitis C, in alignment with
Centers for Disease Control and Prevention (CDC) recommendations; (2) encourage the CDC and state Departments of Public Health to develop and coordinate Hepatitis C Virus infection educational and prevention efforts; (3) support hepatitis C virus (HCV) prevention, screening, and treatment programs that are targeted toward maximum public health benefit; (4) support educational programs aimed at training primary care providers in the treatment and management of patients infected with HCV; (4) (5) support adequate funding by, and negotiation for affordable pricing for HCV antiviral treatments between, the government, insurance companies, and other third party payers, so that all Americans for whom HCV treatment would have a substantial proven benefit will be able to receive this treatment; and (5) (6) recognize correctional physicians, and physicians in other public health settings, as key stakeholders in the development of HCV treatment guidelines; and (7) encourage equitable reimbursement for those providing treatment.

RECOMMENDATION B:

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

Resolution 410 asks that our American Medical Association amend current Policy H-440.845 by addition to read as follows:

H-440.845, Advocacy for Hepatitis C Virus Education, Prevention, Screening and Treatment
Our AMA will: (1) encourage the adoption of birth year-based screening practices for hepatitis C, in alignment with Centers for Disease Control and Prevention (CDC) recommendations; (2) encourage the CDC and state Departments of Public Health to develop and coordinate Hepatitis C Virus infection educational and prevention efforts; (3) support hepatitis C virus (HCV) prevention, screening, and treatment programs that are targeted toward maximum public health benefit; (4) support educational programs aimed at training primary care providers in the treatment and management of patients infected with HCV; (4) (5) support adequate funding by, and negotiation for affordable pricing for HCV antiviral treatments between, the government, insurance companies and other third party payers, so that all Americans for whom HCV treatment would have a substantial proven benefit will be able to receive this treatment; and (5) (6) recognize correctional physicians, and physicians in other public health settings, as key stakeholders in the development of HCV treatment guidelines.

Your Reference Committee heard testimony in support of this resolution as well as the amendments offered. While some testimony noted concern regarding price negotiation, you Reference Committee felt that it should be handled separately. Your Reference Committee recommends adoption of this resolution with the incorporation of the amendments.
(10) RESOLUTION 411 - PRESERVING VACCINE POLICY IN THE UNITED STATES
RESOLUTION 420 – EVIDENCED-BASED VACCINATION RECOMMENDATIONS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the following Resolution be adopted in lieu of Resolutions 411 and 420.

VACCINE SAFETY

RESOLVED, that our American Medical Association: (1) supports the rigorous scientific process of the Advisory Committee on Immunization Practices as well as its development of recommended immunization schedules for the nation, (2) recognizes the substantial body of scientific evidence that has disproven a link between vaccines and autism, and (3) opposes the creation of a new federal commission on vaccine safety whose task is to study an association between autism and vaccines.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Policies H-440.830 and H-440.875 be reaffirmed.

Resolution 411 asks that our American Medical Association: (1) support evidence that vaccines are an effective mechanism for controlling communicable disease and protecting public health; (2) continue to support vaccine guidance that is evidence-based; and (3) oppose the creation of a new federal commission on vaccine safety whose task is to study an association between autism and vaccines.

Resolution 420 asks that our American Medical Association: (1) supports the rigorous scientific process of the ACIP and, encourages education of parents and patients on the safety, risks, and benefits of vaccination and (2) shall support both national and state scientifically-based policies that promote the safety of vaccinations and effectively serve to increase the number of individuals vaccinated against communicable diseases.

Your Reference Committee heard testimony in support of both Resolutions 411 and 420. The AMA already has strong policy in support of vaccine safety and efficacy and this existing policy was utilized in developing the AMA’s media statement in opposition to the reported creation of a federal commission on vaccine safety. Your Reference Committee believes it is beneficial to adopt policy in support of the ACIP and in opposition to the creation of a federal commission to study the association between autism and vaccines. Therefore, your Reference Committee recommends adopting this alternate language in lieu of Resolutions 411 and 420. Your Reference Committee also recommends reaffirming existing policy on vaccine safety.

H-440.830 Education and Public Awareness on Vaccine Safety and Efficacy
Our AMA (1) encourages the development and dissemination of evidence-based public awareness campaigns aimed at increasing vaccination rates; (2) encourages the development
of educational materials that can be distributed to patients and their families clearly articulating the benefits of immunizations and highlighting the exemplary safety record of vaccines; (3) supports the development and evaluation, in collaboration with health care providers, of evidence-based educational resources to assist parents in educating and encouraging other parents who may be reluctant to vaccinate their children; (4) encourages physicians and state and local medical associations to work with public health officials to inform those who object to immunizations about the benefits of vaccinations and the risks to their own health and that of the general public if they refuse to accept them; (5) will promote the safety and efficacy of vaccines while rejecting claims that have no foundation in science; and (6) will continue its ongoing efforts with other immunization advocacy organizations to assist physicians and other health care professionals in effectively communicating to patients, parents, policy makers, and the media that vaccines do not cause autism and that decreasing immunization rates have resulted in a resurgence of vaccine-preventable diseases and deaths.

H-440.875 Assuring Access to ACIP/AAFP/AAP-Recommended Vaccines

1. It is AMA policy that all persons, regardless of economic and insurance status, receive all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines as soon as possible following publication of these recommendations in the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR). 2. Our AMA will continue to work with the federal government, Congress, and other stakeholders to improve liability protection for vaccine manufacturers and health care professionals who provide immunization services and to examine and improve compensation mechanisms for patients who were legitimately injured by a vaccine. 3. Our AMA will continue to work with the federal government, Congress, and other appropriate stakeholders to enhance public opinion of vaccines and to monitor and ensure the continued safety of existing and newly approved vaccines (including providing adequate resources for post-approval surveillance) so as to maintain and improve public confidence in the safety of vaccines. 4. Our AMA will work with appropriate stakeholders, including vaccine manufacturers, vaccine distributors, the federal government, medical specialty societies, and third party payers, to guarantee a robust vaccine delivery infrastructure (including but not limited to, the research and development of new vaccines, the ability to track the real-time supply status of ACIP-recommended vaccines, and the timely distribution of ACIP-recommended vaccines to providers). 5. Our AMA will work with appropriate federal and state agencies and private sector entities to ensure that state Medicaid agencies and private insurance plans pay health care professionals at least the approved Relative Value Unit (RVU) administration Medicare rates for payment when they administer ACIP-recommended vaccines. 6. Our AMA will work with the Centers for Medicare and Medicaid Services (CMS) to address barriers associated with Medicare recipients receiving live zoster vaccine and the routine boosters Td and Tdap in physicians' offices. 7. Our AMA will work through appropriate state entities to ensure all health insurance plans rapidly include newly ACIP-recommended vaccines in their list of covered benefits, and to pay health care professionals fairly for the purchase and administration of ACIP-recommended vaccines. 8. Our AMA will urge Medicare to include Tdap (Tetanus, Diphtheria, Acellular Pertussis) under Medicare Part B as a national public health measure to help prevent the spread of Pertussis. 9. Until compliance of AMA Policy H-440.875(6) is actualized to the AMA's satisfaction regarding the tetanus vaccine, our AMA will aggressively petition CMS to include tetanus and Tdap at both the "Welcome to Medicare" and Annual Medicare Wellness visits, and other clinically appropriate encounters, as additional "triggering event codes" (using the AT or another modifier) that allow for coverage and payment of vaccines to Medicare recipients. 10. Our AMA will aggressively petition CMS to include coverage and payment for any vaccinations administered to Medicare patients that are recommended by the ACIP, the US Preventive Services Task Force (USPSTF), or based on prevailing preventive clinical health guidelines.
(11) RESOLUTION 412 - DOMESTIC WATER TESTING FOR LEAD TOXIC KIDS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the following Resolution be **adopted in lieu of** Resolution 412.

ENVIRONMENTAL ASSESSMENTS FOR CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

RESOLVED, That our American Medical Association supports requiring an environmental assessment of dwellings, residential buildings, or child care facilities following the notification that a child occupant or frequent inhabitant has a confirmed elevated blood lead level, to determine the potential source of lead poisoning, including testing the water supply. (New HOD Policy)

Resolution 412 asks that our American Medical Association advocate for the health of children via modification of current U.S. health law to include mandatory domestic water lead testing for proven cases of lead poisoning.

Your Reference Committee heard testimony largely in support of this resolution. The Council on Science and Public Health testified that there are multiple possible sources of lead poisoning, and that mandating the testing of water may not identify the source. There was broad support for the language offered by the Council. Your Reference Committee also agrees with the Council’s recommendation to require that a complete environmental assessment be conducted on dwellings or child care facilities when a child is determined to have an elevated blood lead level to determine any potential source of lead.

(12) RESOLUTION 413 - OCULAR BURNS FROM LIQUID LAUNDRY PACKETS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 413 be **amended by addition** to read as follows:

RESOLVED, That our American Medical Association **encourage the Consumer Product Safety Commission in conjunction with the American Association of Poison Control Centers to study the impact of “F3159-15 - Consumer Safety Specification for Liquid Laundry Packets” to ensure that the voluntary ASTM standard adequately protects children from injury, including eye injury.** (Directive to Take Action)
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 413 be adopted as amended.

Resolution 413 asks that our American Medical Association study the impact of “F3159-15 - Consumer Safety Specification for Liquid Laundry Packets” to ensure that the voluntary ASTM standard adequately protects children from injury, including eye injury.

Limited testimony was heard in support of this Resolution. The Council on Science and Public Health testified that obtaining the data to complete this study would be difficult and suggested that the Consumer Product Safety Commission and the American Association of Poison Control Centers would be better suited to study this issue. Your Reference Committee agrees with the Council that the study would best be accomplished by another organization and recommends this resolution be adopted as amended.

(13) RESOLUTION 414 – IMPOSING TAXES ON SUGAR-SWEETENED BEVERAGES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 414 be amended by deletion of the first Resolve.

RESOLVED, That our American Medical Association endorse the efforts of states, counties, and cities that seek to impose sugary beverage taxes to reduce obesity and the attendant risks of chronic disease (Directive to Take Action); and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 414 be amended by addition and deletion, to read as follows:

RESOLVED, That our AMA will: (1) encourage state and local medical societies to support the adoption of state and local excise taxes on sugar-sweetened beverages, with the investment of the resulting revenue in public health programs to combat obesity soft drinks and (2) assist state and local medical societies in advocating for excise taxes on sugar-sweetened beverages as requested. (New HOD Policy)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 414 be adopted as amended.
RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that the title of Resolution 414 be changed, to read as follows:

SUPPORTING TAXES ON SUGAR-SWEETENED BEVERAGES

Resolution 414 asks that our American Medical Association: (1) endorse the efforts of states, counties, and cities who seek to impose sugary beverage taxes to reduce obesity and the attendant risks of chronic disease and (2) encourage state and local medical societies to support the adoption of state and local taxes on sugar-sweetened soft drinks.

Limited testimony was heard in support of this resolution. Questions were raised as to whether it was appropriate for the AMA to endorse the efforts of state and local medical societies seeking to impose taxes on sugar-sweetened beverages. It was also suggested that the revenue raised by these taxes be invested in public health programs to combat obesity. Your Reference Committee agreed with these concerns and recommends amending this resolution to encourage our AMA to assist states seeking to adopt excise taxes on sugar-sweetened beverages. The word “excise” was added for consistency with the Council’s review of the evidence on this issue. Therefore, Your Reference Committee recommends that Resolution 414 be adopted as amended.

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Policy H-150.930 be amended by addition and deletion, to read as follows:

H-150.930 National Nutritional Guidelines for Food Banks and Pantries

Our AMA: (1) supports the use of existing national nutritional guidelines for food banks and food pantries and (2) will promote sustainable sourcing of healthier food options and the dissemination of user-friendly resources and education on healthier eating for food banks and food pantries.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Policy H-150.930 be adopted as amended in lieu of Resolution 415.

Resolution 415 asks that our American Medical Association advocate for programs that incentivize and provide resources for food banks and pantries to design and institute translatable nutrient-driven food distribution methodologies, initiatives that promote sustainable
sourcing of healthier food options, and dissemination of user-friendly resources and education on healthier eating.

Testimony was limited but supportive for this Resolution. Existing policy already addresses nutrition guidelines for food banks and food pantries. Since these are voluntary programs, there was some concern expressed that limiting donations to healthy items may reduce food available to those in need. However, your Reference Committee agrees with the need to promote sustainable sourcing of healthier food and disseminate resources on healthier eating. Therefore, your Reference Committee recommends adoption of amended Policy H-150.930 in lieu of Resolution 415.

(15) RESOLUTION 418 - POLICY ON QUARANTINE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the following resolution be adopted in lieu of Resolution 418.

DUE PROCESS FOR CDC IMPOSED QUARANTINES

RESOLVED, That the American Medical Association seek changes to federal quarantine law to ensure the availability of an expedited judicial review of all CDC-imposed quarantines.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Policies H-440.835 and E-8.4 be reaffirmed.

Resolution 419 asks that our American Medical Association: (1) adopt policy acknowledging that government quarantines are developed based on evidence-based medicine and have strong due process protections and (2) support that the medical profession collaborate with federal, state and local public health officials to take an active role in ensuring that quarantine and isolation interventions are evidence based.

Your Reference Committee heard testimony in support of the intent of this resolution. However, it was noted that the resolution as written is current policy. The authors suggested the addition of a third Resolve, which addresses the due process provisions within the CDC’s new quarantine regulations. Your Reference Committee agrees with need for strengthened due process provisions within these regulations. Therefore, Your Reference Committee recommends this language be adopted in lieu of Resolution 418 and that existing policy be reaffirmed.

H-440.835 AMA Role in Addressing Epidemics and Pandemics
1. Our AMA strongly supports U.S. and global efforts to fight epidemics and pandemics, including Ebola, and the need for improved public health infrastructure and surveillance in affected countries.; 2. Our AMA strongly supports those responding to the Ebola epidemic and other epidemics and pandemics in affected countries, including all health care workers and volunteers, U.S. Public Health Service and U.S. military members.; 3. Our AMA reaffirms Ethics Policy E-2.25, The Use of Quarantine and Isolation as Public Health Interventions, which states
that the medical profession should collaborate with public health colleagues to take an active role in ensuring that quarantine and isolation interventions are based on science.; 4. Our AMA will collaborate in the development of recommendations and guidelines for medical professionals on appropriate treatment of patients infected with or potentially infected with Ebola, and widely disseminate such guidelines through its communication channels.; 5. Our AMA will continue to be a trusted source of information and education for physicians, health professionals and the public on urgent epidemics or pandemics affecting the U.S. population, such as Ebola.; 6. Our AMA encourages relevant specialty societies to educate their members on specialty-specific issues relevant to new and emerging epidemics and pandemics. Sub. Res. 925, I-14.

E- 8.4 Ethical Use of Quarantine & Isolation

Although physicians' primary ethical obligation is to their individual patients, they also have a long recognized public health responsibility. In the context of infectious disease, this may include the use of quarantine and isolation to reduce the transmission of disease and protect the health of the public. In such situations, physicians have a further responsibility to protect their own health to ensure that they remain able to provide care. These responsibilities potentially conflict with patients' rights of self-determination and with physicians' duty to advocate for the best interests of individual patients and to provide care in emergencies.

With respect to the use of quarantine and isolation as public health interventions in situations of epidemic disease, individual physicians should: (a) Participate in implementing scientifically and ethically sound quarantine and isolation measures in keeping with the duty to provide care in epidemics. (b) Educate patients and the public about the nature of the public health threat, potential harm to others, and benefits of quarantine and isolation. (c) Encourage patients to adhere voluntarily to quarantine and isolation. (d) Support mandatory quarantine and isolation when a patient fails to adhere voluntarily. (e) Inform patients about and comply with mandatory public health reporting requirements. (f) Take appropriate protective and preventive measures to minimize transmission of infectious disease from physician to patient, including accepting immunization for vaccine-preventable disease, in keeping with ethics guidance. (g) Seek medical evaluation and treatment if they suspect themselves to be infected, including adhering to mandated public health measures.

The medical profession, in collaboration with public health colleagues and civil authorities, has an ethical responsibility to: (h) Ensure that quarantine measures are ethically and scientifically sound: (i) use the least restrictive means available to control disease in the community while protecting individual rights; (ii) without bias against any class or category of patients. (i) Advocate for the highest possible level of confidentiality when personal health information is transmitted in the context of public health reporting. (j) Advocate for access to public health services to ensure timely detection of risks and implementation of public health interventions, including quarantine and isolation. (k) Advocate for protective and preventive measures for physicians and others caring for patients with communicable disease. (l) Develop educational materials and programs about quarantine and isolation as public health interventions for patients and the public. AMA Principles of Medical Ethics: I,III,VI,VII,VIII
RECOMMENDATION A:

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

RESOLVED, That our American Medical Association work with appropriate stakeholders to develop state-specific guidance for physicians on how to counsel patients to reduce their risk for firearm-related accidental injury or death by suicide, including guidance on when and how to ask sensitive questions about firearm ownership, access, and use, and clarification on the circumstances under which physicians are permitted or may be required to disclose the content of such conversations to family members, law enforcement, or other third parties.

(Directive to Take Action)

RECOMMENDATION B:

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

Resolution 419 asks that our American Medical Association work with appropriate stakeholders to develop state-specific guidance for physicians on how to counsel patients to reduce their risk for firearm-related accidental injury or death by suicide, including guidance on when and how to ask sensitive questions about firearm ownership, access, and use, and clarification on the circumstances under which physicians are permitted or may be required to disclose the content of such conversations to family members, law enforcement, or other third parties.

Testimony was supportive of this resolution. Your Reference Committee amended the resolution to broaden it beyond just accidental injury or suicide. It was noted that the AMA has existing policy opposing restrictions on physicians' ability to inquire and talk about firearm safety issues and risks with their patients. The Council on Science and Public Health acknowledged this resolution and noted that a report is forthcoming on the physician’s role in promoting firearm safety. Your Reference Committee recommends adoption of this resolution as amended and looks forward to the CSAPH report.

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 416 be referred.

Resolution 416 asks that our American Medical Association advocate for: (1) improved social and economic support for paid family leave to care for newborns, infants and
young children and (2) federal tax incentives to support early child care and unpaid child care by extended family members.

Your Reference Committee heard testimony in favor of family leave. Testimony also noted concern regarding the economic burden it could place on small business owners. Given the nuances and sensitive nature of this topic, your Reference Committee recommends that this Resolution be referred for study in order to better inform this House of Delegates.

(18) RESOLUTION 409 - PEDIATRIC/adolescent informed consent concussion discussion

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 409 be referred for decision.

Resolution 409 asks that our American Medical Association support federal legislation that includes informed consent prior to participation in intramural and interscholastic athletics and that this consent discuss the risk of short and long term impact of mild traumatic brain injuries.

Your Reference Committee heard testimony both in support of and in opposition to this resolution. Those in favor of the resolution agreed that informed consent would be helpful, but raised questions about who would give consent, and the effect on liability. While some wanted education to be available for parents and children, some requested evidence-based, accurate, medically sound information. The development of model state legislation was proposed and should be considered. There was testimony in favor of referral for decision; therefore, your Reference Committee recommends that Resolution 409 be referred for decision so that these questions can be considered.

(19) RESOLUTION 417 - Mandatory public health reporting of law-enforcement-related injuries and death

RECOMMENDATION A:

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

Resolution 417 asks that our American Medical Association encourage the CDC and state departments of health to collect data on serious law-enforcement-related injuries and deaths and make law-enforcement-related deaths a notifiable condition.

Your Reference Committee heard mixed testimony on this issue. It was noted that some data is collected on this issue through the National Violent Death Reporting System. However, there was confusion regarding what exactly would be reported. Specifically, questions were raised regarding the definition of “serious.” Furthermore, the resolution conflates mandatory reporting, which is a state function, with nationally notifiable
conditions, which is a voluntary process led by the CDC and the Council on State and Territorial Epidemiologists. Given these issues, your Reference Committee recommends that Resolution 417 be referred for decision.

(20) RESOLUTION 403 - TOBACCO HARM REDUCTION: A COMPREHENSIVE NICOTINE POLICY TO REDUCE DEATH AND DISEASE CAUSED BY SMOKING

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Policies H-495.972 and H-495.973 be reaffirmed in lieu of Resolution 403.

Resolution 403 asks that our American Medical Association: (1) advocate for tobacco harm reduction approaches to be added to existing tobacco treatment and control efforts; (2) educate physicians and patients on the myriad health effects of different nicotine products and emphasize the critical role of smoke and combustion in causing disease; (3) encourage physicians to adopt patient-specific, individualized approaches to smoking cessation, particularly for patients with disease secondary to smoking and for patients who have otherwise failed traditional methods for smoking cessation; (4) continue its focus on research and expand options that may assist patients to transition away from smoking, including nicotine replacement therapies and noncombustible nicotine products (including e-cigarettes); and (5) reaffirm its position on strong enforcement of US Food and Drug Administration and other agency regulations for the prevention of use of all electronic nicotine delivery systems and tobacco products by anyone under the legal minimum purchase age. This shall include marketing to children, direct use or purchasing by children and indirect diversion to children. Further, that our AMA reaffirm physician education of patients to limit these products for children in any and all capacity.

Testimony was heard both in support of and opposition to this resolution. It was noted that several Resolve statements are contradictory to existing AMA policy that promotes the use of FDA-approved smoking cessation tools and prohibits product claims of reduced risk or effectiveness as tobacco cessation tools, until credible evidence is available. However, there was support for the fourth and fifth Resolves, which call for additional research to expand options for cessation and prohibit the marketing of electronic nicotine delivery system and tobacco products to children, respectively. Since these issues are already addressed by existing AMA policy, your Reference Committee recommends reaffirming existing policies in lieu of Resolution 403.

H-495.972 Electronic Cigarettes, Vaping, and Health: 2014 Update
1. Our AMA urges physicians to: (a) educate themselves about electronic nicotine delivery systems (ENDS), including e-cigarettes, be prepared to counsel patients about the use of these products and the potential for nicotine addiction and the potential hazards of dual use with conventional cigarettes, and be sensitive to the possibility that when patients ask about e-cigarettes, they may be asking for help to quit smoking; (b) consider expanding clinical interviews to inquire about "vaping" or the use of e-cigarettes; (c) promote the use of FDA-approved smoking cessation tools and resources for their patients and caregivers; and (d) advise patients who use e-cigarettes to take

H-495.973 FDA to Extend Regulatory Jurisdiction Over All Non-Pharmaceutical Nicotine and Tobacco Products

Our AMA: (1) supports the U.S. Food and Drug Administration's (FDA) proposed rule that would implement its deeming authority allowing the agency to extend FDA regulation of tobacco products to pipes, cigars, hookahs, e-cigarettes and all other non-pharmaceutical tobacco/nicotine products not currently covered by the Federal Food, Drug, and Cosmetic Act, as amended by the Family Smoking Prevention and Tobacco Control Act; and (2) supports legislation and/or regulation of electronic cigarettes and all other non-pharmaceutical tobacco/nicotine products that: (a) establishes a minimum legal purchasing age of 18; (b) prohibits use in all places that tobacco cigarette use is prohibited, including in hospitals and other places in which health care is delivered; (c) applies the same marketing and sales restrictions that are applied to tobacco cigarettes, including prohibitions on television advertising, product placement in television and films, and the use of celebrity spokespeople; (d) prohibits product claims of reduced risk or effectiveness as tobacco cessation tools, until such time that credible evidence is available, evaluated, and supported by the FDA; (e) requires the use of secure, child- and tamper-proof packaging and design, and safety labeling on containers of replacement fluids (e-liquids) used in e-cigarettes; (f) establishes manufacturing and product (including e-liquids) standards for identity, strength, purity, packaging, and labeling with instructions and contraindications for use; (g) requires transparency and disclosure concerning product design, contents, and emissions; and (h) prohibits the use of characterizing flavors that may enhance the appeal of such products to youth. Res. 206, I-13, Modified in lieu of Res. 511, A-14, Modified in lieu of Res. 518, A-14, Modified in lieu of Res. 519, A-14, Modified in lieu of Res. 521, A-14, Modified: CSAPH Rep. 2, I-14, Reaffirmation A-15 Reaffirmed in lieu of Res. 412, A-15, Reaffirmed in lieu of Res. 419, A-15, Reaffirmed: Res. 421, A-15, Reaffirmation A-16.
Madam Speaker, this concludes the report of Reference Committee D. I would like to thank Barbara Arnold, MD, Denise Bobovnyik, MD, Tyler Campbell, MD, Karen Dionesotes, MPH, Carl Streed Jr., MD, and all those who testified before the Committee. I would also like to thank AMA staff persons Andrea Garcia, Amber Ryan, Annalynn Skipper, and Tanya Lopez for their assistance to this Committee.