DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2017 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-17)

Report of Reference Committee E

Rebecca S. Hierholzer, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

2. Council on Science and Public Health Report 2 – Emerging Drugs of Abuse are a Public Health Threat in lieu of Resolution 507
3. Resolution 511 – Future of Pain Care
4. Resolution 523 – AMA Support for Evidence-Based Environmental Statutes and Regulations

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

5. Resolution 503 – Women and Mental Health
6. Resolution 504 – Research into Preterm Birth and Related Cardiovascular (CV) and Cerebrovascular Risks (CVD) in Women
8. Resolution 513 – Supervised Injection Facilities
9. Resolution 524 – Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis
10. Resolution 515 – Safe Use, Storage and Disposal of Leftover Opioids and Other Controlled Substances
11. Resolution 517 – Choline Supplementation in Prenatal Vitamins
12. Resolution 518 – Recognition of Infertility as a Disease
14. Resolution 526 – NIH Funding for Basic and Translational Pain Research

RECOMMENDED FOR REFERRAL

16. Resolution 525 – Providing for Prescription Drug Donation
RECOMMENDED FOR NOT ADOPTION

16. Resolution 501 – Airplane Emissions
17. Resolution 510 – Ban on the Use of Paraquat
18. Resolution 520 – Combination Clotrimazole/Betamethasone Diproprionate Cream Warning
19. Resolution 521 – Retail Prescription Bottle Label Privacy

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

21. Resolution 514 – Retinoblastoma Due to Pre-Natal Residential Pesticide Exposure
22. Resolution 516 – In-Flight Emergencies

Existing policy was reaffirmed in lieu of the following resolutions via the Reaffirmation Consent Calendar:

Resolution 509 – Exploring Applications of Wearable Technology in Clinical Medicine and Medical Research
Resolution 512 – Advertising Restrictions and Limited Use of Dietary Supplements
Resolution 519 – Liquid Medication Dosing
RECOMMENDATION:

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

HOD ACTION: Council on Science and Public Health Report 1 adopted and the remainder of the report filed.

Council on Science and Health Report 1 presents the Council’s recommendations on the disposition of the House policies and directives from 2007 that were assigned to it. The report recommends that House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated and the remainder of the Report be filed.

The Council introduced its Sunset report, and no other testimony was heard. Your Reference Committee therefore recommends adoption.

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Science and Public Health Report 2 be adopted in lieu of Resolution 507 and the remainder of the report be filed.


Council on Science and Public Health Report 2 was initiated to bring attention to the public health issue of emerging drugs of abuse known as new psychoactive substances (NPS). The frequent emergence of NPS with unknown dangers and a potentially high death toll, especially NPS opioids, is a distinct challenge that will require a concerted and coordinated effort and response to mitigate risks to the public health and improve outcomes. The Council on Science and Public Health recommends that the following be adopted and the remainder of the report be filed:
1. That Policy H-95.940, “Addressing Emerging Trends in Illicit Drug Use,” be amended by addition and deletion as follows:

Addressing Emerging Trends in Illicit Drug Use
Our AMA: (1) recognizes that emerging drugs of abuse, especially new psychoactive substances (NPS), are a public health threat;

(1) supports ongoing efforts of the National Institute on Drug Abuse, the Drug Enforcement Administration, the Centers for Disease Control and Prevention, the Department of Justice, the Department of Homeland Security, state departments of health, and poison control centers to assess and monitor emerging trends in illicit drug use, and to develop and disseminate fact sheets, and other educational materials, and public awareness campaigns;

(3) supports a collaborative, multiagency approach to addressing emerging drugs of abuse, including information and data sharing, increased epidemiological surveillance, early warning systems informed by laboratories and epidemiologic surveillance tools, and population driven real-time social media resulting in actionable information to reach stakeholders;

(4) encourages adequate federal and state funding of agencies tasked with addressing the emerging drugs of abuse health threat;

(2) encourages the development of continuing medical education on emerging trends in illicit drug use; and (3)

(6) supports efforts by the federal, state, and local government agencies to identify new drugs of abuse and to institute the necessary administrative or legislative actions to deem such drugs illegal in an expedited manner. (Modify Current HOD policy)

2. That our AMA participate as a stakeholder in a CDC/DEA taskforce for the development of a national forum for discussion of NPS-related issues. (Directive to Take Action)

Resolution 507 asks that our AMA amend existing AMA policy H-95.940 by insertion to read as follows:

Addressing Emerging Trends in Illicit Drug Use H-95.940
Our AMA: (1) supports ongoing efforts of the National Institute on Drug Abuse, the Drug Enforcement Administration, and poison control centers to assess and monitor emerging trends in illicit and legal synthetic drug use, and to develop and disseminate fact sheets and other educational materials; (2) encourages the development of continuing medical education on emerging trends in illicit and legal synthetic drug use; and (3) supports efforts by the federal government to identify new drugs of abuse and to institute the necessary administrative or legislative actions to deem such drugs illegal in an expedited manner.

Testimony was overwhelmingly supportive of the Council’s report and recommendations. The Council was thanked for their effort and comments noted the timeliness of the topic.
and need for physicians to be more involved in addressing the emerging drug abuse problems facing the public and agreed that NPS are a threat to public health. The multidisciplinary efforts recommended in the report were strongly supported as a viable approach to ensuring the safety of patients. The sponsors of Resolution 507 thanked the Council for its excellent report. Your Reference Committee believes that the report recommendations address the intent of Resolution 507 and therefore recommends adoption of CSAPH Report 2 in lieu of Resolution 507.

(3) RESOLUTION 511 – FUTURE OF PAIN CARE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 511 be adopted.

HOD ACTION: Resolution 511 adopted.

Resolution 511 asks that 1) our AMA convene a task force from organized medicine to discuss medicine’s response to the public health crisis of undertreated and mistreated pain; 2) this task force explore and make recommendations for augmenting medical education designed to educate healthcare providers on how to help patients suffering from pain with evidence-based treatment options; 3) this task force discuss strategies that may prevent or mitigate acute pain, educate physicians about these strategies, and suggest research to study if these strategies prevent the development of chronic pain; and 4) this task force involve many primary care, medical and surgical specialties that are involved in providing pain care.

Extensive supportive testimony was offered on this resolution. Creation of the AMA Opioid Task was noted. The Task Force is working to reduce opioid-related harm, promote evidence-based pain management practices and policies, reduce stigma, and increase access to treatment for opioid use disorder. Testimony highlighted the need for efforts to improve education on pain management, as well as training and payment reforms to increase access to non-pharmacologic and multimodal strategies for pain management. Your Reference Committee strongly supports the intent of this resolution and recommends adoption with the understanding that, as an AMA-convened Federation-based effort, additional decision-making will be needed on how to best implement a coordinated approach.

(4) RESOLUTION 523 – AMA SUPPORT FOR EVIDENCE-BASED ENVIRONMENTAL STATUTES AND REGULATIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 523 be adopted.

HOD ACTION: Resolution 523 adopted.
Resolution 523 asks that our AMA 1) strongly support evidence-based environmental statutes and regulations intended to regulate air and water pollution and to reduce greenhouse gas emissions and 2) advocate that environmental health regulations should only be modified or rescinded with scientific justification.

Supportive testimony was offered for Resolution 523, with limited dissent. The importance of science and evidence-based rules and regulations intended to reduce pollution and benefit public health is keenly apparent and your Reference Committee recommends adoption.

(5) RESOLUTION 503 – WOMEN AND MENTAL HEALTH

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the following Resolve be adopted in lieu of the first Resolve of Resolution 503.

RESOLVED, That Policy D-345.997 be amended by addition to read as follows:

D-345.997 Access to Mental Health Services
Our AMA will: (1) continue to work with relevant national medical specialty societies and other professional and patient advocacy groups to identify and eliminate barriers to access to treatment for mental illness, including barriers that disproportionately affect women and at-risk populations; (2) advocate that psychiatrists and other physicians who provide treatment for mental illness be paid by both private and public payers for the provision of evaluation and management services, for case management and coordination efforts, and for interpretive and indirect services; and (3) advocate that all insurance entities facilitate direct access to a psychiatrist in the referral process.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 503 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA publicize recognize the impact of violence and social determinants on women’s mental health (New HOD Policy); and be it further
RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Policy H-345.981 be reaffirmed in lieu of the third Resolve of Resolution 503.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that the fourth Resolve of Resolution 503 be amended by addition to read as follows:

RESOLVED, That AMA Policy H-420.953 “Improving Mental Health Services for Pregnant and Postpartum Mothers,” be amended by addition to read as follows:

H-420.953, Improving Mental Health Services for Pregnant and Postpartum Mothers

Our AMA: 1. supports improvements in current mental health services for women during pregnancy and postpartum; 2. supports advocacy for inclusive insurance coverage of mental health services during gestation, and extension of postpartum mental health services coverage to one year postpartum; 3. supports appropriate organizations working to improve awareness and education among patients, families, and providers of the risks of mental illness during gestation and postpartum; and 4. will continue to advocate for funding programs that address perinatal and postpartum depression, anxiety and psychosis, and substance use disorder through research, public awareness, and support programs. (Modify Current HOD Policy)

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends that Resolution 503 be adopted as amended.

HOD ACTION: Resolution 503 adopted as amended.

Resolution 503 asks that our AMA 1) encourage key organizations to identify barriers in access to mental health services and improve treatment models in order to address gender disparities in mental health; 2) publicize the impact of violence and social determinants on women’s mental health; 3) encourage the development of gender-specific risk factor reduction strategies, including gender sensitive services that focus on psychosocial resources and reproductive health, in order to improve women’s mental health; and 4) amend AMA Policy H-420.953 “Improving Mental Health Services for Pregnant and Postpartum Mothers” by addition to read as follows:
H-420.953 Improving Mental Health Services for Pregnant and Postpartum Mothers

Our AMA: 1. supports improvements in current mental health services for women during pregnancy and postpartum; 2. supports advocacy for inclusive insurance coverage of mental health services during gestation, and extension of postpartum mental health services coverage to one year postpartum; 3. supports appropriate organizations working to improve awareness and education among patients, families, and providers of the risks of mental illness during gestation and postpartum; and 4. will continue to advocate for funding programs that address perinatal and postpartum depression, anxiety and psychosis through research, public awareness, and support programs.

Testimony noted that women are affected by mental health disorders differently than men. The Council on Science and Public Health studied sex differences in health and disease in an A-16 report, including mental health disorders. Women show higher prevalence rates of major and mild depression, generalized anxiety disorder, panic disorder, social phobia, and specific phobia than do men, and nearly twice as many women report experiencing a major depressive episode in the past year than men. Your Reference Committee notes that extensive policy addresses the diagnosis and treatment of mental health, and suggests that these policies be amended to include women and those at risk, such as incarcerated women, and reaffirmed as appropriate. In addition, your Reference Committee supports recognizing, rather than publicizing, that violence and social determinants are factors affecting mental health in women, since that will result in a more long-standing foundational policy rather than a one-time action. Testimony supported the addition of substance use disorder to the conditions being added to Resolve 4.

Policy recommended for reaffirmation:

H-345.981 Access to Mental Health Services

Our AMA advocates the following steps to remove barriers that keep Americans from seeking and obtaining treatment for mental illness: (1) reducing the stigma of mental illness by dispelling myths and providing accurate knowledge to ensure a more informed public; (2) improving public awareness of effective treatment for mental illness; (3) ensuring the supply of psychiatrists and other well trained mental health professionals, especially in rural areas and those serving children and adolescents; (4) tailoring diagnosis and treatment of mental illness to age, gender, race, culture and other characteristics that shape a person's identity; (5) facilitating entry into treatment by first-line contacts recognizing mental illness, and making proper referrals and/or to addressing problems effectively themselves; and (6) reducing financial barriers to treatment. (CMS Rep. 9, A-01 Reaffirmation A-11 Reaffirmed: CMS Rep. 7, A-11 Reaffirmed: BOT action in response to referred for decision Res. 403, A-12 Reaffirmed in lieu of Res. 804, I-13 Reaffirmed in lieu of Res. 808, I-14)
RESOLUTION 504 – RESEARCH INTO PRETERM BIRTH AND RELATED CARDIOVASCULAR (CV) AND CEREBROVASCULAR RISKS (CVD) IN WOMEN

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 504 be amended by deletion of the first Resolve.

RESOLVED, That our American Medical Association work with partner organizations to provide education on the potential risks of cardiovascular or cerebrovascular disease in pregnant woman, particularly among vulnerable population. (Directive to Take Action); and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 504 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate for more research on ways to identify modifiable risk factors for linking preterm birth (PTB) and its association with cardiovascular or cerebrovascular disease in pregnant women. (Directive to Take Action)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 504 be adopted as amended.

HOD ACTION: Resolution 504 adopted as amended.

Resolution 504 asks that our AMA 1) work with partner organizations to provide education on the potential risks of cardiovascular or cerebrovascular disease in pregnant women, particularly among vulnerable populations; and 2) advocate for more research on ways to identify modifiable risk factors for preterm birth (PTB) and its association with cardiovascular or cerebrovascular disease in pregnant women.

Your Reference Committee heard testimony detailing the increase in risk for heart disease and cerebrovascular disease among women who have experienced preterm birth. Testimony noted support for the issue, but your Reference Committee recognized that more research is needed on the issue and that the development of evidence-based educational materials with partner organizations is dependent on this research. It therefore recommends supporting research as a first step before providing education.
(7) RESOLUTION 506 – EXPANDING ACCESS TO BUPRENORPHINE FOR THE TREATMENT OF OPIOID USE DISORDER

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 506 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association's Opioid Task Force publicize existing resources that provide advice on overcoming study solutions to overcome the barriers and implementing solutions for preventing appropriately trained physicians from prescribing buprenorphine for treatment of Opioid Use Disorder. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 506 be amended by addition of a new Resolve to read as follows:

RESOLVED, That our AMA supports eliminating the requirement for obtaining a waiver to prescribe buprenorphine for the treatment of opioid use disorder. (New HOD Policy)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 506 be adopted as amended.

HOD ACTION: Recommendation A of Resolution 506 adopted as amended, Recommendation B of Resolution 506 referred for decision.

Resolution 506 asks that our AMA study solutions to overcome the barriers preventing appropriately trained physicians from prescribing buprenorphine for treatment of Opioid Use Disorder.

Testimony indicated that although some success has been achieved in increasing the number of physicians who have become certified to prescribe office-based buprenorphine for the treatment of opioid use disorder, a significant number of waivered physicians are not providing treatment due to various barriers, even though caps on the number of patients to whom one physician may prescribe have been increased. A recent systematic review by the Agency for Healthcare Research and Quality (Technical Brief Number 28) described promising and innovative medication-assisted therapy (MAT) models of care in primary care settings, the barriers to MAT implementation, available
evidence on MAT models of care in primary care settings, gaps in the evidence base, and guidance for future research. A summary of the findings of this report was published (Korthuis et al., Ann Intern Med. 2017). Accordingly, your Reference Committee believes that further study is not required. Rather, steps should be taken to implement proposed solutions. The AMA can assist in this effort by making such resources more widely available through the new microsite established for the AMA Opioid Task Force. One obvious barrier is the requirement for special training, record keeping and federal oversight to prescribe buprenorphine for opioid use disorder. Strong sentiment also was expressed for including the waiver requirement in any study that might be undertaken, or rescinding it altogether. Your Reference Committee agrees with eliminating this requirement that reduces access to treatment.

(8) RESOLUTION 513 – SUPERVISED INJECTION FACILITIES

RESOLUTION 524 – SUPERVISED INJECTION FACILITIES AS HARM REDUCTION TO ADDRESS OPIOID CRISIS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the following Resolution be adopted in lieu of Resolutions 513 and 524.

HOD ACTION: The following Resolution adopted in lieu of Resolutions 513 and 524.

PILOT IMPLEMENTATION OF SUPERVISED INJECTION FACILITIES

RESOLVED, That our American Medical Association support the development and implementation of pilot supervised injection facilities (SIFs) in the United States that are designed, monitored, and evaluated to generate data to inform policymakers on the feasibility, effectiveness, and legal aspects of SIFs in reducing harms and health care costs related to injection drug use.

Resolution 513 asks that our American Medical Association conduct a comprehensive study of Supervised Injection Facilities in the United States.

Resolution 524 asks that our American Medical Association work with state and local health departments to achieve the legalization and implementation of facilities that provide a supervised framework and enhanced aseptic conditions for the injection of self-provided illegal substances with medical monitoring, with legal and liability protections for persons working or volunteering in such facilities and without risk of criminal penalties for recipients of such services.
Testimony supported the establishment of supervised injection facilities (SIFs) in the U.S. because studies from other countries have shown that SIFs reduce infection, prevent overdose deaths, and increase treatment uptake without increasing drug trafficking or crime in the surrounding environments. U.S. cities, including San Francisco, Seattle, and New York City, are considering the establishment of SIFs. Others testified that while the results in other countries were promising, the differences in culture and regulatory oversight between the U.S. and other countries may mean that SIF outcomes could be different in the U.S. Some suggested that the AMA study these potential differences. The Massachusetts Medical Society recently completed a comprehensive study of the literature on SIFs and other implementation aspects that could apply in the U.S. The report recommended that pilot SIFs be supported. Testimony also noted that The American Society of Addiction Medicine is considering supporting well-designed pilot SIFs that could help evaluate their potential benefits in the U.S. The Council on Science and Public Health proposed alternate language that the AMA support pilot SIFs so that data on their effectiveness as a harm reduction and cost-savings measure in the U.S. can be collected and evaluated. Your Reference Committee believes that this is a reasonable approach and recommends adoption of this alternate language.

(9) RESOLUTION 515 – SAFE USE, STORAGE AND DISPOSAL OF LEFTOVER OPIOIDS AND OTHER CONTROLLED SUBSTANCES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 515 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association and its Opioid Task Force to Reduce Opioid Abuse continue to adapt current educational materials to distribute to prescribers and patients, emphasizing the importance of safe storage and disposal of opioids, and encouraging prescribers and patients to investigate and advocate for more local drug take back programs (Directive to Take Action); and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 515 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA and its Opioid Task Force to Reduce Opioid Abuse encourage all prescribers to work with local organizations and pharmacists to develop and disseminate the most up-to-date information on local Take Back resources and the most up-to-date information (New HOD Policy); and be it further
RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 515 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA and its Opioid Task Force to Reduce Opioid Abuse continue to educate all prescribers on the importance of optimal use of opioids, including appropriately limiting the quantities of opioid prescriptions and advocating for e-prescription capabilities for controlled substances. (Directive to Take Action)

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 515 be adopted as amended.

HOD ACTION: Resolution 515 adopted as amended.

Resolution 515 asks that our AMA and its Task Force to Reduce Opioid Abuse 1) continue to adapt current educational materials to distribute to prescribers and patients, emphasizing the importance of safe storage and disposal of opioids, and encouraging prescribers and patients to investigate and advocate for more local drug take back programs; 2) encourage all prescribers to work with local organizations and pharmacists to develop and disseminate information on local Take Back resources and the most up to date information; and 3) continue to educate all prescribers on the importance of optimal use of opioids, including appropriately limiting the quantities of opioid prescriptions and advocating for e-prescription capabilities for controlled substances.

Testimony was universally supportive of the importance of this Resolution. The AMA Opioid Task Force has already developed and adopted a statement on safe storage and disposal that is consistent with the asks of this Resolution, therefore your Reference Committee recommends adoption with amendments to reflect the recent name change of the Task Force.

(10) RESOLUTION 517 – CHOLINE SUPPLEMENTATION IN PRENATAL VITAMINS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 517 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association support and advocate for an increase evidence-based amounts of choline in all prenatal vitamins to 450 mg/day. (New HOD Policy)
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 517 be adopted as amended.

HOD ACTION: Resolution 517 adopted as amended.

Resolution 517 asks that our AMA support and advocate for an increase of choline in all prenatal vitamins to 450 mg/day.

There was limited but supportive testimony for this resolution. The different guidance for choline intake during pregnancy and breastfeeding was noted, and an even higher amount is recommended during lactation. Your Reference Committee recognizes the importance of choline, but believes that including a specific daily amount in AMA policy would be inappropriate given the lack of clear evidence. It therefore recommends language supporting the inclusion of an evidence-based amount of choline in prenatal vitamins without specifying a target amount.

(11) RESOLUTION 518 – RECOGNITION OF INFERTILITY AS A DISEASE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 518 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association recognize support the World Health Organization’s designation of infertility as a disease state with multiple etiologies requiring a range of interventions to advance fertility treatment and prevention (New HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 518 be amended by deletion of the second Resolve.

RESOLVED, That our AMA strongly advocate for greater access to established fertility treatments inclusive of broader insurance coverage, (Directive to Take Action)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 518 be adopted as amended.

HOD ACTION: Resolution 518 adopted as amended.
RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Policy H-165.856 be reaffirmed.

HOD ACTION: Policy H-165.856 reaffirmed.

Resolution 518 asks that our AMA 1) recognize infertility as a disease state with multiple etiologies requiring a range of interventions to advance fertility treatment and prevention; and 2) strongly advocate for greater access to established fertility treatments inclusive of broader insurance coverage.

Unanimously supportive testimony was offered for defining infertility as a disease with an emphasis on how this would promote insurance coverage and payment. Many cited experience in treating couples with infertility, and noted the complicated testing and treatments that are used to diagnose and manage infertility. Several specialty societies testified that they recognize infertility as a disease and urged the AMA to do the same.

Your Reference Committee is concerned that adoption of the first Resolve as written would signal support for the creation of a disease-specific policy compendium. Your Reference Committee believes that recognizing the World Health Organization’s designation of infertility as a disease is appropriate and would avoid the AMA engaging in disease classification in the absence of established AMA principles on disease classification. Your Reference Committee also notes that AMA Policy H-165.856 urges minimization of benefit mandates and therefore recommends deletion of the second resolve and reaffirmation of that policy.

Policy recommended for reaffirmation:

H-165.856 Health Insurance Market Regulation

Our AMA supports the following principles for health insurance market regulation: (1) There should be greater national uniformity of market regulation across health insurance markets, regardless of type of sub-market (e.g., large group, small group, individual), geographic location, or type of health plan; (2) State variation in market regulation is permissible so long as states demonstrate that departures from national regulations would not drive up the number of uninsured, and so long as variations do not unduly hamper the development of multi-state group purchasing alliances, or create adverse selection; (3) Risk-related subsidies such as subsidies for high-risk pools, reinsurance, and risk adjustment should be financed through general tax revenues rather than through strict community rating or premium surcharges; (4) Strict community rating should be replaced with modified community rating, risk bands, or risk corridors. Although some degree of age rating is acceptable, an individual’s genetic information should not be used to determine his or her premium; (5) Insured individuals should be protected by guaranteed renewability; (6) Guaranteed renewability regulations and multi-year contracts may include provisions allowing insurers to single out individuals for rate changes or other incentives related to changes in controllable lifestyle choices; (7) Guaranteed issue regulations should be rescinded; (8) Health insurance coverage of pre-existing conditions with guaranteed issue within the context of an individual mandate, in addition to guaranteed renewability. (9) Insured individuals wishing to switch plans should be subject to a lesser degree of risk rating and pre-existing conditions limitations than individuals who are newly seeking coverage; and (10) The regulatory
environment should enable rather than impede private market innovation in product
development and purchasing arrangements. Specifically: (a) Legislative and regulatory
barriers to the formation and operation of group purchasing alliances should, in general,
be removed; (b) Benefit mandates should be minimized to allow markets to determine
benefit packages and permit a wide choice of coverage options; and (c) Any legislative
and regulatory barriers to the development of multi-year insurance contracts should be
811, I-11 Reaffirmed in lieu of Res. 109, A-12 Reaffirmed in lieu of Res. 125, A-12
Reaffirmed: Res. 239, A-12 Reaffirmed: CMS Rep. 9, A-14)

(12) RESOLUTION 505 – RECOGNITION OF SEPSIS IN THE
COMMUNITY

RESOLUTION 522 – NATIONAL COORDINATED
STRATEGY FOR SEPSIS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends
that the first Resolve of Resolution 522 be amended by
addition to read as follows:

RESOLVED, That our American Medical Association
support innovations and public awareness campaigns that
facilitate the early recognition and treatment of sepsis in
pediatric and adult populations. (New HOD Policy); and be
it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends
that Resolution 522 be amended by deletion of the second
Resolve.

RESOLVED, That our AMA study current and proposed
sepsis policies, and will make recommendations for the
evidence-based policies that appear most likely to reduce
morbidity and mortality from sepsis. (Directive to Take
Action); and be it further
RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 522 be amended by deletion of the third Resolve.

RESOLVED, That our AMA report its findings, and any recommendations based on these findings, at the 2018 Annual Meeting of the House of Delegates. (Directive to Take Action)

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 522 be amended by the addition of a new Resolve to read as follows:

RESOLVED, that our AMA believes that medical screening, diagnosis, and treatment protocols for sepsis should not be mandated by governmental entities in the absence of substantial scientific consensus. (New HOD Policy)

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends that Resolution 522 be adopted as amended in lieu of Resolution 505.

HOD ACTION: Resolution 522 adopted as amended in lieu of Resolution 505 with a change in title.

RECOMMENDATION F:

Madam Speaker, your Reference Committee recommends that the title of Resolution 522 be changed to read as follows:

IMPROVED TREATMENT OF SEPSIS

Resolution 505 asks that our AMA 1) encourage educational and public awareness programs to assure that physicians actively educate their patients and/or caregivers on the signs and symptoms of sepsis; and 2) encourage increased enrollment in clinical studies with all appropriate sepsis and septic shock patients, to better identify predictors of short and long-term adverse outcomes, and to advance the treatment of sepsis and sepsis-related complications.

Resolution 522 asks that our AMA 1) support innovations that facilitate the early recognition and treatment of sepsis; 2) study current and proposed sepsis policies, and will make recommendations for the evidence-based policies that appear most likely to
reduce morbidity and mortality from sepsis; and 3) report its findings, and any
recommendations based on these findings, at the 2018 Annual Meeting of the House of
Delegates.

Your Reference Committee heard substantial testimony noting the prevalence of sepsis
and the difficulties in recognition and early treatment, before it becomes serious and
potentially deadly. There was recognition that a distinction is necessary in addressing
sepsis in pediatric versus adult populations. While there is support for increased
research and education on sepsis, other testimony noted that more evidence and
stakeholder alignment is necessary before treatment protocols and mandates could be
established. Since there are more than 500 clinical trials addressing sepsis currently
underway, your Reference Committee believes that the second resolve of Resolution
505 is unnecessary. However, your Reference Committee believes that this is an issue
of great importance, and offers amended language combining concepts from
Resolutions 505 and 522 that encourage research on treatment and short- and long-
term outcomes, education for patients and caregivers, and innovations that support early
recognition, as well as new language opposing protocols before scientific consensus
exists.

(13) RESOLUTION 526 – NIH FUNDING FOR BASIC AND
TRANSLATIONAL PAIN RESEARCH

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends
that Resolution 526 be amended by deletion of the first
Resolve to read as follows:

RESOLVED, That our American Medical Association
actively advocate for increased funding, and monitor other
efforts to expand funding, for the National Institutes of
Health (NIH) specifically for basic and translational pain
research, with regular updates to AMA membership
(Directive to Take Action); and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends
that Resolution 526 be amended by deletion of the second
Resolve to read as follows:

RESOLVED, That our AMA submit supportive testimony
on behalf of increased funding for basic and translational
pain research at the President’s Commission on
Combating Drug Addiction (Directive to Take Action); and
be it further
RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third resolve of Resolution 526 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate for current legislation that will increased funding for basic and translational pain research. (Directive to Take Action)

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 526 be adopted as amended.

HOD ACTION: Resolution 526 adopted as amended with a change in title.

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends that the title of Resolution 526 be changed to read as follows:

FUNDING FOR BASIC AND TRANSLATIONAL PAIN RESEARCH

Resolution 526 asks that our AMA 1) actively advocate for increased funding, and monitor other efforts to expand funding, for the National Institutes of Health (NIH) specifically for basic and translational pain research, with regular updates to AMA membership; 2) submit supportive testimony on behalf of increased funding for basic and translational pain research at the President's Commission on Combating Drug Addiction; and 3) advocate for current legislation that will increase funding for basic and translational pain research.

Testimony was largely supportive of this resolution. Pain is the single most expensive symptom to treat in the United States. Given this reality, the potential significance of reduced funding for the National institutes of Health (NIH) cannot be overstated. Our AMA has already submitted a letter of general support to the President's Commission on Combating Drug Addiction and the Opioid Crisis that detailed eight specific recommendations for the Commission's consideration. Therefore, the second resolve has already been implemented. Given that the goal of both the first and third resolves is similar, and that some other agencies besides the NIH also receive funding for pain research, your Reference Committee recommends deletion of the first resolve and amendment of the third resolve to call for increased funding, which could apply to all research bodies.
RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 508 be referred.

HOD ACTION: Resolution 508 referred.

Resolution 508 asks that our AMA (1) recognize the potential medical benefits of animal-assisted therapy and animals as companions; and (2) encourage research into the use and implementation of service animals, emotional support animals and animal-assisted therapy as both a therapeutic and management technique of disorders and handicaps when expert opinion and the scientific literature show a potential benefit.

Your Reference Committee heard testimony citing many anecdotal instances of health benefits from service animals, emotional support animals, and companion animals. Others noted that research studies are underway to elucidate the benefits of such animals, but that evidence of their widespread use is insufficient at the moment. There is a need for a clearer definition of emotional support animals. There was anecdotal testimony stating that it is relatively easy to obtain certification for one’s pet as a support animal, but it is unclear what the standards are for certification or if people are obtaining certification out of a desire to travel with their pet. It was noted that there is a need for better understanding of the current landscape with regard to service and emotional pet assistance, including standards and protocols. Your Reference Committee therefore believes that it would be most appropriate to refer the resolution for further research and understanding on the topic.

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 525 be referred.

HOD ACTION: Resolution 525 referred.

Resolution 525 asks that our AMA 1) advocate for new federal legislation that would allow nursing homes to recycle prescription drugs that are unused, sealed, and dated; 2) advocate for new federal legislation that would allow physician offices and clinics to donate prescription drugs that are unused, sealed, and dated to patients in need who are uninsured or underinsured; and 3) advocate for new federal legislation that would allow cancer programs and clinics to accept and recycle cancer-specific drugs to patients in need who are uninsured or underinsured.
Your Reference Committee heard opposing viewpoints on this resolution. The Council on Science and Public Health suggested reaffirming current policy H-280.959 as the primary action. Those in support emphasized that some prescription drug products go to waste, including some that are very expensive, and that some pilot projects have been successful. Those in opposition emphasized that in order to recycle or donate leftover prescription drugs, many substantive issues must be addressed in order to maintain product integrity, ensure track and trace technology, and avoid counterfeit or substandard products. The National Association of Boards of Pharmacy has model legislative principles in place. Given that pharmacy and medical practice are regulated at the state level, your Reference Committee opposes federal oversight. Because so many potentially conflicting issues are apparent, referral is recommended.

(16) RESOLUTION 501 – AIRPLANE EMISSIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 501 not be adopted.

HOD ACTION: Resolution 501 not adopted.

Resolution 501 asks that our AMA urge the President and the Environmental Protection Agency to expeditiously publish regulations, including binding limits on carbon dioxide emissions and other hazardous byproducts, that will stimulate development of clean aviation technology.

Testimony was significant, noting the large amount of data already existing on this topic and also noting that airplane manufacturers and airlines are actively working to reduce emissions and fuel consumption, and such emissions are a very small contributor to greenhouse gases. Several organizations, including the Air Force and the International Civil Aviation Organization, offered to provide copies of recently released reports on this topic. Because of the available data and the successful efforts of the aviation industry that are already underway, your Reference Committee believes that not adopting this Resolution is the best course of action.

(17) RESOLUTION 510 – BAN ON THE USE OF PARAQUAT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 510 not be adopted.

HOD ACTION: Resolution 510 not adopted.

Resolution 510 asks that our AMA seek appropriate legislation to permanently ban the use of Paraquat in all forms in the United States.

Testimony was limited on this Resolution. The toxicity of paraquat was noted; however, others testified to the importance of paraquat in industrial farming. The special license and specialized training course required to obtain paraquat products in the United States...
were mentioned. Your Reference Committee believes that the EPA already has stringent regulations on paraquat, which were recently strengthened in a 2016 registration review, and that a permanent ban is not warranted, therefore, your Reference Committee recommends not adopting Resolution 510.

(18) RESOLUTION 520 – COMBINATION
CLOTRIMAZOLE/BETAMETHASONE DIPOPRIONATE CREAM WARNING

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 520 not be adopted.

HOD ACTION: Resolution 520 not adopted.

Resolution 520 asks that our AMA work with the U.S. Food and Drug Administration to review the safety and indications of the combination clotrimazole/betamethasone dipropionate cream and lotion.

Testimony on this item was limited and mixed, especially with regard to whether the approved drug product identified in the resolution has clinical value. The FDA-approved indication for this drug combination is for the topical treatment of symptomatic inflammatory tinea pedis, tinea cruris, and tinea corporis due to *Epidermophyton floccosum*, *Trichophyton mentagrophytes*, and *Trichophyton rubrum* in patients 17 years and older. Published literature supports use in specific clinical situations. The reference to relevant guidelines from the American Academy of Dermatology was not confirmed. Your Reference Committee does not believe that the requests of this resolution would represent a wise investment of AMA resources, nor is it the role of the AMA, and therefore recommends against adoption.

(19) RESOLUTION 521 – RETAIL PRESCRIPTION BOTTLE LABEL PRIVACY

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 521 not be adopted.

HOD ACTION: Resolution 521 not adopted.

Resolution 521 asks that our AMA petition the American Pharmacists Association, the U.S. Food and Drug Administration and other relevant agencies, to recommend that labels used for retail prescription bottles be affixed in a manner that allows easy removal or destruction to protect patient privacy.

Limited testimony was offered indicating the extent of the problem regarding the adhesive properties of prescription drug labels, and the organizations and agencies referred to in the resolution do not have authority over this issue. Considerable testimony stated concerns regarding safety and legal issues of medication containers with labels.
that may inadvertently fall off. Your Reference Committee believes that it is most important that identification and instruction labels affixed to the prescription drug container remain in place, especially for older patients who are often taking multiple medications. Other easy solutions (e.g., using a permanent marker, soaking in water) are available as alternatives.

(20) RESOLUTION 502 – ACCESS TO COSMETIC PRODUCT INGREDIENTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Policy H-440.855 be reaffirmed in lieu of Resolution 502.


Resolution 502 asks that our AMA 1) encourage the U.S. Food and Drug Administration to mandate that all manufacturers of cosmetics, skincare products, nail polish, and sunscreens make their full ingredient lists available on the package and online to consumers; and 2) prepare a report to increase awareness of acrylate allergy, update potential sources of occupational and non-occupational exposure, and provide an update as to the best ways and barrier methods to avoid acrylate exposure by susceptible individuals, with a report back to the AMA HOD at the 2017 Interim Meeting.

Mixed testimony was offered for this item. Sensitivities to certain cosmetic ingredients were noted, as well as difficulties in identifying the ingredients in some products. The FDA testified that the Federal Food, Drug, and Cosmetic Act already requires manufacturers to list ingredients on product packaging in descending order of predominance. Your Reference Committee also notes that Policy H-440.855 supports the creation of a publicly available registry of all cosmetics and their ingredients. Some questioned whether the resolution language should refer to “personal care products” rather than “cosmetics” so that it would also apply to sunscreens, which are regulated as over-the-counter (OTC) drug products. However, the FDA noted that OTC drug products also are required to list active and inactive ingredients on their labels. Your Reference Committee was made aware of draft legislation requiring ingredient lists for personal care products. Regarding acrylate, testimony pointed out the large number of products that contain acrylates. Your Reference Committee heard testimony from the Dermatology Section Council noting that acrylate awareness efforts are already a part of dermatology practice. Additionally, your Reference Committee is aware of several other existing regulatory and educational efforts intended to limit acrylate exposure. The Occupational Safety and Health Administration has set permissible occupational exposure limits for several acrylate compounds and the Environmental Protection Agency has published hazard summaries for many individual acrylate compounds. Additionally, the National Institute for Occupational Safety and Health has published guidance for nail technicians to prevent exposure. Accordingly, your Reference Committee does not believe that Resolve 2 is necessary. Also, since current law already requires ingredient lists for cosmetics and sunscreen, and current policy supports a
registry of cosmetics and ingredients, your Reference Committee recommends that this
policy be reaffirmed in lieu of Resolution 502.

Policy recommended for reaffirmation:

H-440.855 National Cosmetics Registry and Regulation
1. Our AMA: (a) supports the creation of a publicly available registry of all cosmetics and
their ingredients in a manner which does not substantially effect the manufacturers;
proprietary interests and (b) supports providing the Food and Drug Administration with
sufficient authority to recall cosmetic products that it deems to be harmful. 2. Our AMA
will monitor the progress of HR 759 (Food and Drug Administration Globalization Act of
2009) and respond as appropriate. BOT Action in response to referred for decision Res.
907, I-09

(21) RESOLUTION 514 – RETINOBLASTOMA DUE TO PRE-
NATAL RESIDENTIAL PESTICIDE EXPOSURE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Policy H-135.926 be reaffirmed in lieu of Resolution
514.

HOD ACTION: Policy H-135.926 reaffirmed in lieu of
Resolution 514.

Resolution 514 asks that our AMA 1) encourage the development of appropriate
educational materials designed to enhance physician and general public awareness of
the potential risks of using pesticides at home for pregnant women, including unilateral
retinoblastoma; and 2) encourage physicians to discuss with patients the potential risks
of using pesticides at home for pregnant women, including unilateral retinoblastoma.

Testimony regarding this issue was limited. Some studies have hypothesized that
sporadic mutations leading to retinoblastoma are caused by prenatal exposure to
pesticides. However, this research is limited, and has been criticized as having important
limitations. Because of the uncertainty linking pesticide exposure to retinoblastoma, your
Reference Committee believes it would be inappropriate to adopt this resolution as
worded but believes that reaffirmation of current policy regarding study of the
transgenerational effects of environmental toxins on reproductive health is warranted.

Policy recommended for reaffirmation:

H-135.926 Transgenerational Effects of Environmental Toxins on Reproductive Health
Our AMA encourages study of the transgenerational effects of environmental toxins on
reproductive health and development. Res. 521, A-16
(22) RESOLUTION 516 – IN-FLIGHT EMERGENCIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Policies H-45.978, H-45.982, and H-45.979 be
reaffirmed in lieu of Resolution 516.

HOD ACTION: Policies H-45.978, H-45.982, and H-
45.979 reaffirmed in lieu of Resolves 1, 2, and 4 of
Resolution 516. Resolves 3 and 5 of Resolution
516 referred.

Resolution 516 asks that our AMA 1) support and advocate for a requirement that all
U.S. based commercial carriers consult with the Air Transport Medicine Committee
Aerospace Medical Association every six months to determine the minimal medical
equipment that should be available on domestics and international commercial flights
and provide easy access to that information to passengers in order to aid in responding
to likely emergencies such as adding naloxone to target potential opioid overdoses and
a glucometer given the increase prevalence of diabetes; 2) support and advocate for a
requirement that medical supplies, equipment, and medications available for an inflight
medical emergency are standardized based upon the size and mission of the aircraft
across all domestic and international commercial U.S. based airlines with careful
consideration of flight crew training requirements; 3) support and advocate for a
requirement that fight crews will no longer be required to verify a medical professional’s
credentials before allowing that person to assist with an inflight medical emergency; 4) support and advocate for a requirement that U.S. based commercial carriers develop an
online process for health providers to become credentialed in advance of a flight in order
to respond to an inflight emergency; and 5) offer medical trainees and physicians
medical education courses to prepare for addressing in-flight emergencies during its
meetings and/or by strongly encouraging its affiliated state and local branches to offer
similar education courses.

Mixed testimony was offered on this resolution. The sponsors cited a recent incident
during which an African-American physician who was willing to assist in an in-flight
medical emergency (IFME) was not permitted to do so by the airline staff because they
did not believe she was a physician and she was not carrying proof of licensure. Others
noted the high incidence of IFMEs and the need to ensure that onboard medical supplies
are appropriate for treating the most common emergencies, and that physicians who
volunteer to assist be well-prepared to do so. The Aerospace Medical Association
(AsMA) testified that it went through an extensive process beginning in 2015 to develop
guidance on the topic of IFMEs, and with the collaboration of other medical
organizations, including the AMA, finalized recommendations in 2016 that address what
IFMEs are and how often they occur, on-board medical supplies, cabin crew training,
automated external defibrillators, and legal aspects. Several other aviation
organizations, including the International Air Transport Association and the International
Civil Aviation Organization, regularly study and make recommendations on IFMEs.
Regarding credentialing, the AsMA and others noted that the Federal Aviation
Administration does not require that physicians present their credentials before they are
permitted to assist in a medical emergency. While some supported the requirement that
those volunteering to assist be required to prove they are a physician, other testimony posited that the requirement for an online process for credentialing could be a barrier since a physician who has not registered but who is willing and able to provide care during an emergency may not be allowed to provide care. Your Reference Committee believes that the extensive work by AsMA and others, as well as current AMA policy, address IFMEs in depth, and therefore recommends reaffirmation of those policies in lieu of the resolution.

Policies recommended for reaffirmation:

H-45.978 In-flight Medical Emergencies
Our AMA urges: (1) urges that decisions to expand the contents of in-flight emergency medical kits and place emergency lifesaving devices onboard commercial passenger aircraft be based on empirical data and medical consensus; in-flight medical supplies and equipment should be tailored to the size and mission of the aircraft, with careful consideration of flight crew training requirements; and (2) the Federal Aviation Administration to work with appropriate medical specialty societies and the airline industry to develop and implement comprehensive in-flight emergency medical systems that ensure: (a) rapid 24-hour access to qualified emergency medical personnel on the ground; (b) at a minimum, voice communication with qualified ground-based emergency personnel; (c) written protocols, guidelines, algorithms, and procedures for responding to in-flight medical emergencies; (d) efficient mechanisms for data collection, reporting, and surveillance, including development of a standardized incident report form; (e) adequate medical supplies and equipment aboard aircraft; (f) routine flight crew safety training; (g) periodic assessment of system quality and effectiveness; and (h) direct supervision by physicians with appropriate training in emergency and aerospace medicine. (CSA Rep. 3, I-99 Reaffirmed: CSAPH Rep. 1, A-09 Reaffirmation I-14 Reaffirmed in lieu of: Res. 502, A-16)

H-45.982 Improvement in US Airlines Aircraft Emergency Kits
Our AMA urges federal action to require all US air carriers to report data on in-flight medical emergencies, specific uses of in-flight medical kits and emergency lifesaving devices, and unscheduled diversions due to in-flight medical emergencies; this action should further require the Federal Aviation Administration to work with the airline industry and appropriate medical specialty societies to periodically review data on the incidence and outcomes of in-flight medical emergencies and issue recommendations regarding the contents of in-flight medical kits and the use of emergency lifesaving devices aboard commercial aircraft. (Res. 507, A-97 Amended: CSA Rep. 3, I-99 Reaffirmed: CSAPH Rep. 1, A-09 Reaffirmed in lieu of: Res. 502, A-16)

H-45.979 Air Travel Safety
Our AMA: (1) encourages the ongoing efforts of the Federal Aviation Administration, the airline industry, the Aerospace Medical Association, the American College of Emergency Physicians, and other appropriate organizations to study and implement regulations and practices to meet the health needs of airline passengers and crews, with particular focus on the medical care and treatment of passengers during in-flight emergencies; (2) encourages physicians to inform themselves and their patients on the potential medical risks of air travel and how these risks can be prevented; and become knowledgeable of medical resources, supplies, and options that are available if asked to render assistance during an in-flight medical emergency; and (3) will support efforts to educate the flying
Madam Speaker, this concludes the report of Reference Committee E. I would like to thank O. Lee Berkenstock, MD, Brooks Bock, MD, Peter J. Dunbar, MD, Kevin King, MD, Michelle Knopp, H. Timberlake Pearce, MD, and all those who testified before the Committee as well as our AMA staff.

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