AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-18)

Report of Reference Committee D

Shannon Kilgore, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 11 – Housing Provision and Social Support to Immediately Alleviate Chronic Homelessness in the United States
4. Resolution 411 – Reporting Child Abuse in Military Families
5. Resolution 423 – Grill Brush Warning
6. Resolution 432 – Legal Action to Compel FDA to Regulate E-Cigarettes
7. Resolution 434 – Health Care Workplace Ergonomics

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

8. Board of Trustees Report 28 – Mandatory Public Health Reporting of Law Enforcement-Related Injuries and Deaths
11. Resolution 401 – Danger from Bright Vehicle Headlights
12. Resolution 402 – Schools as Gun-free Zones
13. Resolution 404 – Emphasizing the Human Papillomavirus Vaccine as Anti-Cancer Prophylaxis for a Gender-Neutral Demographic
15. Resolution 408 – Ending Money Bail to Decrease Burden on Lower Income Communities
16. Resolution 409 – Food Advertising Targeted to Black and Latino Youth Contributes to Health Disparities
17. Resolution 412 – Reducing the Use of Restrictive Housing in Prisoners with Mental Illness
19. Resolution 416 – Medical Respite Care for Homeless Adults
22. Resolution 421 – Product Date Labels
24. Resolution 424 – Rape and Sexual Assault on College Campuses
25. Resolution 425 – Hospital Food Labeling
27. Resolution 427 – Support Gun Buyback Programs in Order to Reduce the Number of Circulating Unwanted Firearms
28. Resolution 428 – LGBTQIA+ Inclusive Sex Education Alongside Heterosexual Sex Education
29. Resolution 429 – E-Cigarette Ingredients

RECOMMENDED FOR REFERRAL

30. Board of Trustees Report 27 – Policy and Economic Support for Early Child Care
31. Resolution 410 – Opposition to Measures that Criminalize Homelessness
32. Resolution 413 – Improving Safety and Health Code Compliance in School Facilities
33. Resolution 430 – Vector-Borne Diseases
34. Resolution 431 – Low Nicotine Cigarette Product Standard

RECOMMENDED FOR REFERRAL FOR DECISION

35. Resolution 419 – Violence Prevention
36. Resolution 433 – Firearm Safety

RECOMMENDED FOR NOT ADOPTION

37. Resolution 420 – Mandatory Influenza Vaccination Policies for Healthcare Workers

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

38. Resolution 403 – School Safety and Mental Health

Resolutions handled via the Reaffirmation Consent Calendar:
Resolution 406 – Support for Public Health Violence Prevention Programs
Resolution 415 – Reducing Gun Violence in America
(1) BOARD OF TRUSTEES REPORT 11 - HOUSING
PROVISION AND SOCIAL SUPPORT TO IMMEDIATELY
ALLEVIATE CHRONIC HOMELESSNESS IN THE
UNITED STATES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that recommendations in Board of Trustees Report 11 be adopted and the remainder of the report be filed.

Board of Trustees Report 11 recommends that Policy, H-160.903, “Eradicating Homelessness,” be amended to recognize that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless. Furthermore, adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address this societal problem on a long-term basis.

Your Reference committee heard support for Board of Trustees Report 11. The positive impact of stable and affordable housing was noted in testimony, along with the effectiveness of Housing First in improving quality of life in those who are homeless. While one individual spoke regarding the need to address chronically homeless individuals with substance use disorders, your Reference Committee felt that this was addressed by noting the need for adaptive strategies based on regional variations and community characteristics. Therefore, your Reference Committee agrees that Board of Trustees Report 11 be adopted.

(2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 1 - CSAPH SUNSET REVIEW OF 2008 HOUSE OF DELEGATES POLICIES

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.

Council on Science and Public Health Report 1 presents the Council’s recommendations on the disposition of House policies from 2008 that were assigned to it. The report recommends that the House of Delegate policies that are listed in the Appendix to the report be acted upon in the manner indicated and the remainder of the report be filed.

There were no concerns raised regarding the Council on Science and Public Health’s Sunset Review of 2008 House of Delegate Policies. Therefore, your Reference Committee recommends that Council on Science and Public Health Report 1 be adopted.
(3) RESOLUTION 405 - RACIAL HOUSING SEGREGATION
AS A DETERMINANT OF HEALTH AND PUBLIC
ACCESS TO GEOGRAPHIC INFORMATION SYSTEMS
(GIS) DATA

RECOMMENDATION:

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

Resolution 405 asks that our American Medical Association oppose policies that enable
racial housing segregation and advocate for continued federal funding of publicly-
accessible geospatial data on community racial and economic disparities and disparities
in access to affordable housing, employment, education, and healthcare, including but
not limited to the Department of Housing and Urban Development Affirmatively
Furthering Fair Housing tool.

Your Reference Committee heard unanimous support for Resolution 405. Your
Reference Committee agrees that racial housing segregation is a contributing factor to
health disparities. Geographic Information Systems (GIS) data is a critical tool for public
health researchers to map and address health disparities. Therefore, your Reference
Committee recommends that Resolution 405 be adopted.

(4) RESOLUTION 411 - REPORTING CHILD ABUSE IN
MILITARY FAMILIES

RECOMMENDATION:

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

Resolution 411 asks that our American Medical Association support state and federal-
run child protective services in reporting child abuse and neglect in the military to the
Family Advocacy Program within the Department of Defense.

Your Reference Committee heard unanimous support for Resolution 411. It was noted
that child abuse and neglect is underreported in military families. Your Reference
Committee agrees that our American Medical Association should support state and
federal-run child protective services in reporting child abuse and neglect brought to their
attention to the Family Advocacy Program within the Department of Defense. It was
suggested that our American Medical Association may want to consider contacting state
governors to advocate for this policy. Therefore, your Reference Committee
recommends that Resolution 411 be adopted.
(5) RESOLUTION 423 - GRILL BRUSH WARNING

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 423 be adopted.

Resolution 423 asks that our American Medical Association request that the appropriate federal agency require the placement of a warning label on all wire-bristle grill brushes informing consumers about the possibility of wire bristles breaking off and being accidentally ingested.

Your Reference Committee heard limited testimony supporting Resolution 423. Your Reference Committee agrees that it is important to increase awareness among consumers, manufacturers, retailers, and medical professionals to promote prevention, timely diagnosis, and appropriate treatment of grill brush injuries. Therefore, your Reference Committee recommends that Resolution 423 be adopted.

(6) RESOLUTION 432 - LEGAL ACTION TO COMPEL FDA TO REGULATE E-CIGARETTES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 432 be adopted.

Resolution 432 asks that our American Medical Association consider joining other medical organizations in an amicus brief supporting the American Academy of Pediatrics legal action to compel the U.S. Food and Drug Administration to take timely action to establish effective regulation of e-cigarettes, cigars and other nicotine tobacco products.

Your Reference Committee heard testimony in support of Resolution 432. Your Reference Committee agrees that our American Medical Association should consider joining in an amicus brief to compel the Food and Drug Administration to take timely action to regulate e-cigarettes, cigars and other nicotine tobacco products. Your Reference Committee agrees that the FDA is putting children at risk by allowing e-cigarettes, cigars and other nicotine tobacco products to stay on the market without adequate information about their impact. Therefore, your Reference Committee recommends that Resolution 432 be adopted.
(7) RESOLUTION 434 – WORKPLACE ERGONOMICS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 434 be adopted.

Resolution 434 asks that our American Medical Association (1) support research on reducing physician and staff ergonomic injuries in the health care workplace, including but not limited to studying medical instrument and work station design and development; and (2) work with resident training programs, hospitals and other interested parties to help integrate evidence-based ergonomics programs with other types of wellness programs for physicians and medical staff.

Resolution 434 also asks that our AMA advocate for legislation that would: (1) appropriate an adequate percentage of research dollars to National Institutes of Health (NIH), NIH Institutes, National Science Foundation (NSF), The National Institute for Occupational Safety and Health (NIOSH), and National Academy of Medicine for basic and advanced research of health care workplace ergonomics; and (2) require that such research be focused on practicing physicians, with practicing physicians as Principal Investigators.

Your Reference Committee heard testimony in support of Resolution 434. Testimony noted that work-related disorders in physicians are often underreported and receive little attention because of the constraints of studying ergonomics. It was noted in testimony that it is cheaper to prevent an injury than to treat it. Your Reference Committee agrees that workplace ergonomics are an important aspect to physician health. Therefore, your Reference Committee recommends that Resolution 434 be adopted.

(8) BOARD OF TRUSTEES REPORT 28 - MANDATORY
PUBLIC HEALTH REPORTING OF LAW
ENFORCEMENT-RELATED INJURIES AND DEATHS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Recommendation 1 of Board of Trustees Report 28 be amended by addition to read as follows:

1. That current AMA Policy H-515.955, “Research the Effects of Physical or Verbal Violence Between Law Enforcement Officers and Public Citizens on Public Health Outcomes,” be amended by addition and deletion to read as follows:

H-515.955, “Research the Effects of Physical or Verbal Violence Between Law Enforcement Officers and Public Citizens on Public Health Outcomes”

Our AMA: 1. Our AMA encourages the National Academies of Sciences, Engineering, and Medicine and other interested parties
to study the public health effects of physical or verbal violence between law enforcement officers and public citizens, particularly within ethnic and racial minority communities. 2. Our AMA affirms that physical and verbal violence between law enforcement officers and public citizens, particularly within racial and ethnic minority populations, is a social determinant of health. 3. Our AMA encourages the Centers for Disease Control and Prevention as well as state and local public health departments and agencies to research the nature and public health implications of violence involving law enforcement. 4. Encourages states to require the reporting of legal intervention deaths and law enforcement officer homicides to public health agencies. 5. Encourages appropriate stakeholders, including, but not limited to the law enforcement and public health communities, to define “serious injuries” for the purpose of systematically collecting data on law enforcement-related non-fatal injuries among civilians and officers. (Modify Current HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 28 be adopted as amended and the remainder of the report be filed.

The Board of Trustees Report 28 examines the reporting of law enforcement-related injuries and deaths. The report recommends amending AMA Policy H-515.955, “Research the Effects of Physical or Verbal Violence Between Law Enforcement Officers and Public Citizens on Public Health Outcomes,” to encourage states to require the reporting of legal intervention deaths and law enforcement officer homicides to public health agencies. The report also recommends reaffirming existing Policy, H-145.975, “Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care,” which supports increased funding for and the expansion of the National Violent Death Reporting System to all 50 states and territories.

Your Reference Committee heard testimony that was mostly supportive of the recommendations in Board of Trustees Report 28. Some concerns were raised that the report did not address the issue of serious injuries. Your Reference Committee notes the report discusses the numerous definitions of “law enforcement-related deaths” and recognizes that the term “serious injuries” is even less clear. Your Reference Committee felt that a good starting point to address this issue would be to develop a common definition of the types of injuries that should be reported. Your Reference Committee also heard testimony about the need to include deaths while in custody and felt that while this is an important issue, it is difficult to define law-enforcement related deaths. Your Reference Committee felt it was best to stick with the term legal-intervention death as recommended in the report. Therefore, Your Reference Committee recommends that Board of Trustees Report 28 be adopted as amended.
(9) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
4 - THE PHYSICIAN’S ROLE IN FIREARM SAFETY

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Recommendation 1 in Council on Science and Public Health Report 4 be amended by addition and deletion to read as follows:

Firearms and High-Risk Individuals
Our AMA supports: (1) the establishment of laws allowing family members, intimate partners, household members, and law enforcement personnel to petition a court for the removal of a firearm when there is a high or imminent risk for violence; (2) prohibiting persons who are under domestic violence restraining orders or convicted of misdemeanor domestic violence crimes or stalking, including dating partners, from possessing or purchasing firearms; (3) expanding domestic violence restraining orders to include dating partners; (4) requiring states to have protocols or processes in place for requiring the removal of firearms by prohibited persons; (5) requiring domestic violence restraining orders and gun violence restraining orders to be entered into the National Instant Criminal Background Check System; and (6) efforts to ensure the public is aware of the existence of laws that allow for the removal of firearms from high-risk individuals.

(New HOD Policy)

RECOMMENDATION B:

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

Council on Science and Public Health Report 4 is a Council initiated report focused on the role of physicians in promoting firearm safety. The report recommends that our AMA support: (1) the establishment of laws allowing family members, intimate partners, household members, and law enforcement personnel to petition a court for the removal of a firearm when there is a high or imminent risk for violence; (2) prohibiting persons who are under domestic violence restraining orders or convicted of misdemeanor domestic violence crimes, including dating partners, from possessing or purchasing firearms; (3) requiring states to have protocols or processes in place for requiring the removal of firearms by prohibited persons; (4) requiring domestic violence restraining orders and gun violence restraining orders to be entered into the National Instant Criminal Background Check System; and (5) efforts to ensure the public is aware of the existence of laws that allow for the removal of firearms from high-risk individuals. The report also recommends amending Policy H-145.975, “Firearm Safety and Research,
Reduction in Firearm Violence, and Enhancing Access to Mental Health Care,” to (a) recognizes the role of firearms in suicides, (b) encourages the development of curricula and training for physicians with a focus on suicide risk assessment and prevention as well as lethal means safety counseling, and (c) encourages physicians, as a part of their suicide prevention strategy, to discuss lethal means safety and work with families to reduce access to lethal means of suicide.

The Council was thanked for their thoughtful and informative report on this timely issue. Testimony was unanimously supportive of the recommendations in this report. It was noted that physicians should be leaders on this issue and the recommendations in the report are a step in the right direction. There was also support for Resolutions 419 and 433, which address similar issues. It was felt that the language in the Council’s recommendations was more comprehensive than that of the resolutions addressing similar topics. Your Reference Committee did feel that the issue of stalking, which was referenced in Resolution 433, should be referenced in policy. Therefore, your Reference Committee recommends that CSAPH Report 4 be adopted as amended.

(10) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
5 - TOBACCO HARM REDUCTION: A COMPREHENSIVE NICOTINE POLICY TO REDUCE DEATH AND DISEASE CAUSED BY SMOKING

RECOMMENDATION A:

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

1. That Policy H-495.988, “FDA Regulation of Tobacco Products,” be amended by addition and deletion to read as follows:

H-495.988 FDA Regulation of Tobacco Products
1. Our AMA: (A) reaffirms its position acknowledges that all tobacco products (including but not limited to, cigarettes, smokeless tobacco, chewing tobacco, and hookah/water pipe tobacco) are harmful to health, and that there is no such thing as a safe cigarette; (B) recognizes that currently available evidence from short-term studies points to electronic cigarettes as containing fewer toxicants than combustible cigarettes, but the use of electronic cigarettes is not harmless and is associated with increases youth risk of the use of combustible tobacco cigarettes in youth; (C) encourages long-term studies of vaping (the use of electronic nicotine delivery systems) and recognizes that complete cessation of the use of tobacco and nicotine-related products is the goal; (DB) asserts that tobacco is a raw form of the drug nicotine and that tobacco products are delivery devices for an addictive substance; (EC) reaffirms
its position that the Food and Drug Administration (FDA) does **have** and should continue to have, authority to regulate tobacco products, including their manufacture, sale, distribution, and marketing; (FD) strongly supports the substance of the August 1996 FDA regulations intended to reduce use of tobacco by children and adolescents as sound public health policy and opposes any federal legislative proposal that would weaken the proposed FDA regulations; (GE) urges Congress to pass legislation to phase in the production of less hazardous and less toxic tobacco, and to authorize the FDA have broad-based powers to regulate tobacco products; (HF) encourages the FDA and other appropriate agencies to conduct or fund research on how tobacco products might be modified to facilitate cessation of use, including elimination of nicotine and elimination of additives (e.g., ammonia) that enhance addictiveness; and (IG) strongly opposes legislation which would undermine the FDA's authority to regulate tobacco products and encourages state medical associations to contact their state delegations to oppose legislation which would undermine the FDA's authority to regulate tobacco products… (Amend Current HOD Policy)

RECOMMENDATION B:

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

2. That Policy H-495.972, “Electronic Cigarettes, Vaping, and Health: 2014 Update,” be amended by addition and deletion to read as follows, with a change in title:

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 measures to assure the safety of children in the home who could be exposed to risks of nicotine
overdose via ingestion of replacement e-cigarette liquid that is capped or stored improperly. 2. Our AMA (a) encourages further clinical and epidemiological research on e-cigarettes; 3. Our AMA (b) supports education of the public on the health effects, including toxins and carcinogens of electronic nicotine delivery systems (ENDS) including e-cigarettes; and (c) recognizes that the use of products containing nicotine in any form among youth, including e-cigarettes, is unsafe and can cause addiction.

(Amend Current HOD Policy)

RECOMMENDATION C:

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

Council on Science and Public Health Report 5 examined the available evidence on the use of non-combustible tobacco products for the purposes of harm reduction. The report recommends amending exiting Policy, H-495.988 “FDA Regulation of Tobacco Products” to recognize that currently available evidence from short-term studies points to electronic cigarettes as containing fewer toxicants than combustible cigarettes, but the use of electronic cigarettes is not harmless and is associated with the use of combustible tobacco cigarettes in youth. The policy also encourages long-term studies of vaping and recognizes that complete cessation of the use of tobacco and nicotine-related products is the goal. The report also recommends that Policy H-495.972, “Electronic Cigarettes, Vaping, and Health: 2014 Update,” be amended to recognize that the use of products containing nicotine in any form among youth, including e-cigarettes, is unsafe and can cause addiction.

Your Reference Committee heard mostly supportive testimony on the recommendations in Council on Science and Public Health Report 5. The American Academy of Pediatrics offered an amendment to strengthen the language around the increased risk of smoking combustible tobacco cigarettes by those youth who use electronic cigarettes. The Council on Science and Public Health supported this amendment. An additional proposed amendment suggested striking the language noting that the evidence pointing to there being fewer toxicants in electronic cigarettes. The Council noted that while this may not be popular, it reflects the current state of the evidence. Additional amendments specified that the education on e-cigarettes should focus on the health effects. Your Reference Committee agreed with this sentiment. While some spoke to referral of the report, your Reference Committee noted that the majority of those who testified supported adoption. Therefore, Your Reference Committee recommends the adoption of Council on Science and Public Health Report 5 as amended.
(11) RESOLUTION 401 - DANGER FROM BRIGHT VEHICLE HEADLIGHTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the following resolution be adopted in lieu of Resolution 401.

ADAPTIVE DRIVING BEAM HEADLIGHTS
RESOLVED, That our American Medical Association encourage the National Highway Traffic Safety Administration to undertake the necessary rulemaking to integrate automated high-beam to low-beam headlight switching lamps into the Federal Motor Vehicle Safety Standards. (Directive to Take Action)

Resolution 401 asks that our American Medical Association: (1) study the danger of bright vehicle headlights and report back to the House of Delegates, (2) study the safety risks to drivers and their passengers when they approach vehicles with incandescent, xenon gas or LED headlights, as well as the use of other technologies such as automated steering and automated windshield tinting to mitigate the risks, (3) advocate for mandatory automated high-beam to low-beam headlight switching systems that would operate when an approaching vehicle headlight is detected.

Your Reference Committee heard limited, but supportive testimony on Resolution 401. The Council on Science and Public Health noted that incandescent, xenon gas, and LED headlights currently meet the intensity requirements specified in the Federal Motor Vehicle Safety Standards (FMVSS). However, NHTSA is sponsoring research to determine what changes may need to be made to the lighting standard to ensure the appropriate balance between visibility and glare. Since this research is underway, the AMA should not undertake this study. The Council did note the need to update the FMVSS to facilitate the integration of automated high-beam to low-beam headlight switching lamps into the current standard as this technology is being utilized in other countries. Your Reference Committee agrees and recommends the amended language in lieu of Resolution 401.

(12) RESOLUTION 402 - SCHOOLS AS GUN-FREE ZONES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 402 be amended by addition to read as follows:

RESOLVED, that our AMA advocate for schools to remain gun-free zones except for school-sanctioned activities, and be it further
RECOMMENDATION B:

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

Resolution 402 asks that our American Medical Association advocate for schools to remain gun-free zones and oppose requirements or incentives of teachers to carry weapons.

Your Reference Committee heard extensive testimony on this resolution, existing policy already encourages states to adopt legislation enabling schools to limit and control the possession and storage of weapons or potential weapons on school property. Testimony suggested that there be exceptions for military schools as well as the use of guns that fire non-lethal projectiles as used in some sports. Your Reference Committee addressed this by adding an exception for school-sanctioned activities. Your Reference Committee also heard strong support regarding the need for those who carry weapons to undergo extensive training. There was agreement that allowing teachers to carry weapons may exacerbate the problem so the Reference Committee retained the second Resolve. Your Reference Committee recommends that Resolution 402 be adopted as amended.

RESOLUTION 404 - EMPHASIZING THE HUMAN PAPILLOMAVIRUS VACCINES AS ANTI-CANCER PROPHYLAXIS FOR A GENDER-NEUTRAL DEMOGRAPHIC

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Policy D-170.995 be amended by addition and deletion to read as follows:

Human Papillomavirus (HPV) Inclusion in High School Education Curricula

Our AMA will: (1) strongly urge existing school health education programs to emphasize the high prevalence of human papillomavirus in both males and females all genders, the causal relationship of (HPV) to genital lesions and cervical cancer, and the importance of routine pap smears in the early detection of cervical cancer; (2) urge that students and parents be educated about (HPV) and the availability of the (HPV) vaccine; and (3) support appropriate stakeholders to increase public awareness of HPV vaccine effectiveness for all genders against HPV-related cancers.
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that policy D-170.995 be **adopted as amended in lieu of Resolution 404**.

Resolution 404 asks that our American Medical Association acknowledge HPV vaccines as beneficial to all genders as anti-cancer and anti-STI and support appropriate stakeholders to increase public awareness of HPV vaccines effectiveness against both HPV-related cancers and STIs.

Your Reference Committee heard testimony in strong support of Resolution 404. Your Reference Committee felt that this was best addressed by amending existing policy on HPV and broadening that policy to address the relationship between HPV and cancer beyond just cervical cancer. It was noted that HPV vaccination should occur before kids are in high school, so the title of the policy has been amended to reflect that. Therefore, your Reference Committee recommends that Resolution 404 be adopted as amended.

(14) RESOLUTION 407 - SUPPORT FOR RESEARCH OF BOXES FOR BABIES' SLEEPING ENVIRONMENT

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 support the encouragement further research of infant safe sleeping environment programs, which could include including, but not limited to, the study of the safety and efficacy of boxes for babies to sleep in as a potential initiative to decrease the incidence of Sudden Unexpected Infant Death in the United States. (New HOD Policy)

RECOMMENDATION B:

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

Resolution 407 asks that our American Medical Association support the research of safe sleeping environment programs, which could include the study of the safety and efficacy of boxes for babies to sleep in as a potential initiative to decrease the incidence of Sudden Unexpected Infant Death in the United States.

The author of this resolution offered a friendly amendment drafted in collaboration with the American Academy of Pediatrics. Testimony noted that baby box programs have been implemented in Finland and research is underway there to determine the effectiveness of baby boxes in reducing sudden unexpected infant deaths. These programs have also been implemented in some states. Your Reference Committee
heard extensive testimony in support of the amended resolution. Therefore, our Reference Committee recommends that Resolution 407 be adopted as amended.

(15) RESOLUTION 408 - ENDING MONEY BAIL TO DECREASE BURDEN ON LOWER INCOME COMMUNITIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 408 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association (1) recognize the adverse health effects of pretrial detention; and (2) support legislation that ends promotes the use of non-financial pretrial financial release options for individuals charged with nonviolent crimes. (New HOD Policy)

RECOMMENDATION B:

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

Resolution 408 asks that our American Medical Association support legislation that ends pretrial financial release options for individuals charged with nonviolent crimes.

Your Reference Committee heard limited testimony, which was in favor of Resolution 408. The authors offered an amendment to clarify that pretrial detention leads to adverse health effects to promote the use of non-financial release options, rather than ending pretrial financial release, for those with violent crimes. Support was offered for the amended language. Your Reference Committee agrees that the amended language should be adopted.

(16) RESOLUTION 409 - FOOD ADVERTISING TARGETED TO BLACK AND LATINO YOUTH CONTRIBUTES TO HEALTH DISPARITIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 409 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA amend Policy H-60.972 by addition and deletion to read as follows:
(1) It is the policy of the American Medical Association to join with appropriate organizations, including the American Academy of Pediatrics, in educating the public about the adverse effects of food advertising aimed at children; and (2) The AMA will support legislation that limits targeted marketing of products that do not meet nutritional standards as defined by the USDA when such marketing targets youth toward youth from especially vulnerable populations; (Modify Current HOD Policy) and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 409 be adopted as amended.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the title of Resolution 409 be changed to read as follows:

FOOD ADVERTISING TARGETED TO YOUTH

Resolution 409 asks that our American Medical Association: (1) establish a formal position advocating against the use of targeted marketing of nutrient-poor food toward youth from vulnerable populations, including minority and low-income populations; (2) amend Policy H-60.972, “Banning Food Commercials Aimed at Children,” by addition and deletion to read as follows: (1) It is the policy of the AMA to join with appropriate organizations, including the American Academy of Pediatrics, in educating the public about the adverse effects of food advertising aimed at children.; and (2) The AMA will support legislation that limits targeted marketing of products that do not meet nutritional standards as defined by the USDA toward youth from vulnerable populations.; and (3) work with the appropriate stakeholders to heighten awareness and regulation of targeted marketing of nutrient-poor food toward youth from vulnerable populations.

Your Reference Committee heard supportive testimony for this resolution. Testimony was heard suggesting that the scope of the resolution should be expanded to all youth, but especially vulnerable populations. Your Reference Committee agreed with this language, and therefore recommends that Resolution 409 be adopted as amended.
(17) RESOLUTION 412 - REDUCING THE USE OF RESTRICTIVE HOUSING IN PRISONERS WITH MENTAL ILLNESS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 412 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association support limiting the use of solitary confinement of any length, with rare exceptions, for incarcerated persons with mental illness, in adult correctional facilities; and be it further

RESOLVED, that our AMA support efforts to ensure that the mental and physical health of all individuals placed in solitary confinement are regularly monitored by health professionals; and be it further

RESOLVED, That our American Medical Association encourage federal, state, local, and private correctional facilities appropriate stakeholders to explore, develop, and implement alternatives to restrictive housing solitary confinement for inmates with mental illness in order to reduce and ultimately eliminate the use of restrictive housing in this population incarcerated persons in all correctional facilities. (New HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 412 be adopted as amended.

Resolution 412 asks that our American Medical Association encourage federal, state, local, and private correctional facilities to explore, develop, and implement alternatives to restrictive housing for inmates with mental illness in order to reduce and ultimately eliminate the use of restrictive housing in this population.

The author of this resolution submitted amended language which included the addition of two resolves and an amended original (third) resolve. Your Reference Committee heard testimony in support of the amended resolution. Limited testimony was also heard regarding the need for solitary confinement in some situations where the safety of the patient or provider is at risk. As a result, the Reference Committee made further edits to allow for exceptions in rare circumstances. Your Reference Committee recommends that Resolution 412 be adopted as amended.
RECOMMENDATION A:

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

RESOLVED, That our American Medical Association amend policy H-170.968 by addition as follows:

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

(1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and direction; (2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth; (f) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and (g) are part of an overall health education program; and (h) include culturally competent materials that are language-appropriate concordant for Limited English Proficiency (LEP) pupils; (3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence.
while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate; (4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program; (5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems; (6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes; (7) Supports federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and (8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy; (9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent; and (10) Encourages physicians and all interested parties to develop best-practice, evidence-based, guidelines for sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate. (Modify Current HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that amended Policy H-170.968 be adopted in lieu of Resolution 414.

Resolution 414 asks that our American Medical Association amend policy H-170.968 by addition as follows:

Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools H-170.968
(1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and direction; (2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth; (f) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and (g) are part of an overall health education program; and (h) include culturally competent materials that are language concordant for Limited English Proficiency (LEP) pupils; (3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate; (4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program; (5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems; (6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes; (7) Supports federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and (8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy; (9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent; and (10) Encourages physicians and all interested parties to develop best-practice, evidence-based, guidelines for sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate.

Your Reference Committee heard testimony in support of this resolution. Testimony asked that the word “concordant” in the new clause be changed to “appropriate”. Your Reference Committee agrees with this friendly amendment and therefore recommends that Resolution 414 be adopted as amended.
(19) RESOLUTION 416 - MEDICAL RESPITE CARE FOR HOMELESS ADULTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 416 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association encourage the National Health Care for the Homeless Council to study the funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 416 be adopted as amended.

Resolution 416 asks that our American Medical Association study funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons.

Very limited, but supportive testimony was heard in favor of this resolution. The Council on Science and Public Health testified that the National Health Care for the Homeless Council (NHCHC) released standards for Medical Respite Care in 2016 to improve quality and consistency across a range of medical respite programs. These standards provide a framework to help programs operate safely and effectively. The Council felt that the NHCHC was in a better position to study this issue than the AMA. Your Reference Committee agrees with the Council and therefore, recommends that Resolution 416 be adopted as amended.

(20) RESOLUTION 417 - REDUCING DISPARITIES IN OBSTETRIC OUTCOMES, MATERNAL MORBIDITY, AND PRENATAL CARE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 417 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association work with stakeholders to encourage research on identifying barriers and developing strategies toward the implementation of evidence-based practices in ethnic minorities to prevent disease conditions that contribute to poor obstetric outcomes, maternal morbidity and maternal
mortality in racial and ethnic minorities. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 417 be adopted as amended.

Resolution 417 asks that our American Medical Association work with stakeholders to encourage research on identifying barriers and developing strategies toward the implementation of evidence-based practices in ethnic minorities to prevent disease conditions that contribute to poor obstetric outcomes, maternal morbidity and maternal mortality.

Your Reference Committee heard ample testimony in support of this resolution. Testimony asked that “racial” be added to the phrase “in ethnic minorities” and that this phrase be moved to the end of the statement in order to make it clearer. Your Reference Committee agrees and therefore recommends that Resolution 417 be adopted as amended.

(21) RESOLUTION 418 - A GUIDE FOR BEST HEALTH PRACTICES FOR SENIORS LIVING IN RETIREMENT COMMUNITIES

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association, urge appropriate organizations, including, but not limited to, in cooperation with other interested parties such as the public health community, geriatric and other relevant medical specialties, the public health community, and AARP, to study the development of a document that could guide on best health practices for the senior independent living community. (Directive to Take Action)

RECOMMENDATION B:

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

Resolution 418 asks that our American Medical Association, in cooperation with other interested parties such as the public health community, geriatric specialties, and AARP, study the development of a document that could guide best health practices for the senior independent living community.
Your Reference Committee heard testimony in support of Resolution 418. The Council on Science and Public Health noted that this resolution is broadly consistent with AMA policy, but that other organizations, such as AARP have already developed some recommendations on best practices for the senior independent living community. It was noted that, while physician input is needed, the AMA may not be in the best position to take the lead on this as there are other organizations that have a long-standing presence in this field. Your Reference Committee agrees and therefore recommends the adoption of Resolution 418 as amended.

(22) RESOLUTION 421 - PRODUCT DATE LABELS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 421 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association endorse support federal standardization of date labels on foods and other products to ensure that the labels address safety concerns. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 421 be adopted as amended.

Resolution 421 asks that our American Medical Association endorse federal standardization of date labels on foods and other products to ensure that they address safety concerns.

Your Reference Committee heard supportive testimony for this resolution due to consumer confusion and the lack of an existing standard for food labels to ensure product safety. Your Reference Committee offers amendments to clarify the intent of the resolution, and acknowledges that “food products” includes beverages. As such, your Reference Committee recommends that Resolution 421 be adopted as amended.

(23) RESOLUTION 422 - SCHOOL DRINKING WATER QUALITY TESTING, MONITORING, AND MAINTENANCE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Policy H-135.928 be amended by addition to read as follows:

Safe Drinking Water
Our AMA supports updates to the U.S. Environmental Protection Agency’s Lead and Copper Rule as well as other state and federal laws to eliminate exposure to lead
through drinking water by: (1) Removing, in a timely manner, lead service lines and other leaded plumbing materials that come into contact with drinking water; (2) Requiring public water systems to establish a mechanism for consumers to access information on lead service line locations; (3) Informing consumers about the health-risks of partial lead service line replacement; (4) Requiring the inclusion of schools, licensed daycare, and health care settings among the sites routinely tested by municipal water quality assurance systems; (5) Creating and implementing standardized protocols and regulations pertaining to water quality testing, reporting and remediation to ensure the safety of water in schools and child care centers; (6) Improving public access to testing data on water lead levels by requiring testing results from public water systems to be posted on a publicly available website in a reasonable timeframe thereby allowing consumers to take precautions to protect their health; (6Z) Establishing more robust and frequent public education efforts and outreach to consumers that have lead service lines, including vulnerable populations; (7Z) Requiring public water systems to notify public health agencies and health care providers when local water samples test above the action level for lead; and (8Z) Seeking to shorten and streamline the compliance deadline requirements in the Safe Drinking Water Act. (10) Actively pursuing changes to the federal lead and copper rules consistent with this policy.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that amended Policy H-135.928 be adopted in lieu of Resolution 422.

Resolution 422 asks that our American Medical Association amend policy H-60.918 by addition to read as follows:

Lead Contamination in Municipal Water Systems as Exemplified by Flint, Michigan H-60.918

1. Our AMA will advocate for biologic (including hematological) and neurodevelopmental monitoring at established intervals for children exposed to lead contaminated water with resulting elevated blood lead levels (EBLL) so that they do not suffer delay in diagnosis of adverse consequences of their lead exposure.

2. Our AMA will urge existing federal and state-funded programs to evaluate at-risk children to expand services to provide automatic entry into early-intervention screening programs to assist in the neurodevelopmental monitoring of exposed children with EBLL.

3. Our AMA will advocate for appropriate nutritional support for all people exposed to lead contaminated water with resulting elevated blood lead levels, but especially exposed pregnant women, lactating mothers and exposed children. Support should
include Vitamin C, green leafy vegetables and other calcium resources so that their bodies will not be forced to substitute lead for missing calcium as the children grow.

4. Our AMA promotes screening, diagnosis and acceptable treatment of lead exposure and iron deficiency in all people exposed to lead contaminated water.

5. Our AMA supports the creation and implementation of standardized protocols and regulations pertaining to water quality testing, reporting and remediation to ensure the safety of water in schools and child care centers (Modify Current HOD Policy); and that our AMA actively pursue changes to the federal lead and copper rules consistent with AMA policy H-135.928.

Your Reference Committee heard testimony unanimously in support of this resolution. Your Reference felt that the proposed amendments did not fit well in Policy H-60.918, which deals with screening and support for people exposed to lead. Your Reference Committee felt that the amendments fit better in the AMA's existing policy on safe drinking water and have incorporated them accordingly.

(24) RESOLUTION 424 - RAPE AND SEXUAL ABUSE ON COLLEGE CAMPUSES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 424 be amended by addition to read as follows:

RESOLVED, That our American Medical Association work with relevant stakeholders to evaluate, address the issues of rape, sexual abuse, and physical abuse on college campuses and the role state medical societies and our AMA can play in helping to address and resolve these issues (Directive to Take Action); and be it further

RESOLVED, That our AMA strongly express our concerns about the problems of rape, sexual abuse, and physical abuse on college campuses. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 424 be adopted as amended.

Resolution 424 asks that our American Medical Association evaluate the issues of rape, sexual abuse, and physical abuse on college campuses and the role state medical societies and our AMA can play in helping to address and resolve these and strongly express our concerns about the problems of rape, sexual abuse, and physical abuse on college campuses.

Your Reference Committee heard supportive testimony for this resolution and believes that it can best be addressed in collaboration with the leading organizations already working on this issue. Working with relevant stakeholders encompasses state medical
societies. Therefore your Reference Committee recommends that Resolution 424 be adopted as amended.

(25) RESOLUTION 425 - HOSPITAL FOOD LABELING

RECOMMENDATION A:

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

RESOLVED, That our AMA modify Policy H-150.949 by addition to read as follows:

Healthy Food Options in Hospitals H-150.949
1. Our AMA encourages healthy food options be available, at reasonable prices and easily accessible, on hospital premises.
2. Our AMA hereby calls on US hospitals to improve the health of patients, staff, and visitors by: (a) providing a variety of healthful food, including plant-based meals, and meals that are low in fat, sodium, and added sugars; (b) eliminating processed meats from menus; and (c) providing and promoting healthful beverages.
3. Our AMA hereby calls for hospital cafeterias and inpatient meal menus to publish nutrition information similar to what is being required for chain restaurants.

(Modify Current HOD Policy)

RECOMMENDATION B:

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

Resolution 425 asks that our American Medical Association modify Policy H-150.949 by addition to read as follows:

Healthy Food Options in Hospitals H-150.949
1. Our AMA encourages healthy food options be available, at reasonable prices and easily accessible, on hospital premises. 2. Our AMA hereby calls on US hospitals to improve the health of patients, staff, and visitors by: (a) providing a variety of healthful food, including plant-based meals, and meals that are low in fat, sodium, and added sugars; (b) eliminating processed meats from menus; and (c) providing and promoting healthful beverages.

3. Our AMA hereby calls for hospital cafeterias and inpatient meal menus to publish nutrition information similar to what is being required for chain restaurants. (Modify Current HOD Policy)

Your Reference Committee heard testimony in support of this resolution. The resolution calls for an amendment to current policy to add a third clause. Testimony supported the removal of the reference to restaurants in the new clause. Your Reference Committee
agrees with the removal, as guidelines for chain restaurants may change and the AMA should support nutrition information in hospital settings regardless. Your Reference Committee also changed “healthful” to “healthy” for consistency with the title. Therefore your Reference Committee recommends that Resolution 425 be adopted as amended.

(26) RESOLUTION 426 - DECREASE ADOLESCENT MORTALITY THROUGH MORE COMPREHENSIVE GRADUATED DRIVER LICENSING PROGRAMS

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association support the standardization and implementation of more comprehensive Graduated Driver Licensing programs including but not limited to increasing more stringent permit and licensing age requirements, mandatory minimum training hours, and nighttime and teenage passenger restrictions. (New HOD Policy)

RECOMMENDATION B:

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

Resolution 426 asks that our American Medical Association support the standardization and implementation of more comprehensive Graduated Driver Licensing programs including but not limited to increasing permit and licensing age requirements, mandatory minimum training hours, and nighttime and teenage passenger restrictions.

Your Reference Committee heard testimony in support of this resolution. It was noted that while all states have adopted some form of graduated drivers licensing program, few of them incorporate best practices as identified by leading national organizations. An amendment was proposed to encourage working towards more comprehensive graduated drivers licensing programs rather than the standardization and implementation of such programs. Your Reference Committee agrees with the amendment. It was also noted in testimony that state medical associations should be working to address this issue. Your Reference Committee recommends the adoption of Resolution 426 as amended.
(27) RESOLUTION 427 - SUPPORT GUN BUYBACK PROGRAMS IN ORDER TO REDUCE THE NUMBER OF CIRCULATING UNWANTED FIREARMS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 427 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association supports the institution concept of gun buyback programs as well as research to determine the effectiveness of the programs in reducing firearm injuries and deaths. (New HOD Policy)

RECOMMENDATION B:

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

Resolution 427 asks that our American Medical Association support the institution of gun buyback programs.

Your Reference Committee heard testimony in support of the concept of gun buyback programs. Your Reference Committee agrees that this may be one of many approaches needed to address the issue. Testimony also noted the need for destruction of guns in such programs. However, it was also noted that there is not currently evidence to support gun buyback programs as a method to reduce violence. Your Reference Committee believes that research should be conducted on gun buyback programs, to determine the best approach to designing these programs in a manner that reduces firearm injuries and deaths.

(28) RESOLUTION 428 - LGBTQIA+ INCLUSIVE SEX EDUCATION ALONGSIDE HETEROSEXUAL SEX EDUCATION

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Policy, H-170.968 be amended by addition to read as follows:

Our AMA:

(1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and direction;
(2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth; (f) appropriately and comprehensively address the sexual behavior of all people, inclusive of sexual and gender minorities; (g) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and (hg) are part of an overall health education program;...

RECOMMENDATION B:

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

Resolution 428 asks that our American Medical Association update the policy on Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools to mandate inclusive sexuality education in all schools.

Testimony was supportive of Resolution 428. The author offered the above amendment, which clarified the language that should be included in existing AMA policy, the terminology of which is consistent with other existing AMA policy. Your Reference Committee agreed with this language and recommends that Resolution 428 be adopted as amended.

(29) RESOLUTION 429 - E-CIGARETTE INGREDIENTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 429 be amended by addition to read as follows:
RESOLVED, That our American Medical Association urge federal officials, including but not limited to the U.S. Food and Drug Administration (FDA), to prohibit the sale of any e-cigarette cartridges and e-liquid refills that do not include a complete list of ingredients on its packaging, in the order of prevalence (similar to food labeling) (New HOD Policy);

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 429 be amended by addition to read as follows:

RESOLVED, That our AMA urge federal officials, including but not limited to the FDA, to require that an accurate nicotine content of e-cigarettes, e-cigarette cartridges, and e-liquid refills be prominently displayed on the product alongside a warning of the addictive quality of nicotine.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 429 be adopted as amended.

Resolution 429 asks that our American Medical Association urge federal officials, including but not limited to the U.S. Food and Drug Administration (FDA), to prohibit the sale of any e-cigarette cartridge that does not include a complete list of ingredients on its packaging, in the order of prevalence (similar to food labeling) and to require that an accurate nicotine content of e-cigarettes be prominently displayed on the product alongside a warning of the addictive quality of nicotine.

Your Reference Committee heard testimony that was unanimously in support of Resolution 429. However, testimony was heard that in addition to e-cigarette cartridges, e-liquid refills should also be labeled. Your Reference Committee agrees and recommends adoption of 429 as amended.

(30) BOARD OF TRUSTEES REPORT 27 - POLICY AND ECONOMIC SUPPORT FOR EARLY CHILD CARE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Board of Trustees Report 27 be referred.

The Board of Trustees Report 27 recommends that our AMA: (1) reaffirm Policy H-440.823, “Paid Sick Leave,” which recognizes the public health benefits of paid sick leave and other discretionary paid time off, and supports employer policies that allow employees to accrue paid time off and to use such time to care for themselves or a family member, (2) encourage employers to offer and/or expand paid parental leave
policies, (3) encourage state medical associations to work with their state legislatures to establish and promote paid parental leave policies.

Your Reference Committee heard testimony in support and in favor of referral for Board of Trustees Report 27. It was noted that approximately 38 percent of employers offer paid leave for new parents. It was also noted that small businesses and practices suffer when employees go on leave, as these small businesses and practices lose funding sources when employees go on leave, affecting the other employees at the organization. It was also suggested numerous times in the testimony to go back to the original resolution language. Therefore, your Reference Committee recommends that Board of Trustees Report 27 be referred back for additional study.

(31) RESOLUTION 410 - OPPOSITION TO MEASURES THAT CRIMINALIZE HOMELESSNESS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 410 be referred.

Resolution 410 asks that our American Medical Association oppose measures that criminalize necessary means of living among homeless persons, including but not limited to, sitting or sleeping in public spaces and advocate for legislation that requires non-discrimination against homeless persons, such as homeless bills of rights.

Your Reference Committee heard mixed testimony on Resolution 410. It was noted in testimony that criminalization is costly, and current laws are counter-productive. Your Reference Committee agrees that our American Medical Association should oppose measures that criminalize necessary means of living among homeless persons, including but not limited to, sitting or sleeping in public spaces and advocate for legislation that requires non-discrimination against homeless persons, such as homeless bills of rights. Your Reference Committee also recognizes that this problem requires complex solutions and need to be balanced against possible public health concerns and nuisance laws. Further research is needed on this topic. Therefore, your Reference Committee recommends that Resolution 410 be referred.

(32) RESOLUTION 413 - IMPROVING SAFETY AND HEALTH CODE COMPLIANCE IN SCHOOL FACILITIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 413 be referred.

Resolution 413 asks that our American Medical Association support: (1) the development and implementation of standardized, comprehensive guidelines for school safety and health code compliance inspections, (2) policies aiding schools in meeting said guidelines, including support for financial and personnel-based aid for schools based in vulnerable neighborhoods, and (3) creation of a streamlined reporting system
for school facility health data potentially through application of current health infrastructure.

Your Reference Committee heard testimony in support of referral for Resolution 413. Testimony noted that there are already extensive guidelines provided for schools by the Centers for Disease Control, Environmental Protection Agency, and state Departments of Health. It was noted that our American Medical Association should review the guidelines from these sources. It was noted that education is a social determinant of health, and communities are often constrained in resources. It was also noted that there is no governing body that enforces the compliance of safety standards in schools. Therefore, your Reference Committee recommends that Resolution 413 be referred.

(33) RESOLUTION 430 - VECTOR-BORNE DISEASES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first and second Resolves of Resolution 430 be referred.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 430 be adopted.

Resolution 430 asks that our American Medical Association: (1) study the emerging epidemic of vector-borne diseases including an analysis of currently available testing and treatment standards and their effectiveness, (2) issue a white paper on vector-borne diseases for the purpose of increasing awareness of the epidemic of vector-borne diseases, and (3) advocate for local, state and national research, education, reporting and tracking on vector-borne diseases.

Your Reference Committee heard strong testimony in support of the overall resolution. However, a number of amendments were also proposed. Your Reference Committee recommends referral of the first and second Resolves since there were amendments for consideration and they call for a study. Your Reference Committee feels that it is important in the meantime to have AMA policy on the books that addresses the need for the AMA to advocate for research, education, reporting, and tracking of vector-borne disease. As such, your Reference Committee recommends adoption of the third Resolve.
(34) RESOLUTION 431 - LOW NICOTINE CIGARETTE

PRODUCT STANDARD

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 431 be referred.

Resolution 431 asks that our American Medical Association develop a report on the individual health and public health implications of a low nicotine standard for cigarettes. Such a report should consider and make recommendations on scientific criteria for selection of a nicotine standard that is non-addictive, regulatory strategies to ensure compliance with an established standard, how a low-nicotine standard should work with other nicotine products in a well-regulated nicotine market.

Testimony heard by your Reference Committee was mostly supportive of Resolution 431. It was noted that the Food and Drug Administration will be looking at this issue and therefore it is timely for the AMA to review the available evidence regarding selection of a nicotine standard that is non-addictive. Your Reference Committee agrees that this is a timely issue to study and therefore recommends referral.

(35) RESOLUTION 419 - VIOLENCE PREVENTION

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 419 be referred for decision.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 419 not be adopted.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 419 be referred.

Resolution 419 asks that our American Medical Association: (1) advocate that a valid permit be required before the sale of all rapidly-firing semi-automatic firearms; (2) study options for removing access to firearms for those who may be a threat to themselves or others; (3) study options for improving the mental health reporting systems and patient privacy laws at both the state and federal levels and how those can be modified to allow greater information sharing between state and federal government, law enforcement, schools and mental health professionals to identify, track and share information about mentally ill persons with high risk of violence and either report to law enforcement and/or the National Instant Criminal Background Check System, with appropriate protections.
Your Reference Committee heard strong testimony in support of Resolution 419. However, it was noted in testimony by the Council on Legislation that the first Resolve overlapped with items of business being considered simultaneously in Reference Committee B. To ensure consistency between the recommendations of the Reference Committees, it was recommended that Reference Committee D refer the first Resolve for decision. Your Reference Committee agrees. The second Resolve is addressed by Council on Science and Public Health Report 4. For that reason, your Reference Committee recommends that it not be adopted. Your Reference committee agrees that the third Resolve, which addresses mental health issues, is worthy of study, but felt that due to the complex language of the resolve statement that it was best to refer it for study.

(36) RESOLUTION 433 - FIREARM SAFETY

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 433 be referred for decision.

Resolution 433 asks that our American Medical Association adopt the following firearm safety policies:

1. Amend Policy H-145.993, “Restriction of Assault Weapons,” by addition to read as follows: Our AMA supports appropriate legislation that would restrict the sale and private ownership of inexpensive handguns commonly referred to as "Saturday night specials," and large clip, high-rate-of-fire automatic and semi-automatic firearms, or any weapon that is modified or redesigned to operate as a large clip, high-rate-of-fire automatic or semi-automatic weapon and ban the sale and ownership to the American public of all assault-type weapons, bump stocks and related devices, high capacity magazines of more than 10 bullets, and high-velocity and armor piercing bullets.

2. Require the licensing of owners of firearms including completion of a required safety course and registration of all firearms.

3. Support local law enforcement in the permitting process in such that local police chiefs are empowered to make permitting decisions regarding “concealed carry”, by supporting “gun violence restraining orders” for individuals arrested or convicted of domestic violence or stalking, and by supporting “red-flag” laws for individuals who have demonstrated significant signs of potential violence. In supporting local law enforcement, we support as well as the importance of “due process” so that decisions could be reversible by individuals petitioning in court for their rights to be restored.

Your Reference Committee heard testimony in strong support of the concepts in Resolution 433. The Council on Legislation testified that due to resolutions in Reference Committee B addressing assault weapons, bump stocks, and high capacity magazines, the Reference Committee should consider referring the first clause to the Board of Trustees for decision to ensure consistency in policy. Your Reference Committee heard strong support for licensing programs for firearms. The concepts of the third clause are addressed in Council on Science and Public Health Report 4. It was noted that the Council’s recommendations did not address the removal of firearms from convicted stalkers. Your Reference Committee agrees that this is an important provision and has
thus amended the Council’s recommendations accordingly. Since this resolution contains one single resolve statement, your Reference Committee cannot separate the statements, and therefore referral for decision was deemed appropriate.

(37) RESOLUTION 420 - MANDATORY INFLUENZA VACCINATION POLICIES FOR HEALTHCARE WORKERS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 420 not be adopted.

Resolution 420 asks that our American Medical Association enact as policy that no health care worker should be terminated from employment due solely to their refusal to be vaccinated for influenza.

Your Reference Committee heard both support and opposition for Resolution 420. The testimony in opposition to Resolution 420 noted that this resolution is contradictory to existing American Medical Association policies on influenza vaccination. The testimony in support of this resolution also suggested adding in the requirement of unvaccinated health care employees to wear a mask. Testimony also noted that a reasonable surveillance program for those who are unvaccinated is needed so we can ensure that we are protecting patients. Therefore, your Reference Committee recommends that Resolution 420 not be adopted.

(38) RESOLUTION 403 - SCHOOL SAFETY AND MENTAL HEALTH

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Policy H-345.977 be reaffirmed in lieu of Resolution 403.

Resolution 403 asks that our American Medical Association promote the implementation of school-based mental health screening and therapy programs within its efforts to reduce school-based firearm violence.

Your Reference Committee heard supportive testimony on the issue of school-based mental health screening and therapy. AMA policy recognizes the importance of developing and implementing school-based mental health programs that ensure at-risk children/adolescents access to appropriate mental health screening and treatment services. Your Reference Committee believes that current policy covers the intent of this resolution and therefore recommends that Policy H-345.977 be reaffirmed in lieu of this resolution.
Policy recommended for reaffirmation:

H-345.977 Improving Pediatric Mental Health Screening

Our AMA: (1) recognizes the importance of, and supports the inclusion of, mental health (including substance use, abuse, and addiction) screening in routine pediatric physicals; (2) will work with mental health organizations and relevant primary care organizations to disseminate recommended and validated tools for eliciting and addressing mental health (including substance use, abuse, and addiction) concerns in primary care settings; and (3) recognizes the importance of developing and implementing school-based mental health programs that ensure at-risk children/adolescents access to appropriate mental health screening and treatment services and supports efforts to accomplish these objectives. Res. 414, A-11, Appended: BOT Rep. 12, A-14.
Madam Speaker, this concludes the report of Reference Committee D. I would like to thank the fellow members of the committee Diana Ramos, MD, MPH, Cynthia Romero, MD, Ralph Schmeltz, MD, Victoria Sharp, MD, Michael DellaVecchia, MD, PhD; AMA staff members Andrea Garcia, Amber Ryan, and Amanda Coleman; and all those who testified before the Committee.