Whereas, As sales of adult incontinence products and baby diapers are projected to increase 48% and 2.6% respectively by 2020, more individuals and families in both populations face similar challenges to accessing necessary incontinence products;¹

Whereas, Lack of access to necessary incontinence products leads to prolonged use of soiled diapers, which precipitates health problems including recurrent urinary tract infections, diaper dermatitis, or exacerbation of eczema, leading to an increase in physician’s office and emergency room visits;²,³ and

Whereas, Diaper need, defined as lacking the financial means to purchase an adequate supply of diapers, is a widespread issue affecting parents of all ethnicities and economic statuses, especially those living below the poverty line;⁴ and

Whereas, Among children using diapers, 23% are members of families earning less than 100% of the federal poverty level and an additional 23% live in families earning 100% to 200% of the federal poverty level;¹,⁵ and

Whereas, The national average cost of diapers is $936 annually, the equivalent of 14% of national average annual income;²,⁶ and

Whereas, Diaper need occurs more frequently in parents with mental health needs and contributes to parental stress and depression, factors which in turn have been known to increase the risk of a child’s future behavioral, social, and emotional problems;³,⁴ and

Whereas, Adult incontinence product use is increasing, with the Urology Care Foundation estimating that 25% to 33% of all people in the U.S. suffer from some degree of urinary incontinence, with more than 50% of individuals over 65 having experienced incontinence;⁷,⁸

Whereas, Of the 43 million Americans over 65 years of age, 9.4% are living below the federal poverty level;¹ and

Whereas, Seniors can expect to spend approximately $1800 annually on adult diapers, and for low-income individuals this expense “can consume over 10 percent of their annual income”;⁹ and

Whereas, Studies have found that incontinence is detrimental to quality of life through its impact on relationships, self-esteem, employment, travel, and social activities;¹⁰,¹¹,¹² and

Whereas, 18 states have already eliminated sales tax on adult incontinence products and 13 states have eliminated sales tax on diapers by classifying them as medical supplies or clothing, exempting them as medical prescriptions, or having no sales tax at all;²¹ and

Whereas, 32 states still charge sales tax on adult incontinence products and 37 states still charge sales tax on diapers, with the sales tax as high as 7.25 percent;¹³ and

Whereas, Multiple pieces of state and federal legislation have proposed to increase access to adult incontinence products and diapers by removing state taxes, aiding low-income families in purchasing necessary products, and increasing insurance coverage through Medicare and Medicaid; however none have currently passed;¹⁴,¹⁵,¹⁶,¹⁷,¹⁸ and

Whereas, Our AMA already supports the removal of all sales tax on feminine hygiene products in order to increase access to necessary medical products, especially for those who live below the federal poverty line (H-270.953); therefore be it

RESOLVED, That our American Medical Association support increased access to affordable incontinence products. (New HOD Policy)

Fiscal note: not yet determined

Received: 09/24/18

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¹ Alameda County Board of Supervisors. Legislative Position Request Form. January 11, 2016.
RELEVANT AMA POLICY:

Tax Exemptions for Feminine Hygiene Products H-270.953
Our AMA supports legislation to remove all sales tax on feminine hygiene products.
Citation: Res. 215, A-16

Insurance Coverage for Complete Maternity Care H-185.997
Our AMA (1) reaffirms its policy of encouraging health insurance coverage for care of the newborn from the moment of birth;
(2) urges the health insurance industry and government to include in their plans, which provide maternity benefits, coverage for normal obstetrical care, and all obstetrical complications including necessary intrauterine evaluation and care of the unborn infant;
(3) urges the health insurance industry to offer such plans on the broadest possible basis;
(4) urges the health insurance industry to make available, on an optional basis, coverage for treatment associated with voluntary control of reproduction;
(5) will advocate for expanding coverage of maternity care to dependent women under the age of 26 on their parents’ large group plans; and
(6) will advocate that individual, small and large group health plans provide 60 days of newborn coverage for all newborns born to participants in the plan.

Opposition to Proposed Budget Cuts in WIC and Head Start H-245.979
The AMA opposes reductions in funding for WIC and Head Start and other programs that significantly impact child and infant health and education.
Citation: (Res. 246, I-94; Reaffirmed: BOT Rep. 29, A-04; Reaffirmed: BOT Rep. 19, A-14)

Expanding Enrollment for the State Children’s Health Insurance Program (SCHIP) H-290.971
Our AMA continues to support:
a. health insurance coverage of all children as a strategic priority;
b. efforts to expand coverage to uninsured children who are eligible for the State Children’s Health Insurance Program (SCHIP) and Medicaid through improved and streamlined enrollment mechanisms;
c. the reauthorization of SCHIP in 2007; and
d. supports the use of enrollment information for participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and/or the federal school lunch assistance program as documentation for SCHIP eligibility in order to allow families to avoid duplication and the cumbersome process of re-documenting income for child health coverage.
Citation: (Res. 118, A-07; CMS Rep. 1, A-07; Reaffirmation A-14)

Adequate Funding of the WIC Program H-245.989
Our AMA urges the U.S. Congress to investigate recent increases in the cost of infant formula, as well as insure that WIC programs receive adequate funds to provide infant formula and foods for eligible children.
Citation: (Res. 269, A-90; Reaffirmed: Sunset Report, I-00; Reaffirmed: CSAPH Rep. 1, A-10)

Dignity and Self Respect H-25.997
The AMA believes that medical care should be available to all our citizens, regardless of age or ability to pay, and believes ardently in helping those who need help to finance their medical care costs.
Furthermore, the AMA believes in preserving dignity and self respect of all individuals at all ages and believes that people should not be set apart or isolated on the basis of age. The AMA believes that the experience, perspective, wisdom and skill of individuals of all ages should be utilized to the fullest.
Citation: AMA President's Address, A-61; Reaffirmed: CLRDP C, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: CMS Rep. 4, A-08; Modified: CEJA Rep. 06, A-18