

Online Member Forum Summary Report

Reference Committee K

2018 Interim Meeting

November 5, 2018

*Summary report includes only those items of business with member comment.



Published on American Medical Association (<https://www.ama-assn.org>)

Home > Improving Screening and Treatment Guidelines for Domestic Violence Against Lesbian, Gay, Bisexual, Transgender, Queer/Questionin

Tue, 10/16/2018 - 14:29

#1

Carla Frenzel

Improving Screening and Treatment Guidelines for Domestic Violence Against Lesbian, Gay, Bisexual, Transgender, Queer/Questionin

The Council on Science and Public Health recommends that the following statements be adopted and the remainder of the report be filed:

1. That Policy D-515.980, "Improving Screening and Treatment Guidelines for Domestic Violence Against Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Other Individuals" be amended by addition and deletion to read as follows:

Our AMA will: (1) ~~study recent domestic violence data and the unique issues faced by the LGBTQ population;~~ and (2) promote crisis resources for LGBTQ patients that cater to the specific needs of LGBTQ victims survivors of domestic violence, (2) encourage physicians to familiarize themselves with resources available in their communities for LGBTQ survivors of intimate partner violence, and (3) advocate for federal funding to support programs and services for survivors of intimate partner violence that do not discriminate against underserved communities, including on the basis of sexual orientation and gender identity.
(Modify Current HOD policy)

2. Our AMA encourages research on intimate partner violence in the LGBTQ community to include studies on the prevalence, the accuracy of screening tools, effectiveness of early detection and interventions, as well as the benefits and harms of screening.
(New HOD Policy)

3. That Policy H-160.991, "Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations," be reaffirmed.

Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors. (Reaffirm HOD Policy)

Resolution:

1

Tue, 10/23/2018 - 21:11

Mary Laplante

RE: Improving Screening and Treatment Guidelines for Domestic Vi

Council on Science and Public Health Report 1, Improving Screening and Treatment Guidelines for Domestic Violence Against Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Other Individuals, is in response to Policy D-515.980 which asks the AMA to study recent domestic violence data and the unique issues faced by the LGBTQ population.

The report concludes that the lifetime prevalence of IPV in the LGBTQ community is estimated to be comparable to or higher than that among heterosexual couples. Much of the work that has been done to address the public health problem of IPV has focused on heterosexual women. There is limited information available on the aspects of IPV that are unique to same-sex relationships and the effects on LGBTQ survivors' mental and physical health. Research is also lacking on the best practices for identifying LGBTQ survivors of IPV. It is unclear if existing screening tools are relevant to LGBTQ survivors. In addition to effective screening tools, research is needed to determine the interventions that are effective in reducing the harms of IPV in the LGBTQ population. Furthermore, community resources to support LGBTQ survivors of IPV are limited. While the 2013 reauthorization of VAWA specifically provided for non-discrimination against sexual and gender minorities, the implementation and enforcement of this provision is unclear.

Despite the limited research available on this topic, physicians should be alert to the possibility of IPV among their LGBTQ patients and should familiarize themselves with resources available in their communities for LGBTQ survivors of IPV.

Opinion Type:

My post is my personal opinion

Sun, 11/04/2018 - 18:27

DAVID WELSH

RE: Improving Screening and Treatment Guidelines for Domestic Vi

I support this report. Domestic violence is terrible for all victims. It is especially challenging for the victims listed in this report.

Opinion Type:

My post is my personal opinion

Sun, 11/04/2018 - 23:54

Ali Bokhari

RE: Improving Screening and Treatment Guidelines for Domestic Vi

Julie Lin, Alternate Delegate from Ohio, speaking on behalf of the Medical Student Section in SUPPORT of the Council on Science and Public Health Report 1. The MSS believes this report was thorough in its aim of studying recent domestic violence data and the unique issues faced by the LGBTQ population, which will allow our AMA to be active in supporting our LGBTQ patients. The report also ends by focusing on the policy battle that lies ahead and recommends language changes that allow us to be maneuverable.

This report highlights how intimate partner violence within the LGBTQ population is under-studied and lacks large scale studies and robust data. Current studies are small-scale, utilize different measures of intimate partner violence, and fail to distinguish between sexual activity and sexual identity, resulting in inconsistent findings. However, data provided by the CDC do suggest that "individuals who self-identify as LGBT experience an equal or greater likelihood of experiencing sexual violence, stalking, and intimate partner violence compared with self-identified heterosexuals." Thus, research unique to the LGBTQ population should identify abuse tactics.

Many unique factors influence LGBTQ relationships and have an effect on LGBTQ survivors' mental and physical health. Intimate partner violence, for example, is associated with poor physical and mental health outcomes; it can affect the risk of heart disease, HTN, obesity, depression, and more. Identity abuse tactics are an additional concern and pose different barriers to seeking help. Research is lacking on best practices for identifying LGBTQ survivors of intimate partner violence. The report cited limited resources and gaps in services such as "limited LGBTQ-friendly health care services, lack of adequate training at agencies around LGBTQ issues, limited medical access, and intake forms that are not LGBTQ friendly." There seems to be a clear disparity in access to services and health outcomes for this population that begs to be addressed.

Finally, the Violence Against Women Reauthorization Act of 2013 addressed the lack of services for LGBTQ survivors by including a non-discrimination clause. However, the report notes that the Act is up for reauthorization in 2018 and there are concerns that the provision may be removed.

This report from the Council on Science and Public Health paves the way to do more for LGBTQ survivors of intimate partner violence. It addresses current legislation and what more can be done to anticipate future policy concerns and allows the AMA to continue advocating for the LGBTQ community. The recommendations seek to bridge the many gaps that can be found in policy, data, and services and reaffirms our support of LGBTQ health care needs. Thank you for your consideration.

Opinion Type:

My post reflects the opinion of my delegation or section

Signature Name:

Julie Lin

Delegation section or society:

MSS



Mon, 10/22/2018 - 10:51

#1

Carla Frenzel

FDA Expedited Review Programs and Processes

The Council on Science and Public Health recommends that Policy H-100.992 be amended by addition and deletion to read as follows in lieu of Res-201-I-17, and the remainder of the report be filed:

(1) Our AMA ~~reaffirms its~~ supports for the principles that:

(a) an FDA decision to approve a new drug, to withdraw a drug's approval, or to change the indications for use of a drug must be based on sound scientific and medical evidence derived from controlled trials and/or postmarket incident reports as provided by statute;

(b) theis evidence for drug approval should be evaluated by the FDA, in consultation with its Advisory Committees and expert extramural advisory bodies;

(c) expedited programs for drug approval serve the public interest as long as sponsors for drugs that are approved based on surrogate endpoints or limited evidence conduct confirmatory trials in a timely fashion to establish the expected clinical benefit and predicted risk-benefit profile;

(d) confirmatory trials for drugs approved under expedited programs should be planned and underway at the time of expedited approval;

(e) the FDA should pursue having in place a systematic process to ensure that sponsors adhere to their obligations for confirmatory trials, and Congress should establish a firmer threshold to trigger expedited withdrawal when sponsors fail to fulfill their postmarketing study obligations;

(d-f) any risk-benefit analysis or relative safety or efficacy judgments should not be grounds for limiting access to or indications for use of a drug unless the weight of the evidence from clinical trials and postmarket reports shows that the drug is unsafe and/or ineffective for its labeled indications; and,

(g) FDA should consider a simple system to assign a grade for each approval of prescription drugs occurring via expedited programs in order to signal, and provide in a transparent manner, the quality of clinical trial evidence used to establish safety and effectiveness, and whether confirmatory trials are required for labeled indications.

(2) The AMA believes that social and economic concerns and disputes per se should not be permitted to play a significant part in the FDA's decision-making process in the course of FDA devising either general or product specific drug regulation.

(3) It is the position of our AMA that the Food and Drug Administration should not permit political considerations or conflicts of interest to overrule scientific evidence in making policy decisions; and our AMA urges the current administration and all future administrations to consider our best and brightest scientists for positions on advisory committees and councils regardless of their political affiliation and voting history.

Resolution:

2

Tue, 10/23/2018 - 13:18

Alexander Ding

RE: FDA Expedited Review Programs and Processes

Council on Science and Public Health Report 2, FDA Expedited Review Programs and Processes is in response to referred Resolution 201-I-17 and examines expedited FDA drug approval programs or processes in place in the United States, including so-called fast track, accelerated approval, designated breakthrough therapies, and "priority review" for drugs and biologics, and whether the operation of such programs needs to be re-examined or modified.

Different programs have been put in place over the last 25 years by the FDA and Congress to expedite the review of promising new therapies and to approve drugs for initial marketing based on lower evidentiary standards, including the use of surrogate markers. Accelerated approval, fast track, prior review, and breakthrough therapy designations have been developed, but these expedited programs differ and should not be lumped together from a scientific, public health, or policy point of view.

Key variables include the requirement for post-approval studies for drugs marketed under accelerated approval, whether a surrogate endpoint that has not been validated is used to support approval, and the need to confirm clinical benefit and the risk-benefit profile for drugs approved based on limited evidence, regardless of their review designation.

While it is important for the FDA to retain regulatory flexibility, and many positive aspects of expedited programs are apparent, some changes should be made to improve implementation, establish the value of surrogate endpoints, and provide more transparency for clinicians and their patients.

Opinion Type:

My post reflects the opinion of my delegation or section

Signature Name:

Alexander Ding, MD

Delegation section or society:

Council on Science and Public Health

Sun, 11/04/2018 - 22:24

Sarah Smith

RE: FDA Expedited Review Programs and Processes

Sarah Mae Smith, Delegate from California, testifying on behalf of the Medical Student Section in SUPPORT of Council on Science and Public Health Report 2. The MSS has taken a keen interest in the implementation of accelerated approval mechanisms intended to increase access to experimental therapies, and commends the Council on this timely, excellent report reviewing several expedited drug approval programs administered by the Food and Drug Administration, particularly in light of the increasing utilization of these programs. Between 1987 and 2014, there was an increase of 2.6% per year in the number of expedited reviews granted and a 2.4% increase per year in the proportion of drugs associated with at least one such program (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4580726/>), and 60% of new drug approvals by the FDA between January 2012 and December 2016 (105 of 174 approvals) were through one or more of the four expedited programs (<https://jamanetwork.com/journals/jama/fullarticle/2664989>).

There is potential for significant benefits to be conferred by these expedited review programs, with one study finding that drugs approved through expedited review processes were associated with greater health gains (as measured in quality-adjusted life-years) than those approved through conventional review between 1999 and 2012 (<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1541>). However, the MSS does concur with CSAPH on the importance of confirmatory trials for drugs approved under expedited programs, and supports its recommendations that the confirmatory trials should be planned and in progress at the time of expedited approval and a process for expedited withdrawal of drugs for which the sponsors do not fulfill post-marketing study obligations. The FDA granted accelerated approval to 22 drugs for 24 indications between 2009 and 2013, but at a minimum three years of follow-up, only 50% of required confirmatory studies were completed, and post-approval studies had demonstrated efficacy for only 42% of the indications, with clinical benefit not yet confirmed for eight indications that had been granted accelerated approval five years or more before (<https://jamanetwork.com/journals/jama/fullarticle/2648631>). This clearly indicates room for improvement.

Finally, we also agree that the FDA should explore issuing some differentiated categories for drugs approved through expedited

processes to delineate the quality of clinical trial evidence used during the approval process, a proposal which has been the subject of discussion recently (<https://www.healthaffairs.org/doi/10.1377/hblog20171129.293917/full/>). We thank the Council again for its excellent report, and we thank the Reference Committee for its consideration.

Opinion Type:

My post reflects the opinion of my delegation or section

Signature Name:

Sarah Mae Smith

Delegation section or society:

Medical Student Section



Published on *American Medical Association* (<https://www.ama-assn.org>)

Home > Support for Preregistration in Biomedical Research

Wed, 09/26/2018 - 11:00

#1

Carla Frenzel

Support for Preregistration in Biomedical Research

RESOLVED, That our American Medical Association support preregistration in order to mitigate publication bias and improve the reproducibility of biomedical research.

Resolution:
901

Sun, 11/04/2018 - 21:24

Michael Rigby

RE: Support for Preregistration in Biomedical Research

Michael Rigby, Delegate from Wisconsin, speaking on behalf of the Medical Student Section in SUPPORT as sponsors of Resolution 901. Biomedical research greatly suffers from a lack of reproducible findings. A recent report has estimated that 70% of basic science researchers could not reproduce another scientist's results. This striking statistic is not uncommon among many studies that describe the issue of reproducibility. This lack of reproducibility can be partly attributed to publication bias where a scientific journal is less likely to accept manuscripts reporting negative findings. The AMA Code of Medical Ethics Opinion 7.2.1 emphasizes the need to report results of research appropriately, including subsequent negative findings, particularly when the findings do not support the research hypothesis. Additionally, the AMA Code of Medical Ethics Opinion 7.2.3 supports the reproducibility of research findings with emphasize on proper study design.

One such method to increase reproducibility, as introduced in this resolution, is pre-registration of biomedical research. Pre-registration is the act of committing to clearly defined research questions and experimental plans prior to collecting data, and subsequently following up to report on the result of the planned experiments. This added accountability can result in a four-fold reduction in the rate of reporting false positive results; thus pre-registration can serve as a method to increase reproductivity of biomedical research. As such, we are in strong support of this resolution as an important step forward as our AMA sets a standard to improve the quality of biomedical research. Thank you for your consideration.

Opinion Type:

My post reflects the opinion of my delegation or section

Signature Name:

Michael Rigby

Delegation section or society:

Medical Student Section



Published on *American Medical Association* (<https://www.ama-assn.org>)

Home > Increasing Patient Access to Sexual Assault Nurse Examiners

Wed, 09/26/2018 - 11:04

#1

Carla Frenzel

Increasing Patient Access to Sexual Assault Nurse Examiners

RESOLVED, That our American Medical Association advocate for increased patient access to sexual assault nurse examiners in the emergency department.

Resolution:
902

Sun, 11/04/2018 - 20:15

salazar

RE: Increasing Patient Access to Sexual Assault Nurse Examiners

Mayra Salazar-Valdivia, Alternate Delegate from Oklahoma, speaking on behalf of the Medical Student Section in Support of Resolution 902.

Our AMA supports the preparation and dissemination of information and best practices to provide the best care for sexual assault survivors being seen in an emergency department. This includes forensics exams and the preservation of assault evidence. Research has shown that sexual assault nurse examiners, who are specifically trained to perform medical forensic examinations, yield higher rates of survivors' psychological recovery and offender prosecution. The extensive exam takes an average of 2 hours to perform and the examiner must maintain custody of the evidence. EM physicians see an average of 2.48 patients per hour making it difficult for them to effectively complete the exam, maintain custody of the evidence, and finish their clinical responsibilities. It is clear that in order to provide the best possible care to victims of sexual assault, we must increase access to sexual assault nurse examiners in the emergency department.

Thank you for your consideration

Opinion Type:
My post reflects the opinion of my delegation or section

Signature Name:
Mayra Salazar

Delegation section or society:
AMA-MSS



Published on *American Medical Association* (<https://www.ama-assn.org>)

Home > Regulating Front-of-Package Labels on Food Products

Wed, 09/26/2018 - 11:05

#1

Carla Frenzel

Regulating Front-of-Package Labels on Food Products

RESOLVED, That our American Medical Association support additional U.S. Food and Drug Administration criteria that limit the amount of added sugar a food product can contain if it carries any front-of-package label advertising nutritional or health benefits; and be it further

RESOLVED, That our AMA support the use of front-of-package warning labels on foods that contain excess added sugar.

Resolution:
903

Mon, 11/05/2018 - 00:01

Ali Bokhari

RE: Regulating Front-of-Package Labels on Food Products

Meghan Lark, medical student from Michigan, speaking on behalf of the Medical Student Section in strong SUPPORT as sponsors of Resolution 903.

Our AMA has an established a commitment to promoting evidence-based nutrition rating systems in order to influence consumer food choices and combat public health concerns such as diabetes, obesity, and cardiovascular disease. Awareness of the amount of added sugars in food and consequent reduction is an important facet of this commitment, specifically for foods that advertise nutritional claims through front-of-package labeling and may entice consumers who believe they are making healthier food choices. Furthermore, research has demonstrated the influence of front-of-package labeling on consumer choices, proving nutritional claims can influence the selection of that product, while negative cues such as warning labels have an even stronger influence on choices and health perceptions of foods. The use of warning labels has been utilized in countries such as Chile, where studies have shown a reduction of both consumer purchasing of foods with warning labels and also a reduction in sugar, salt, fat, and calories within food products. Thus, we believe that this resolution takes a productive step in raising awareness of added sugars in food products and ensuring that front-of-package labeling appropriately reflects the nutritional value to consumers. Thank you for your consideration.

Opinion Type:
My post reflects the opinion of my delegation or section
Signature Name:
Meghan Lark
Delegation section or society:
Medical Student Section



Published on *American Medical Association* (<https://www.ama-assn.org>)

Home > Support for Continued 9-1-1 Modernization and the National Implementation of Text-to-911 Service

Wed, 09/26/2018 - 11:06

#1

Carla Frenzel

Support for Continued 9-1-1 Modernization and the National Implementation of Text-to-911 Service

RESOLVED, That our American Medical Association support the funding of federal grant programs for the modernization of the 9-1-1 infrastructure, including incorporation of text to 911 technology.

Resolution:
904

Sun, 11/04/2018 - 23:39

Michael Visenio

RE: Support for Continued 9-1-1 Modernization and the National I

Michael Visenio, Delegate from Nebraska, speaking on behalf of the Medical Student Section in strong SUPPORT as sponsors of Resolution 904.

The 9-1-1 system plays a crucial role in first responder and emergency medical services. Originally a landline-based system, modern technology now makes communication possible via newer protocols such as text messaging and the Internet. Moreover, these additional modalities may be more suitable for individuals with hearing, vision, or other disabilities. However, many important features of the 9-1-1 system, such as precise location tracking or compatibility with assistive devices, have not been extended to these protocols.

Resolution 904 advocates for a modernization of the national 9-1-1 system to include such life-saving features and calls for federal funding to support this modernization. The AMA supports the necessity of continued funding for the 9-1-1 system and advocates against reallocation of funding for the 9-1-1 system. The implementation of this resolution would continue to provide optimal access to individuals of all abilities and using all communication methods available.

As such, the Medical Student Section supports Resolution 904. We thank you for your consideration.

Opinion Type:
My post reflects the opinion of my delegation or section

Signature Name:

Michael Visenio

Delegation section or society:

Medical Student Section



Published on American Medical Association (<https://www.ama-assn.org>)

Home > Support Offering HIV Post Exposure Prophylaxis to All Survivors of Sexual Assault

Wed, 09/26/2018 - 11:09

#1

Carla Frenzel

Support Offering HIV Post Exposure Prophylaxis to All Survivors of Sexual Assault

RESOLVED, That our American Medical Association advocate for education of physicians about the effective use of HIV Post-Exposure Prophylaxis (PEP) and the U.S. PEP Clinical Practice Guidelines; and be it further

RESOLVED, That our AMA support increased public education about the effective use of Post-Exposure Prophylaxis for HIV; and be it further

RESOLVED, That our AMA amend policy H-20.900 by addition and deletion as follows:

H-20.900, "HIV, Sexual Assault, and Violence"

Our AMA believes that HIV testing and Post-Exposure Prophylaxis (PEP) should be offered to all victims survivors of sexual assault, that these ~~victims survivors~~ should be encouraged to be retested in six months if the initial test is negative, and that strict confidentiality of test results be maintained.

Resolution:

905

Sun, 11/04/2018 - 21:21

Jessica Walsh O...

RE: Support Offering HIV Post Exposure Prophylaxis to All Surviv

Jessica Walsh O'Sullivan, Delegate from Florida, speaking on behalf of the Medical Student Section in strong SUPPORT as sponsors of Resolution 905.

Post exposure prophylaxis (PEP) for HIV has been shown to markedly reduce seroconversion after exposure. Despite current Center for Disease Control recommendations, many patients are not offered PEP after sexual assault, even though rates of transmission after assault are suspected to be higher than in consensual intercourse. Physicians neglecting to offer PEP represent a major barrier to patient access. Current guidelines and standard of care indicate that all survivors of sexual assault should be offered PEP, even if the HIV status of the exposor is unknown. Studies show that most of these patients are not offered this treatment when they seek emergency care, often due to a lack of physician knowledge or misunderstanding about PEP. The MSS hopes to rectify this oversight by increasing physician and public education on the effective use of HIV PEP.

We would like to note that the cost of PEP can be reimbursed through the state Crime Victim's Compensation Programs funded by the U.S. Department of Justice. Cost should not be a deterrent to providing this critical intervention to survivors of sexual assault. We thank you for your consideration.

Opinion Type:

My post reflects the opinion of my delegation or section

Signature Name:

Jessica Walsh O'Sullivan

Delegation section or society:



Published on *American Medical Association* (<https://www.ama-assn.org>)

Home > Increased Access to Identification Cards for the Homeless Population

Wed, 09/26/2018 - 11:10

#1

Carla Frenzel

Increased Access to Identification Cards for the Homeless Population

RESOLVED, That our American Medical Association recognize that among the homeless population, lack of identification serves as a barrier to accessing medical care and fundamental services that support health; and be it further

RESOLVED, That our AMA support legislative and policy changes that streamline, simplify, and reduce or eliminate the cost of obtaining identification cards for the homeless population.

Resolution:

906

Mon, 11/05/2018 - 00:05

Ali Bokhari

RE: Increased Access to Identification Cards for the Homeless Po

David Finkel, medical student from Minnesota, speaking on behalf of the Medical Student Section in strong SUPPORT as sponsors of Resolution 906. Lack of proper identification within the homeless population poses a significant barrier to access to housing, food assistance, and health care. Our AMA currently supports increased access to health care, social services, and housing for the homeless population. As such, Resolution 906 represents an important next step for the AMA which would eliminate an administrative burden and further our support for better health care for our homeless population. Thank you for your consideration.

Opinion Type:

My post reflects the opinion of my delegation or section

Signature Name:

David Finkel

Delegation section or society:

Medical Student Section



Wed, 09/26/2018 - 11:14

#1

Carla Frenzel

Increasing Accessibility to Incontinence Products

RESOLVED, That our American Medical Association support increased access to affordable incontinence products.

Resolution:
908

Sun, 11/04/2018 - 21:24

Aaron Wolbrueck

RE: Increasing Accessibility to Incontinence Products

Aaron Wolbrueck, Alternate Delegate from Texas, speaking on behalf of the Medical Student Section in SUPPORT as sponsors of Resolution 908.

Resolution 908 calls for the AMA to support increased access to incontinence products as medically necessary items for those adversely affected by incontinence. This includes the mentally ill, elderly, and children. There are statistics that show that incontinence products, specifically diapers, are widely utilized by individuals below 200% of the poverty line and at their current prices, account for a significant portion of these individuals' income. The inability to afford incontinence products drives individuals and families to overuse, reuse, or go without necessary medical products, with negative health consequences. For example, re-use of dirty diapers increases incidence of infections, rashes and other complications. Reducing the cost of incontinence products makes them more accessible to these vulnerable populations, improves health outcomes, and provides dignity to those who need them. This resolution follows the aim of similar resolutions passed by our AMA, and further introduces novel policy that will benefit Americans' health across a wide range of ages and individuals.

Thank you for your consideration.

Opinion Type:
My post reflects the opinion of my delegation or section

Signature Name:
Aaron Wolbrueck

Delegation section or society:
Medical Student Section



Published on *American Medical Association* (<https://www.ama-assn.org>)

Home > Regulating Tattoo and Permanent Makeup Inks

Tue, 10/02/2018 - 13:10

#1

Carla Frenzel

Regulating Tattoo and Permanent Makeup Inks

RESOLVED, That our American Medical Association encourage the Food and Drug Administration to adopt regulatory standards for tattoo and permanent makeup inks that include at minimum the disclosures expected for injectable drugs and cosmetics and mandate that this information be available to both the body licensed to perform the tattoo and to the person receiving the tattoo; and be it further

RESOLVED, That our AMA study the safety of any chemical in tattoo and permanent makeup inks.

Resolution:

911

Sun, 11/04/2018 - 13:40

Shannon Tai

RE: Regulating Tattoo and Permanent Makeup Inks

Shannon Tai, Missouri Alternate Delegate, speaking on behalf of the Medical Student Section in Support of this resolution. We thank the RFS delegation for bringing this problem to our attention. We believe that the first resolved clause is a logical extension of current AMA policy-440.909 and H-440.934, which advocate for the state regulation of tattoo artists and tattoo facilities to ensure adequate procedures are taking place. This resolution would be a positive step towards establishing national regulatory standards to protect the public health.

Opinion Type:

My post is my personal opinion



Published on American Medical Association (<https://www.ama-assn.org>)

Home > Comprehensive Breast Cancer Treatment

Tue, 10/02/2018 - 13:19

#1

Carla Frenzel

Comprehensive Breast Cancer Treatment

RESOLVED, That our AMA amend Policy H-55.973, "Breast Reconstruction," by addition and deletion as follows:

Our AMA: (1) believes that reconstruction of the breast for rehabilitation of the ~~postmastectomy cancer~~ post-treatment patient with in situ or invasive breast neoplasm should be considered reconstructive surgery rather than aesthetic surgery; (2) supports education for physicians and breast cancer patients on breast reconstruction and its availability; (3) recommends that third party payers provide coverage and reimbursement for medically necessary breast cancer treatments including but not limited to prophylactic contralateral mastectomy and/or oophorectomy; and (4) recognizes the validity of contralateral breast procedures needed for the achievement of symmetry in size and shape, and urges recognition of these ancillary procedures by Medicare and all other third parties for reimbursement when documentation of medical necessity is provided.

Resolution:

912

Sun, 11/04/2018 - 20:50

Julie Lin

RE: Comprehensive Breast Cancer Treatment

Julie Lin, Alternate Delegate from Ohio, speaking on behalf of the Medical Student Section in SUPPORT of Resolution 912. We believe that this resolution presents a logical modification to existing AMA policy. The AMA currently supports Medicare and third party reimbursement of reconstructive surgeries after a complete mastectomy. We would like to promote recovery amongst all breast cancer survivors, and with this amendment to existing policy, we will be able to help patients gain increased coverage for necessary procedures. Thank you for your consideration.

Opinion Type:

My post reflects the opinion of my delegation or section

Signature Name:

Julie Lin

Delegation section or society:

Medical Student Section



Published on American Medical Association (<https://www.ama-assn.org>)

Home > Common Sense Strategy for Tobacco Control and Harm Reduction

Tue, 10/02/2018 - 13:12

#1

Carla Frenzel

Common Sense Strategy for Tobacco Control and Harm Reduction

RESOLVED, That our American Medical Association advocate for a “protect adult choice and youth's health” “common sense” tobacco strategy (with a report back to the House of Delegates annually) under which:

- Current educational, promotional and policy initiatives (e.g. taxation) to reduce the use of tobacco products by inhalation and orally would continue, including advocating for the prohibition of the sale of ALL nicotine containing products to individuals under 21 years unless via prescription for medical purposes.
- E-cigarettes (non-tobacco products containing nicotine) would be accessible at an affordable price to adults who wish to use them, and would be available to individuals below 21 years of age only as part of state sanctioned tobacco cessation activities. States and local jurisdictions would be free to require vendors to post warnings regarding the possible health risks of the use of nicotine inhalation products.
- Non-nicotine, non-drug containing vaping and other inhalation products would not be considered tobacco products, but would be monitored by state and local jurisdictions as any other personal use product regarding safety and public accommodation.

Resolution:
914

Sun, 11/04/2018 - 19:26

Breyen Coffin

RE: Common Sense Strategy for Tobacco Control and Harm Reduction

Breyen Coffin, Alternate Delegate from New York, speaking on behalf of the Medical Student Section in support of the first bullet of the Resolved clause and in respectful opposition to the second and third bullet of the Resolved clause.

Our MSS agrees that current initiatives to reduce the use of all tobacco products, both oral and inhalation, should be continued. Thus, our MSS also supports advocating for prohibiting the sale of all nicotine containing products to individuals under 21 years of age. Furthermore, our MSS recognizes electronic nicotine delivery systems (ENDS) as harmful, especially to minors due to their addictive nature and adverse effects on brain development. Furthermore, it is our MSS's understanding of the current literature that use of ENDS is not an effective smoking cessation method, and as such we are unsure what benefit patients under 21 derive from access to ENDS. For these reasons, we are in respectful opposition to the second and third bullets, which suggest that e-cigarettes can be used for smoking cessation in individuals under 21, and that the lack of nicotine should allow for monitoring not as a tobacco product but as a normal personal use product.

We thank the authors for their expertise and for bringing forward this resolution aimed at updating tobacco cessation initiatives and protecting youth health. We look forward to working together to eliminate the use of tobacco products, and will continue to monitor research on ENDS as a potential smoking cessation method. Thank you for your consideration.

Opinion Type:

My post reflects the opinion of my delegation or section

Signature Name:

Breyen Coffin

Delegation section or society:

Medical Student Section

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Published on American Medical Association (<https://www.ama-assn.org>)

Home > Ban on Tobacco Flavoring Agents with Respiratory Toxicity

Tue, 10/16/2018 - 15:47

#1

Carla Frenzel

Ban on Tobacco Flavoring Agents with Respiratory Toxicity

RESOLVED, That our American Medical Association call for the immediate ban on flavoring agents in ENDS and other tobacco products that have known respiratory toxicity including but not limited to diacetyl, 2,3 pentanedione, acetoin, cinnamaldehyde, benzaldehyde, eugenol, vanillin/ethyl vanillin, and menthol (Directive to Take Action); and be it further

RESOLVED, That our AMA urge the Food and Drug Administration (FDA) to require comprehensive testing of flavoring agents used in electronic nicotine delivery systems (ENDS) and other tobacco products to assess the potential negative health effects of chronic exposure to these flavoring agents. (Directive to Take Action)

Resolution:

916

Thu, 10/25/2018 - 15:18

Stephen Epstein

RE: Ban on Tobacco Flavoring Agents with Respiratory Toxicity

Speaking for myself, I might suggest that this doesn't go far enough, and would suggest amending by deletion in the first resolved after the word "products" and the entire second resolved, i.e., to read:

"RESOLVED, That our American Medical Association call for the immediate ban on flavoring agents in ENDS and other tobacco products."

This would include menthol and mint flavors - mint flavors are becoming the most popular flavors for ENDS as other flavors are eliminated as too "kid-friendly." Menthol is also often how young smokers get started, as the flavoring masks the tobacco. Here are several background articles:

Giovino GA, et al. "Epidemiology of menthol cigarette use." Nicotine & Tobacco Research 2004;(6) Suppl 1, S67-81

Sutton CD and Robinson RG. "The marketing of menthol cigarettes in the United States: Populations, messages, and channels." Nicotine & Tobacco Research 2004;(6) Suppl 1, S83-91

Lee YO and Glantz SA. "Menthol: putting the pieces together." Tobacco Control 2011;20(Suppl 2):ii1-ii7

"Recent Trends in Menthol Cigarette Use." The National Survey on Drug Use and Health Report, November 18, 2011 (https://www.samhsa.gov/data/sites/default/files/WEB_SR_088/WEB_SR_088/WE...)

Villanti AC, et al. "Changes in the prevalence and correlates of menthol cigarette use in the USA, 2004-2014." Tobacco Control 2016;0;1-7

There is precedent for this approach. San Francisco and other communities in California (Oakland, Palo Alto, San Leandro, and unincorporated parts of Yolo County) have banned all flavorings in any tobacco product without exception. This has yet to be tested in court. Please see the Public Health Law Center Tobacco Control Legal Consortium (www.publichealthlawcenter.org).

Other jurisdictions have banned all flavors, including menthol and mints, but have allowed the sale of tobacco with mint/menthol flavors in adult-only tobacco shops that exclude patrons under the age of 21. My local Board of Health has been approached to consider this approach - short of prohibition, but this would greatly limit access to flavored products amongst middle and high school students. This approach may be the most defensible in court.

My understanding is that menthol/mint flavorings were allowed when the FDA initially was granted permission to regulate tobacco, but there was no need to do this. Now, that approach is being questioned. I'm sure others know more of these historical details.

Opinion Type:

My post is my personal opinion

Mon, 11/05/2018 - 00:12

Ali Bokhari

RE: Ban on Tobacco Flavoring Agents with Respiratory Toxicity

Ryan Schlobach, Delegate from Virginia, speaking on behalf of the Medical Student Section in SUPPORT of this resolution. Our MSS supports increased research on electronic nicotine delivery systems (ENDS) as well as supports working with federal agencies to discourage the promotion of ENDS. In addition, our AMA supports efforts by members of the health care team to strongly encourage smoking cessation. The presence of flavoring agents works against both these stated aims by making tobacco products more appealing, especially to younger, more vulnerable populations, and the effect in inhaling vaporized flavoring agents is not well quantified. We believe this resolution is consistent with the aim of existing policy, and urge our AMA to continue to support the health and wellbeing of our patients. This resolution is one step towards better regulation of ENDS. As such, the MSS is in support of Resolution 916. We thank you for your consideration.

Opinion Type:

My post reflects the opinion of my delegation or section

Signature Name:

Ryan Schlobach

Delegation section or society:

Medical Student Section



Published on American Medical Association (<https://www.ama-assn.org>)

Home > Protect and Maintain the Clean Air Act

Tue, 10/16/2018 - 15:48

#1

Carla Frenzel

Protect and Maintain the Clean Air Act

RESOLVED, That our American Medical Association oppose provisions of the Affordable Clean Energy proposed rule that would allow power plants to avoid complying with new source review requirements to install air pollution control equipment when annual pollution emissions increase (New HOD Policy); and be it further

RESOLVED, That our AMA send a letter to the Environmental Protection Agency (EPA) expressing our opposition to EPA's Affordable Clean Energy rule and its proposed amendments of the New Source Review requirements under the Clean Air Act. (Directive to Take Action)

Resolution:

917

Sun, 11/04/2018 - 19:36

Heckscher

RE: Protect and Maintain the Clean Air Act

Dylan Heckscher, medical student from Massachusetts, speaking on behalf of the Medical Student Section in SUPPORT of Resolution 917.

The Clean Air Act has played a crucial role in reducing the emission of pollutants. Years of research have shown that air pollution measurably and substantially harms human health; recently, an epidemiological study in 272 cities showed robust association between exposure to air pollution and mortality (<https://www.ncbi.nlm.nih.gov/pubmed/28248546>) and that improved air quality is associated with better health (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4740163/>). The Affordable Clean Energy Rule poses a serious threat to the progress that has been made in improving the public health of our nation through improving our air quality. This resolution seeks timely action to address any actions which threaten improvements to air quality and therefore human health. Our MSS believes that it is in the best interests of our AMA and the federal government to continue enforcement of existing environmental protections, especially those that affect human health, and to oppose any attempts to reduce these protections.

We thank the American Thoracic Society, Society of Critical Care Medicine, and American College of Chest Physicians for bringing their substantial expertise to bear in highlighting the importance of this issue. Thank you for your consideration.

Opinion Type:

My post is my personal opinion



Published on *American Medical Association* (<https://www.ama-assn.org>)

Home > Continued Support for Federal Vaccination Funding

Tue, 10/16/2018 - 15:50

#1

Carla Frenzel

Continued Support for Federal Vaccination Funding

RESOLVED, That our American Medical Association release a public statement of support for federal vaccination funding efforts such as Section 317, and actively advocate for sustained funding. (Directive to Take Action)

Resolution:
920

Sun, 11/04/2018 - 18:33

DAVID WELSH

RE: Continued Support for Federal Vaccination Funding

Support. Sustained funding is needed. With effective vaccination programs, diseases are averted and lives saved.

Opinion Type:
My post is my personal opinion

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Home > Food Environments and Challenges Accessing Healthy Food

Tue, 10/16/2018 - 15:51

#1

Carla Frenzel

Food Environments and Challenges Accessing Healthy Food

RESOLVED, That our American Medical Association work with appropriate stakeholders to advocate for the study of the national prevalence and impact of food mirages, food swamps, and food oases as food environments distinct from food deserts. (Directive to Take Action)

Resolution:

921

Sun, 11/04/2018 - 21:24

Jessica Walsh O...

RE: Food Environments and Challenges Accessing Healthy Food

Jessica Walsh O'Sullivan, Delegate from Florida, speaking on behalf of the Medical Student Section in SUPPORT of Resolution 921.

The MSS recognizes the significant impact of food insecurity on individual patients and public health and has previously advocated for research of food deserts. We thank the Michigan delegation for bringing food swamps, food mirages, and food oases to our attention as less recognized, but equally significant components of this complex social issue. We agree that research should be expanded to encompass these additional factors so we can determine effective solutions to improve access to healthy and sustainable foods. Thank you for your consideration.

Opinion Type:

My post reflects the opinion of my delegation or section

Signature Name:

Jessica Walsh O'Sullivan

Delegation section or society:

MSS