

Handbook Review: HOD Reference Committee D (Public Health)

Full text at <https://www.ama-assn.org/sites/default/files/media-browser/public/hod/a18-refcomm-d.pdf>. Recommended positions should be considered preliminary until ratified. Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS recommended position
BOT Report 11: Housing Provision and Social Support to Immediately Alleviate Chronic Homelessness in the United States (Resolution 208-A-17)	<p>The Board of Trustees recommends that the following recommendation be adopted in lieu of Resolution 208-A-17 and the remainder of the report be filed:</p> <p>That Policy H-160.903, "Eradicating Homelessness," be amended to reads as follows:</p> <p>H-160.903 Eradicating Homelessness</p> <p>Our American Medical Association: (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services; (2) <u>recognizes 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;</u> (3) <u>recognizes 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;</u> and (4) <u>supports the appropriate organizations in recognizing the need for an effective, evidence-based developing an effective national plan to eradicate homelessness.</u></p> <p>Fiscal Note: less than \$500</p>	Support
BOT Report 27: Policy and Economic Support for Early Child Care (Resolution 416-A-17)	<p>Therefore, the Board of Trustees recommends that the following be adopted in lieu of Resolution 416-A-17 and the remainder of this report be filed:</p> <ol style="list-style-type: none"><li data-bbox="407 948 1564 1073">1. That our AMA 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. (Reaffirm Current HOD Policy)<li data-bbox="407 1095 1564 1160">2. That our AMA encourage employers to offer and/or expand paid parental leave policies. (New HOD Policy)<li data-bbox="407 1181 1564 1246">3. That our AMA encourage state medical associations to work with their state legislatures to establish and promote paid parental leave policies. (New HOD Policy). <p>Fiscal Note: Less than \$500</p>	Active Support

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BOT Report 28: Mandatory Public Health Reporting of Law Enforcement-Related Injuries and Deaths (Resolution 417-A-17)	<p>The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 417-A-17 and the remainder of the report be filed.</p> <p>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:</p> <p>H-515.955, "Research the Effects of Physical or Verbal Violence Between Law Enforcement Officers and Public Citizens on Public Health Outcomes"</p> <p><u>Our AMA:</u> 1. <u>Our AMA</u> 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. <u>Our AMA</u> 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. <u>Our AMA</u> Encourages the Centers for Disease Control and Prevention as well as state and local <u>public health departments and</u> agencies to research the nature and public health implications of violence involving law enforcement. 4. <u>Encourages states to require the reporting of legal intervention deaths and law enforcement officer homicides to public health agencies.</u> (Modify Current HOD Policy)</p> <p>2. That current AMA 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 be reaffirmed. (Reaffirm HOD Policy)</p> <p>Fiscal Note: Less than \$500</p>	Support
CSAPH Report 1: CSAPH Sunset Review of 2008 House of Delegates Policies	<p>The Council on Science and Public Health recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated and the remainder of the report be filed. (Directive to Take Action)</p> <p>Fiscal Note: Less than \$500</p>	Support
CSAPH Report 4: The Physician's Role in Firearm Safety	<p>The Council on Science and Public Health recommends that the following statements be adopted and the remainder of the report be filed.</p> <p>1. That the following policy be adopted.</p> <p>Firearms and High-Risk Individuals</p> <p>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</p>	Active Support

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	<p>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. (New HOD Policy)</p> <p>2. That Policy H-145.975, "Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care," be amended by addition and deletion to read as follows:</p> <p>H-145.975 Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care</p> <p>1. Our AMA supports: a) federal and state research on firearm-related injuries and deaths; b) increased funding for and the use of state and national firearms injury databases, including the expansion of the National Violent Death Reporting System to all 50 states and U.S. territories, to inform state and federal health policy; c) encouraging physicians to access evidence-based data regarding firearm safety to educate and counsel patients about firearm safety; d) the rights of physicians to have free and open communication with their patients regarding firearm safety and the use of gun locks in their homes; e) encouraging local projects to facilitate the low-cost distribution of gun locks in homes; f) encouraging physicians to become involved in local firearm safety classes as a means of promoting injury prevention and the public health; and g) encouraging CME providers to consider, as appropriate, inclusion of presentations about the prevention of gun violence in national, state, and local continuing medical education programs. 2. Our AMA supports initiatives to enhance access to mental and cognitive health care, with greater focus on the diagnosis and management of mental illness and concurrent substance abuse disorders, and work with state and specialty medical societies and other interested stakeholders to identify and develop standardized approaches to mental health assessment for potential violent behavior. <u>3. Our AMA (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.</u> (Modify Current HOD Policy)</p> <p>3. That Policies, H-145.976, "Firearm Safety Counseling in Physician-Led Health Care Teams," H-145.990, "Prevention of Firearm Accidents in Children," and H-145.997 "Firearms as a</p>	
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	<p>Public Health Problem in the United States - Injuries and Death" be reaffirmed. (Reaffirm HOD Policy)</p> <p>Fiscal Note: Less than \$1,000</p>	
CSAPH Report 5: Tobacco Harm Reduction: A Comprehensive Nicotine Policy to Reduce Death and Disease Caused by Smoking (Resolution 403-A-17)	<p>The Council recommends that the following statements be adopted in lieu of Resolution 403-A-17, and the remainder of the report be filed.</p> <p>1. That Policy H-495.988, "FDA Regulation of Tobacco Products," be amended by addition and deletion to read as follows:</p> <p>H-495.988 FDA Regulation of Tobacco Products</p> <p>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 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; (D) asserts that tobacco is a raw form of the drug nicotine and that tobacco products are delivery devices for an addictive substance; (E) 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; (F) 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; (G) 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; (H) 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 (I) 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)</p> <p>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:</p>	Active Support

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	<p>Electronic Cigarettes, Vaping, and Health: 2014 Update</p> <p>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 electronic nicotine delivery systems (ENDS) including e-cigarettes; and (c) <u>recognizes that the use of products containing nicotine in any form among youth, including e-cigarettes, is unsafe and can cause addiction.</u> (Amend Current HOD Policy)</p> <p>3. That Policy H-495.973, "FDA to Extend Regulatory Jurisdiction Over All Non-Pharmaceutical Nicotine and Tobacco Products," be amended by addition and deletion to read as follows:</p> <p>H-495.973 FDA to Extend Regulatory Jurisdiction Over All Non-Pharmaceutical Nicotine and Tobacco Products</p> <p>Our AMA: (1) supports the U.S. Food and Drug Administration's (FDA) proposed rule that would implement its deeming authority allowing the agency to extend FDA regulation of tobacco products to pipes, cigars, hookahs, e-cigarettes and all other non-pharmaceutical tobacco/nicotine products not currently covered by the Federal Food, Drug, and Cosmetic Act, as amended by the Family Smoking Prevention and Tobacco Control Act; and (2) supports legislation and/or regulation of electronic cigarettes and all other non-pharmaceutical tobacco/nicotine products that: (a) establishes a minimum legal purchasing age of <u>18</u>²¹; (b) prohibits use in all places that tobacco cigarette use is prohibited, including in hospitals and other places in which health care is delivered; (c) applies the same marketing and sales restrictions that are applied to tobacco cigarettes, including prohibitions on television advertising, product placement in television and films, and the use of celebrity spokespeople; (d) prohibits product claims of reduced risk or effectiveness as tobacco cessation tools, until such time that credible evidence is available, evaluated, and supported by the FDA; (e) requires the use of secure, child- and tamper-proof packaging and design, and safety labeling on containers of replacement fluids (e-liquids) used in e-cigarettes; (f) establishes manufacturing and product (including e-liquids) standards for identity, strength, purity, packaging, and labeling with instructions and contraindications for use; (g) requires transparency and disclosure concerning product design, contents, and emissions; and (h)</p>	
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	<p>prohibits the use of characterizing flavors that may enhance the appeal of such products to youth. (Amend Current HOD Policy)</p> <p>4. That Policy, H-490.917, "Physician Responsibilities for Tobacco Cessation" be reaffirmed. (Reaffirm HOD Policy)</p> <p>Fiscal Note: less than \$500</p>	
Resolution 401: Danger from Bright Vehicle Headlights Introduced by: Indiana	<p>RESOLVED, That our American Medical Association study the danger of bright vehicle headlights and report back to the House of Delegates (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA 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 risk (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA advocate for mandatory automated high-beam to low-beam headlight switching systems that would operate when an approaching vehicle headlight is detected. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	Monitor
Resolution 402: Schools as Gun-Free Zones Introduced by: American Academy of Pediatrics	<p>RESOLVED, That our American Medical Association advocate for schools to remain gun-free zones (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA oppose requirements or incentives of teachers to carry weapons. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Active Support
Resolution 403: School Safety and Mental Health Introduced by: American Academy of Pediatrics	<p>RESOLVED, 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. (New HOD Policy)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	Support

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Resolution 404: Emphasizing the Human Papillomavirus Vaccines as Anti- Cancer Prophylaxis for a Gender-Neutral Demographic Introduced by: Medical Student Section	<p>RESOLVED, That our American Medical Association acknowledge HPV vaccines as beneficial to all genders as anti-cancer and anti-STI (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA support appropriate stakeholders to increase public awareness of HPV vaccines effectiveness against both HPV-related cancers and STIs. (New HOD Policy)</p> <p>Fiscal note: Minimal - less than \$1,000</p>	Support
Resolution 405: Racial Housing Segregation as a Determinant of Health and Public Access to Geographic Information Systems (GIS) Data Introduced by: Medical Student Section	<p>RESOLVED, That our American Medical Association oppose policies that enable racial housing segregation (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA 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 (HUD) Affirmatively Furthering Fair Housing (AFFH) tool. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Support
Resolution 406: Support for Public Health Violence Prevention Programs Introduced by: Medical Student Section	<p>RESOLVED, That our American Medical Association support legislation in addition to other mechanisms that encourage the development and use of evidence-based public health models that prevent violence. (New HOD Policy)</p> <p>Fiscal note: Minimal - less than \$1,000</p>	Monitor
Resolution 407: Support for Research of Boxes for Babies' Sleeping Environment Introduced by: Medical Student Section	<p>RESOLVED, 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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Support

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Resolution 408: Ending Money Bail to Decrease Burden on Lower Income Communities Introduced by: Medical Student Section	RESOLVED, That our American Medical Association support legislation that ends pretrial financial release options for individuals charged with nonviolent crimes. (New HOD Policy) Fiscal Note: Minimal - less than \$1,000	Support
Resolution 409: Food Advertising Targeted to Black and Latino Youth Contributes to Health Disparities Introduced by: Medical Student Section	RESOLVED, That our American Medical Association 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 (Directive to Take Action); and be it further RESOLVED, That our AMA amend Policy H-60.972 by addition to read as follows: <u>(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</u> <u>(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;</u> (Modify Current HOD Policy) and be it further RESOLVED, That our AMA work with the appropriate stakeholders to heighten awareness and regulation of targeted marketing of nutrient-poor food toward youth from vulnerable populations. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000	Support
Resolution 410: Opposition to Measures that Criminalize Homelessness Introduced by: Medical Student Section	RESOLVED, 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 (New HOD Policy); and be it further RESOLVED, That our AMA advocate for legislation that requires non-discrimination against homeless persons, such as homeless bills of rights. (New HOD Policy) Fiscal Note: Minimal - less than \$1,000	Support

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Resolution 411: Reporting Child Abuse in Military Families Introduced by: Medical Student Section	RESOLVED, 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. (New HOD Policy) Fiscal note: Minimal - less than \$1,000	Active Support
Resolution 412: Reducing the Use of Restrictive Housing in Prisoners with Mental Illness Introduced by: Medical Student Section	RESOLVED, 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. (New HOD Policy) Fiscal Note: Minimal - less than \$1,000	Support
Resolution 413: Improving Safety and Health Code Compliance in School Facilities Introduced by: Medical Student Section	RESOLVED, That our American Medical Association support the development and implementation of standardized, comprehensive guidelines for school safety and health code compliance inspections (New HOD Policy); and be it further RESOLVED, That our AMA support policies aiding schools in meeting said guidelines, including support for financial and personnel-based aid for schools based in vulnerable neighborhoods (New HOD Policy); and be it further RESOLVED, That our AMA support creation of a streamlined reporting system for school facility health data potentially through application of current health infrastructure. (New HOD Policy) Fiscal note: Minimal - less than \$1,000	Monitor
Resolution 414: Sex Education Materials for Students with Limited English Proficiency Introduced by: Medical Student Section	RESOLVED, That our American Medical Association amend policy H-170.968 by addition to read 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	Support

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	<p>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 <u>culturally competent materials that are language concordant for Limited English Proficiency (LEP) pupils</u>;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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</p> <p>(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;</p> <p>(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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	
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<p>Resolution 415: Reducing Gun Violence in America Introduced by: Colorado</p>	<p>RESOLVED, That our American Medical Association reaffirm Policies D-145.995, "Gun Violence as a Public Health Crisis," H-145.975, "Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care," and H-145.997, "Firearms as a Public Health Problem in the United States - Injuries and Death" (Reaffirm HOD Policy); and be it further RESOLVED, That our AMA work with other physician organizations to actively lobby for restoration of funding for gun violence research at the Centers for Disease Control and Prevention and elsewhere (Directive to Take Action); and be it further RESOLVED, That our AMA review the Rand report on gun violence and other credible sources of research on causes and effective policy to reduce gun violence and report back at the 2018 Interim Meeting with findings and recommendations for further advocacy to reduce gun violence in the US. (Directive to Take Action)</p>	<p>Active Support</p>
<p>Resolution 416: Medical Respite Care for Homeless Adults Introduced by: Medical Student Section</p>	<p>RESOLVED, That our American Medical Association study funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons. (Directive to Take Action) Fiscal Note: not yet determined</p>	<p>Monitor</p>
<p>Resolution 417: Reducing Disparities in Obstetric Outcomes, Maternal Morbidity, and Prenatal Care Introduced by: Women Physicians Section</p>	<p>RESOLVED, That our AMA 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. (Directive to Take Action) Fiscal Note: Not yet determined</p>	<p>Active Support with Amendment: RESOLVED, That our AMA 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.</p>

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Resolution 418: A Guide for Best Health Practices for Seniors Living in Retirement Communities Introduced by: Senior Physicians Section	RESOLVED, 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. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000	Monitor
Resolution 419: Violence Prevention Introduced by: Washington	RESOLVED, That our American Medical Association advocate that a valid permit be required before the sale of all rapidly-firing semi-automatic firearms (New HOD Policy); and be it further RESOLVED, That our AMA study options for removing access to firearms for those who may be a threat to themselves or others (Directive to Take Action); and be it further RESOLVED, That our AMA 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. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000	Support
Resolution 420: Mandatory Influenza Vaccination Policies for Healthcare Workers Introduced by: Illinois	RESOLVED, 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. (Directive to Take Action) Fiscal Note: Minimal - less than \$1,000	Monitor
Resolution 421: Product Date Labels Introduced by: Illinois	RESOLVED, That our American Medical Association endorse federal standardization of date labels on foods and other products to ensure that they address safety concerns. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000	Support
Resolution 422: School Drinking Water Quality Testing, Monitoring, and Maintenance	RESOLVED, 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	Support

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Introduced by: Michigan	<p>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.</p> <p>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.</p> <p>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.</p> <p>4. Our AMA promotes screening, diagnosis and acceptable treatment of lead exposure and iron deficiency in all people exposed to lead contaminated water.</p> <p><u>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 be it further</u></p> <p>RESOLVED, That our AMA actively pursue changes to the federal lead and copper rules consistent with AMA policy H-135.928. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	
Resolution 423: Grill Brush Warning Introduced by: Michigan	<p>RESOLVED, 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. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	Support
Resolution 424: Rape and Sexual Abuse on College Campuses Introduced by: Michigan	<p>RESOLVED, 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 issues (Directive to Take Action); and be it further</p> <p>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)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	Support
Resolution 425: Hospital Food Labeling	<p>RESOLVED, That our AMA modify Policy H-150.949 by addition to read as follows:</p> <p>Healthy Food Options in Hospitals H-150.949</p> <p>1. Our AMA encourages healthy food options be available, at reasonable prices and easily</p>	Support

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Introduced by: Washington	<p>accessible, on hospital premises.</p> <p>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.</p> <p><u>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.</u> (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	
*Resolution 426: Decrease Adolescent Mortality Through More Comprehensive Graduated Driver Licensing Programs Introduced by: Maryland	<p>RESOLVED, 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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Monitor
*Resolution 427: Support Gun Buyback Programs in Order to Reduce the Number of Circulating Unwanted Firearms Introduced by: Maryland	<p>RESOLVED, That our American Medical Association support the institution of gun buyback programs. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Support
*Resolution 428: LGBTQIA+ Inclusive Sex Education Alongside Heterosexual Sex Education Introduced by: Maryland	<p>RESOLVED, 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. (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Active Support

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*Resolution 429: E-Cigarette Ingredients Introduced by: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	<p>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 cartridge that does not include a complete list of ingredients on its packaging, in the order of prevalence (similar to food labeling) (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA urge federal officials, including but not limited to the FDA, 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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Support
*Resolution 430: Vector-Borne Diseases Introduced by: American Academy of Dermatology, Florida, American Society for Dermatologic Surgery Association, Society for Investigative Dermatology, American Society of Dermatopathology, California, Arizona, Mississippi, New Jersey, Maryland, South Carolina, Tennessee, Virginia, District of Columbia, New York, Michigan, Delaware, American Academy of Neurology, Georgia, Alabama, North Carolina, Massachusetts, Wisconsin, West Virginia, American	<p>RESOLVED, That our American Medical Association study the emerging epidemic of vector-borne diseases including an analysis of currently available testing and treatment standards and their effectiveness (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA issue a white paper on vector-borne diseases for the purpose of increasing awareness of the epidemic of vector-borne diseases (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA advocate for local, state and national research, education, reporting and tracking on vector-borne diseases. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	Support

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College of Mohs Surgery, Puerto Rico, Kentucky		
*Resolution 431: Low Nicotine Cigarette Product Standard Introduced by: American Thoracic Society, American College of Chest Physicians	RESOLVED, 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, and how a low-nicotine standard should work with other nicotine products in a well-regulated nicotine market. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000	Monitor
*Resolution 432: Legal Action to Compel FDA to Regulate E-Cigarettes Introduced by: American Thoracic Society, American College of Chest Physicians	RESOLVED, 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. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000	Support
*Resolution 433: Firearm Safety Introduced by: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	RESOLVED, 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 <u>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.</u> 2. Require the licensing of owners of firearms including completion of a required safety course and registration of all firearms.	Active Support

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	<p>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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	
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*Included in the Handbook Addendum

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