

## **Handbook Review: HOD Reference Committee K (science and public health)**

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<b>HOD resolution or report (sponsor)</b>	<b>Action requested</b>	<b>AMA-YPS recommended position</b>
BOT Report 12: Information Regarding Animal-Derived Medications (Resolution 515-A-18)	<p><b>RECOMMENDATION</b></p> <p>The Board of Trustees recommends the following be adopted in lieu of Resolution 515-A-18, and the remainder of the report be filed:</p> <p>Animal-Derived Ingredients</p> <p>Our AMA:</p> <ol style="list-style-type: none"> <li>1. Urges the U.S. Food and Drug Administration to require manufacturers to include all ingredients and components present in medical products on the product label, including both active and inactive ingredients, and denote any derived from an animal source. (New HOD Policy)</li> <li>2. Encourages cultural awareness regarding patient preferences associated with medical products containing active or inactive ingredients or components derived from animal sources. (New HOD Policy)</li> </ol> <p>Fiscal Note: Less than \$500</p>	Support
*CSAPH Report 1: Improving Screening and Treatment Guidelines for Domestic Violence Against Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Other Individuals	<p><b>RECOMMENDATIONS</b></p> <p>The Council on Science and Public Health recommends that the following statements be adopted and the remainder of the report be filed:</p> <ol style="list-style-type: none"> <li>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:</li> </ol> <p>Our AMA will: (1) <u>study recent domestic violence data and the unique issues faced by the LGBTQ population; and</u> (2) promote crisis resources for LGBTQ patients that cater to the specific needs of LGBTQ <u>victims survivors</u> of domestic violence, (2) <u>encourage physicians to familiarize themselves with resources available in their communities for LGBTQ survivors of intimate partner violence, and</u> (3) <u>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.</u> (Modify Current HOD policy)</p>	Support

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	<p>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)</p> <p>3. That Policy H-160.991, "Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations," be reaffirmed.</p> <p>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)</p> <p>Fiscal Note: Less than \$1,000</p>	
*CSAPH Report 2: FDA Expedited Review Programs and Processes (Resolution 201-I- 17)	<p><b>RECOMMENDATION</b></p> <p>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:</p> <p>(1) Our AMA <del>reaffirms its</del> supports for the principles that:</p> <p>(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;</p> <p>(b) <del>the</del> is evidence for drug approval should be evaluated by the FDA, in consultation with its Advisory Committees and expert extramural advisory bodies;</p> <p>(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</p>	Support

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	<p><u>predicted risk-benefit profile;</u></p> <p><u>(d) confirmatory trials for drugs approved under expedited programs should be planned and underway at the time of expedited approval;</u></p> <p><u>(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;</u></p> <p><u>(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,</u></p> <p><u>(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.</u></p> <p>(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.</p> <p>(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.</p>	
Resolution 901: Support for Preregistration in Biomedical Research  Introduced by: Medical Student Section	<p>Fiscal Note: Less than \$500</p> <p>RESOLVED, That our American Medical Association support preregistration in order to mitigate publication bias and improve the reproducibility of biomedical research. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Oppose
Resolution 902:	RESOLVED, That our American Medical Association advocate for increased patient	Support

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Increasing Patient Access to Sexual Assault Nurse Examiners  Introduced by: Medical Student Section	access to sexual assault nurse examiners in the emergency department. (New HOD Policy)  Fiscal Note: Minimal - less than \$1,000.	
Resolution 903: Regulating Front-of-Package Labels on Food Products  Introduced by: Medical Student Section	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 (New HOD Policy); and be it further  RESOLVED, That our AMA support the use of front-of-package warning labels on foods that contain excess added sugar. (New HOD Policy)  Fiscal Note: Minimal - less than \$1,000.	Support
Resolution 904: Support for Continued 9-1-1 Modernization and the National Implementation of Text-to-911 Service  Introduced by: Medical Student Section	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. (New HOD Policy)  Fiscal note: Minimal - less than \$1,000.	<b>Active Support</b>
Resolution 905: Support Offering HIV Post Exposure Prophylaxis to All Survivors of Sexual Assault  Introduced by: Medical Student Section	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 (New HOD Policy); and be it further  RESOLVED, That our AMA support increased public education about the effective use of Post-Exposure Prophylaxis for HIV (New HOD Policy); and be it further  RESOLVED, That our AMA amend policy H-20.900 by addition and deletion as follows:  <b>H-20.900, "HIV, Sexual Assault, and Violence"</b>	<b>Active Support</b>

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	<p>Our AMA believes that HIV testing <u>and</u> Post-Exposure Prophylaxis (PEP) should be offered to all <u>victims</u> <u>survivors</u> of sexual assault, that these <u>victims</u> <u>survivors</u> should be encouraged to be retested in six months if the initial test is negative, and that strict confidentiality of test results be maintained. (Modify Current HOD Policy)</p> <p>Fiscal note: Minimal - less than \$1,000.</p>	
Resolution 906: Increased Access to Identification Cards for the Homeless Population  Introduced by: Medical Student Section	<p>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 (New HOD Policy); and be it further</p> <p>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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Support
Resolution 908: Increasing Accessibility to Incontinence Products  Introduced by: Medical Student Section	<p>RESOLVED, That our American Medical Association support increased access to affordable incontinence products. (New HOD Policy)</p> <p>Fiscal note: Minimal - less than \$1,000.</p>	Support
Resolution 911: Regulating Tattoo and Permanent Makeup Inks  Introduced by: Resident and Fellow Section	<p>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 (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA study the safety of any chemical in tattoo and permanent makeup inks. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	<b>Active Support with Amendment:</b>  RESOLVED, That our AMA <u>encourage</u> <u>studying</u> the safety of any chemical in tattoo and permanent makeup inks. (Directive to Take Action)
Resolution 912: Comprehensive	RESOLVED, That our AMA amend Policy H-55.973, "Breast Reconstruction," by addition and deletion as follows:	Support

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Breast Cancer Treatment  Introduced by: Resident and Fellow Section	<p>Our AMA: (1) believes that reconstruction of the breast for rehabilitation of the <u>postmastectomy cancer post-treatment</u> patient <u>with in situ or invasive breast neoplasm</u> 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. (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	
Resolution 913: Addressing the Public Health Implications of Pornography  Introduced by: Women Physicians Section	<p>RESOLVED, That our American Medical Association support efforts to mitigate the negative public health impacts of pornography as it relates to vulnerable populations, including but not limited to women and children. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<b>Active Support</b>
Resolution 914: Common Sense Strategy for Tobacco Control and Harm Reduction  Introduced by: American Association of Public Health Physicians	<p>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:</p> <ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>	Oppose

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	<ul style="list-style-type: none"><li>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. (New HOD Policy)</li></ul> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	
*Resolution 915: Mandatory Reporting  Introduced by: American College of Emergency Physician	RESOLVED, That our American Medical Association oppose mandated reporting of entire classes of patients and specific diagnoses unless compelling evidence exists to demonstrate that a serious public health and/or safety risk will be mitigated as a result of such reporting. (New HOD Policy)  Fiscal Note: Minimal - less than \$1,000.	Support
*Resolution 916: Ban on Tobacco Flavoring Agents with Respiratory Toxicity  Introduced by: American Thoracic Society, Society of Critical Care Medicine, American College of Chest Physicians	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, banzaldehyde, 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)  Fiscal Note: Minimal - less than \$1,000.	<b>Active Support</b>
*Resolution 917: Protect and Maintain the Clean Air Act  Introduced by: American Thoracic Society, Society of Critical Care Medicine, American College of Chest	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)	Support

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Physicians	Fiscal Note: Minimal - less than \$1,000.	
*Resolution 918: Allergen Labeling on Food Packaging  Introduced by: Indiana	RESOLVED, That our American Medical Association petition the Food and Drug Administration to pursue more obvious labeling on food packaging containing the eight most common food allergens: milk, eggs, peanuts, tree nuts, wheat, soy, fish and crustacean shellfish. (Directive to Take Action)  Fiscal Note: Minimal - less than \$1,000.	Monitor
*Resolution 919: Opioid Mitigation  Introduced by: Indiana	RESOLVED, That our American Medical Association review the following opioid mitigation strategies based on their effectiveness in Huntington, WV, and Clark County, IN, and provide feedback concerning their utility in dealing with opioids:  (1) The creation of an opioid overdose team that decreases the risk of future overdose and overdose death, increases access to opioid-related services and increases the likelihood that an individual will pursue drug rehabilitation.  (2) A needle exchange program that is open multiple days a week and is mobile offers not only a source for needles but also Narcan, other supplies, health care and information.  (3) The creation of a drug court that allows a judge to have greater flexibility in determining the legal consequences of an arrest for an opioid-related crime. It also allows for the judicial patience necessary to deal with the recidivism of this population.  (4) Offering more acute-care inpatient drug rehab beds, although those ready for treatment need to be willing to travel significant distances to get to a treatment bed.  (5) Make available Narcan intranasal spray OTC through pharmacies and the syringe exchange, overdose team, etc.  (6) Encourage prevention education in K-12 programs that uses multiple media with anti-drug messaging delivered in the school system but also in the home. (Directive to Take Action)  Fiscal Note: Estimated cost to implement resolution is \$130K.	Refer
*Resolution 920: Continued Support for Federal	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)	Support

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Vaccination Funding  Introduced by: Michigan	Fiscal Note: Modest - between \$1,000 - \$5,000.	
*Resolution 921: Food Environments and Challenges Accessing Healthy Food  Introduced by: Michigan	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)  Fiscal Note: Minimal - less than \$1,000.	Support
**Resolution 922: Full Information on Generic Drugs  Introduced by: Georgia	RESOLVED, That our American Medical Association advocate that generic drugs have an FDA approved package insert available when dispensed that discloses active and inactive ingredients and clear language with bio-equivalent data as compared to parent branded drug. (New HOD Policy)  Fiscal Note: Not yet determined	Monitor
**Resolution 923: Scoring of Medication Pills  Introduced by: Georgia	RESOLVED, That our American Medical Association advocate that the U.S. Food and Drug Administration require scoring of all tablets and pills depending on their composition, so that the patient may be able to dose adjust their medication number requirement as prescribed by their physician at a lower cost to the patient. (New HOD Policy)  Fiscal Note: Not yet determined	Monitor
**Resolution 924: Utilizing Blood from “Therapeutic” Donations  Introduced by: Georgia	RESOLVED, That our American Medical Association advocate for the Centers for Medicare and Medicaid Services to engage in dialogue with the Red Cross to reanalyze their donor eligibility criteria, to accept blood from a broader category of individuals, including but not limited to hereditary hemochromatosis. (New HOD Policy)  Fiscal Note: Not yet determined	Monitor
**Resolution 925: Eliminating the Death Toll from Combustible Cigarettes  Introduced by: Michigan	RESOLVED, That our American Medical Association study and report on the conditions under which our country could successfully eliminate the manufacture, distribution, and sale of combustible cigarettes at the earliest feasible date. (Directive to Take Action)  Fiscal Note: Minimal - less than \$1,000.	Monitor

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Combustible Cigarettes  Introduced by: Washington	to Take Action)  Fiscal Note: Not yet determined	
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\*Included in the Handbook Addendum

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