

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2019 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-19)

Report of Reference Committee D

Diana Ramos, MD, MPH, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 11 – Policy and Economic Support for Early Child Care
2. Board of Trustees Report 16 – Developing Sustainable Solutions for Discharge of Chronically Homeless Patients
3. Board of Trustees Report 28 – Opposition to Measures that Criminalize Homelessness
4. Council on Science and Public Health Report 3 – Low Nicotine Product Standard
5. Council on Science and Public Health Report 4 – Vector-borne Diseases
6. Resolution 403 – White House Initiative on Asian Americans and Pacific Islanders
7. Resolution 407 – Evaluating Autonomous Vehicles as a Means to Reduce Motor Vehicle Accidents
8. Resolution 425 – Distracted Driver Education and Advocacy
9. Resolution 427 – Utility of Autonomous Vehicles for Individuals Who are Visually Impaired or Developmentally Disabled

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

10. Board of Trustees Report 29 – Improving Safety and Health Code Compliance in School Facilities
11. Resolution 401 – Support Pregnancy Intention Screening to Improve the Discussion of Pregnancy Intention, Promote Preventive Reproductive Health Care and Improve Community Health Outcomes by Helping Women Prepare for Healthy Pregnancies and Prevent Unintended Pregnancies
12. Resolution 404 – Shade Structures in Public and Private Planning and Zoning Matters
13. Resolution 405 – Gun Violence Prevention: Safety Features
14. Resolution 406 – Reduction in Consumption of Processed Meats
15. Resolution 410 – Addressing Health Disparities Through Education
16. Resolution 413 – End the Epidemic of HIV Nationally
17. Resolution 415 – Distracted Driving Legislation
18. Resolution 416 – Non-medical Exemptions from Immunizations

19. Resolution 417 – Improved Health in the United States Prison System Through Hygiene and Health Education Programming for Inmates and Prison Staff
20. Resolution 419 – Universal Access for Essential Public Health Services
21. Resolution 420 – Coordinating Correctional and Community Healthcare
22. Resolution 421 – Contraception for Incarcerated Women
23. Resolution 423 – Mandatory Immunizations for Asylum Seekers
24. Resolution 426 – Health Care Accreditation of Correctional, Detention and Juvenile Facilities
25. Resolution 428 – Dangers of Vaping
26. Resolution 432 – Decriminalization of Human Immunodeficiency Virus (HIV) Status Non-Disclosure in Virally Suppressed Individuals
27. Resolution 433 – Transformation of Rural Community Public Health Systems

RECOMMENDED FOR REFERRAL

28. Resolution 402 – Bullying in the Practice of Medicine
29. Resolution 408 – Banning Edible Cannabis Products
30. Resolution 411 – AMA to Analyze Benefits / Harms of Legalization of Marijuana
31. Resolution 414 – Patient Medical Marijuana Use in Hospitals
32. Resolution 424 – Physician Involvement in State Regulation of Motor Vehicle Operation and/or Firearm Use by Individuals with Cognitive Deficits Due to Traumatic Brain Injury
33. Resolution 430 – Compassionate Release for Incarcerated Patients

RECOMMENDED FOR REFERRAL FOR DECISION

34. Resolution 418 – Eliminating the Death Toll from Combustible Cigarettes

RECOMMENDED FOR NOT ADOPTION

35. Resolution 409 – Addressing the Vaping Crisis
36. Resolution 431 – Eliminating Recommendations to Restrict Dietary Cholesterol and Fat

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

37. Resolution 412 – Regulating Liquid Nicotine and E-Cigarettes
38. Resolution 434 – Change in Marijuana Classification to Allow Research

Resolutions handled via the Reaffirmation Consent Calendar:

Resolution 422 – Promoting Nutrition Education Among Healthcare Providers

(1) BOARD OF TRUSTEES REPORT 11 – POLICY AND
ECONOMIC SUPPORT FOR EARLY CHILD CARE

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

**HOD ACTION: Board of Trustees Report 11 adopted
and the remainder of the report filed.**

Board of Trustees Report 11 asks that our AMA (1) reaffirm Policy H-440.823, which recognizes the public health benefits of paid sick leave and other discretionary paid time off, and supports employer policies that allow employees to accrue paid time off and to use such time to care for themselves or a family member; (2) encourage employers to offer and/or expand paid parental leave policies; (3) encourage state medical associations to work with their state legislatures to establish and promote paid parental leave policies; (4) advocate for improved social and economic support for paid family leave to care for newborns, infants and young; and (5) advocate for federal tax incentives to support early child care and unpaid child care by extended family members

Your Reference Committee heard testimony that was supportive of the recommendations in Board of Trustees Report 11. The Board was thanked for its consideration of the testimony heard on this report last year and for this revised version. There was strong support for the Board's position that policy supporting paid parental leave for the care of children is good public policy. It was noted that these policies have a positive impact on children's health outcomes. Therefore, your Reference Committee recommends that Board of Trustees Report 11 be adopted.

(2) BOARD OF TRUSTEES REPORT 16 – DEVELOPING
SUSTAINABLE SOLUTIONS TO DISCHARGE OF
CHRONICALLY HOMELESS PATIENTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that the recommendations in Board of Trustees Report 16
be adopted and the remainder of the report be filed.

**HOD ACTION: Board of Trustees Report 16 adopted
and the remainder of the report filed.**

Board of Trustees Report 16 asks that our AMA: (1) partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of homeless patients and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians' role therein, in addressing these needs; (2) encourage the development of holistic, cost-effective, evidence-based discharge plans for homeless patients who present to the emergency department but are not admitted to the hospital; (3) encourage the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social service organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of homeless patients; (4)

1 reaffirm Policy H-160.903, Eradicating Homelessness, which "supports improving the health
2 outcomes and decreasing the health care costs of treating the chronically homeless through
3 clinically proven, high quality, and cost-effective approaches which recognize the positive
4 impact of stable and affordable housing coupled with social services."; (5) reaffirm Policy H-
5 160.978, The Mentally Ill Homeless, which states that "public policy initiatives directed to the
6 homeless, including the homeless mentally ill population, should...[promote] care that is
7 sensitive to the overriding needs of this population for food, clothing, and residential facilities.";
8 (6) reaffirm Policy H-160.942, Evidence-Based Principles of Discharge and Discharge
9 Criteria, which "calls on physicians, specialty societies, insurers, and other involved parties to
10 join in developing, promoting, and using evidence-based discharge criteria that are sensitive
11 to the physiological, psychological, social, and functional needs of patients."; (7) reaffirm
12 Policy H-130.940, Emergency Department Boarding and Crowding, which "supports
13 dissemination of best practices in reducing emergency department boarding and crowding.";
14 and (8) reaffirm Policy H-270.962, Unfunded Mandates, which "vigorously opposes any
15 unfunded mandates on physicians."

16
17 Your Reference Committee heard testimony in support of the Board's recommendations for
18 evidenced-based discharge planning. It was noted that homelessness is an exacerbating
19 factor in emergency department overuse, excess hospitalization, and preventable
20 readmission. Testimony noted the necessity for collaborative partnerships to address
21 homelessness. Therefore, your Reference Committee recommends that Board of Trustees
22 Report 16 be adopted.

23
24 (3) BOARD OF TRUSTEES REPORT 28 – OPPOSITION TO
25 MEASURES THAT CRIMINALIZE HOMELESSNESS

26
27 RECOMMENDATION:

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

32
33 **HOD ACTION: Board of Trustees Report 28 adopted**
34 **and the remainder of the report filed.**
35

36 Board of Trustees Report 28 recommends new policy stating that our AMA: (1) supports laws
37 protecting the civil and human rights of individuals experiencing homelessness; (2) opposes
38 laws and policies that criminalize individuals experiencing homelessness for carrying out life-
39 sustaining activities conducted in public spaces that would otherwise be considered non-
40 criminal activity (i.e., eating, sitting, or sleeping) when there is no alternative private space
41 available; (3) recognizes that stable, affordable housing is essential to the health of
42 individuals, families, and communities, and supports policies that preserve and expand
43 affordable housing across all neighborhoods; and (4) recommends reaffirming Policy H-
44 160.903, "Eradicating Homelessness."

45
46 Your Reference Committee heard testimony in support of the Board's recommendations in
47 opposition to criminalizing homelessness. Testimony noted that insufficient income and lack
48 of affordable housing are leading causes of homelessness. Laws criminalizing homelessness
49 have been found to violate international and, in some instances, federal law. Therefore, your
50 Reference Committee recommends Board of Trustees Report 28 be adopted.

(4) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
3 – LOW NICOTINE PRODUCT STANDARD

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Science and Public Health Report 3 be adopted and the remainder of the report be filed.

HOD ACTION: Council on Science and Public Health Report 3 adopted as amended and the remainder of the report filed.

Council on Science and Public Health Report 3 recommends: (1). That AMA Policy H-495.988, "FDA Regulation of Tobacco Products" be amended by addition to read as follows:

1. Our AMA: (A) 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 increases youth risk of using combustible tobacco cigarettes; (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, 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 reduced nicotine content tobacco products~~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.

2. Our AMA: (A) supports the US Food and Drug Administration (FDA) as it takes an important first step in establishing basic regulations of all tobacco products; (B) strongly opposes any FDA rule that exempts any tobacco or nicotine-containing product, including all cigars, from FDA regulation; and (C) will join with physician and public health organizations in submitting comments on FDA proposed rule to regulate all tobacco products.

3. Our AMA: (A) will continue to monitor the FDA's progress towards establishing a low nicotine product standard for tobacco products and will submit comments on the proposed rule that are in line with the current scientific evidence and (B) recognizes that rigorous and

1 comprehensive post-market surveillance and product testing to monitor for unintended
2 tobacco use patterns will be critical to the success of a nicotine reduction policy. (Modify
3 Current HOD Policy)

4
5 2. That American Medical Association Policy H-495.972, "Electronic Cigarettes, Vaping, and
6 Health" be reaffirmed. (Reaffirm HOD Policy)

7
8 The Council on Science and Public Health introduced this report and noted that the AMA
9 submitted extensive comments on this issue to the FDA in July of 2018. The comments were
10 made based on the best available data on a low nicotine product standard. It was noted that
11 the AMA specifically called for this standard to apply to all tobacco and nicotine products, not
12 just combustible cigarettes. Some questions were raised in testimony regarding varying levels
13 of addiction to nicotine among individuals and across populations, and how those most
14 susceptible would be addressed. Your Reference Committee believes that the Council got
15 this right. Federal law prohibits the FDA from taking the nicotine level to zero. Committing the
16 AMA to continue to monitor the FDA's progress as well as the evidence base on this issue is
17 appropriate. Therefore, your Reference Committee recommends that Council on Science and
18 Public Health Report 3 be adopted.

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20 (5) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
21 4 – VECTOR-BORNE DISEASES

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23 RECOMMENDATION:

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25 Madam Speaker, your Reference Committee recommends
26 that the recommendation in Council on Science and Public
27 Health Report 4 be adopted and the remainder of the report
28 be filed.

29
30 **HOD ACTION: Council on Science and Public Health**
31 **Report 4 adopted as amended and the remainder of**
32 **the report filed.**

33
34 Council on Science and Public Health Report 4 recommends:

35
36 1. That Policy H-440.820, "Vector-Borne Diseases," be amended by addition and deletion to
37 read as follows:

38
39 H-440.820 Vector-Borne Diseases

40 Due to the increasing threat and limited capacity to respond to vector-borne diseases, Our
41 our AMA supports and will advocate for local, state and national research, education, reporting
42 and tracking on vector-borne diseases.

43
44 (1) Improved surveillance for vector-borne diseases to better understand the geographic
45 distribution of infectious vectors and where people are at risk;

46 (2) The development and funding of comprehensive and coordinated vector-borne disease
47 prevention and control programs at the federal, state and local level;

48 (3) Investments that strengthen our nation's public health infrastructure and the public health
49 workforce;

50 (4) Education and training for health care professionals and the public about the risk of vector-
51 borne diseases and prevention efforts as well as the dissemination of available information;

1 (5) Research to develop new vaccines, diagnostics, and treatments for existing and emerging
2 vector-borne diseases, including Lyme disease;

3 (6) Research to identify novel methods for controlling vectors and vector-borne diseases; and

4 (7) Increased and sustained funding to address the growing burden of vector-borne diseases
5 in the United States. (Modify Current HOD Policy)

6
7 2. That Policy H-135.438, "Global Climate Change and Human Health" and Policy, D-440.940,
8 "Global Tracking System of Zoonotic Diseases," be reaffirmed. (Reaffirm HOD Policy)

9
10 The Council was thanked for its thorough and thoughtful report on the issue of vector-borne
11 diseases. Overall, testimony was very supportive of this report. Several amendments were
12 suggested, including putting the language referring to the local, state, and federal levels of
13 government taking action back into the policy. Your Reference Committee believes that
14 leaving it broad is the best approach, thereby ensuring it applies to all jurisdictions. There was
15 also a recommendation to add the One Health Initiative into the recommendations. The
16 Reference Committee felt that inserting the name of a specific coalition was unnecessary
17 noting that we have existing policy on collaborations with veterinary medicine (H-440.871).
18 Therefore, your Reference Committee recommends adoption.

19
20 (6) RESOLUTION 403 – WHITE HOUSE INITIATIVE ON
21 ASIAN AMERICANS AND PACIFIC ISLANDERS

22
23 RECOMMENDATION:

24
25 Madam Speaker, your Reference Committee recommends
26 that Resolution 403 be adopted.

27
28 **HOD ACTION: Resolution 403 adopted.**

29
30 Resolution 403 asks that our AMA: (1) advocate for restoration of webpages on the Asian
31 American and Pacific Islander (AAPI) initiative (similar to those from prior administrations) that
32 specifically address disaggregation of health outcomes related to AAPI data; (2) support the
33 disaggregation of data regarding AAPIs in order to reveal the AAPI ethnic subgroup disparities
34 that exist in health outcomes; (3) support the disaggregation of data regarding AAPIs in order
35 to reveal the AAPI ethnic subgroup disparities that exist in representation in medicine,
36 including but not limited to leadership positions in academic medicine; and (4) report back at
37 the 2020 Annual Meeting on the issue of disaggregation of data regarding AAPIs (and other
38 ethnic subgroups) with regards to the ethnic subgroup disparities that exist in health outcomes
39 and representation in medicine, including leadership positions in academic medicine.

40
41 Your Reference Committee heard strong support on the issue of disaggregation of data
42 regarding Asian American and Pacific Islanders. It was noted that while there is existing AMA
43 policy on this issue, these requests are more specific and necessary to address disparities in
44 these populations. Therefore, your Reference Committee recommends that Resolution 403
45 be adopted.

(7) RESOLUTION 407 – EVALUATING AUTONOMOUS
VEHICLES AS A MEANS TO REDUCE MOTOR VEHICLE
ACCIDENTS

RECOMMENDATION:

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

HOD ACTION: Resolution 407 adopted.

Resolution 407 asks that our AMA monitor the development of autonomous vehicles, with particular focus on the technology's impact on motor vehicle related injury and death and promote driver, pedestrian, and general street and traffic safety as key priorities in the development of autonomous vehicles.

Your Reference Committee heard testimony in support of Resolution 407. It was noted that autonomous vehicle technology is being developed and applied rapidly. Testimony acknowledged the potential for fully autonomous vehicles to save lives and the need for monitoring to ensure safety is a priority in development. Therefore, your Reference Committee recommends that Resolution 407 be adopted.

(8) RESOLUTION 425 – DISTRACTED DRIVER EDUCATION
AND ADVOCACY

RECOMMENDATION:

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

HOD ACTION: Resolution 425 adopted.

Resolution 425 asks that our AMA make it a priority to create a national education and advocacy campaign on distracted driving in collaboration with the Centers for Disease Control and Prevention and other interested stakeholders; and explore developing an advertising campaign on distracted driving with report back to the House of Delegates at the 2019 Interim Meeting.

Your Reference Committee heard limited, but unanimous testimony in support of Resolution 425. The positive impact of distracted driving efforts was noted in testimony, using as an example hands-free legislation in Georgia that reduced motor vehicle collision mortality by 4 percent. While one individual suggested targeting education toward middle school and high school students as they begin driver education, your Reference Committee felt that the specifics of the educational programming should be addressed in collaboration with stakeholders. Therefore, your Reference Committee recommends that Resolution 425 be adopted.

(9) RESOLUTION 427 – UTILITY OF AUTONOMOUS
VEHICLES FOR INDIVIDUALS WHO ARE VISUALLY
IMPAIRED OR DEVELOPMENTALLY DISABLED

RECOMMENDATION:

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

HOD ACTION: Resolution 427 adopted.

Resolution 427 asks that our AMA work with the National Transportation Safety Board to support physician input on research into the capability of autonomous or “self-driving” vehicles to enable individuals who are visually impaired or developmentally disabled to benefit from autonomous vehicle technology.

Your Reference Committee heard testimony in support of Resolution 427. Testimony acknowledged the potential of fully autonomous vehicles to expand mobility of those who cannot be mobile. It was noted that transportation is a significant barrier for employment among the developmentally disabled and autonomous vehicle technology could expand employment opportunities for this population. It was suggested that the elderly be added to this resolution as well, but your Reference Committee felt that this was outside the scope of this resolution. Therefore, your Reference Committee recommends that Resolution 427 be adopted.

(10) BOARD OF TRUSTEES REPORT 29 – IMPROVING
SAFETY AND HEALTH CODE COMPLIANCE IN
SCHOOL FACILITIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends
that the first recommendations in Board of Trustees Report
29 be amended by addition to read as follows:

1. That our AMA adopt the following new policy:

“Environmental Health and Safety in Schools”

Our AMA: (1) supports the adoption of standards in schools that limit harmful substances from school facility environments, ensure safe drinking water, and indoor air quality, and promote childhood environmental health and safety in an equitable manner; (2) encourages the establishment of a system of governmental oversight, charged with ensuring the regular inspection of schools and identifying shortcomings that might, if left untreated, negatively impact the health of those learning and working in school buildings; (3) supports policies that increase funding for such remediations to take place, especially in vulnerable, resource-limited neighborhoods; and (4) supports continued data collection and reporting on the

negative health effects of substandard conditions in schools. (New HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the first recommendations in Board of Trustees Report 29 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Board of Trustees Report 29 adopted as amended and the remainder of the report filed.

1. Board of Trustees Report 29 recommends that our AMA adopt the following new policy:

“Environmental Health and Safety in Schools”

Our AMA supports the adoption of standards in schools that limit harmful substances from school facility environments, ensure safe drinking water, and indoor air quality, and promote childhood environmental health and safety in an equitable manner.

2. That the following policies be reaffirmed: H-135.428, “Safe Drinking Water,” and H-135.998, “AMA Position on Air Pollution.”

Your Reference Committee heard testimony in support of the Board’s recommendation on school compliance with health and safety codes. It was noted that while there are number of recommendations available to guide the implementation of programs to promote and protect children’s health, few states have adopted these guidelines into law. Schools in lower income districts may be particularly vulnerable to environmental health hazards, which can contribute to health inequities. An amendment was proposed supporting the enforcement and implementation of these guidelines. Your Reference Committee agrees and therefore, recommends that Board of Trustees Report 29 be adopted as amended.

- (11) RESOLUTION 401 – SUPPORT PREGNANCY INTENTION SCREENINGS TO IMPROVE THE DISCUSSION OF PREGNANCY INTENTION, PROMOTE PREVENTIVE REPRODUCTIVE HEALTH CARE AND IMPROVE COMMUNITY HEALTH OUTCOMES BY HELPING WOMEN PREPARE FOR HEALTHY PREGNANCIES AND PREVENT UNINTENDED PREGNANCIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 401 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association support the use of pregnancy intention screening, ~~such as One Key Question®, PATH, or the Centers for Disease Control and Prevention (CDC) reproductive life planning,~~

1 and contraceptive screening in appropriate women and men
2 as part of routine well-care and recommend it be built in
3 electronic health records so that providers can document
4 intention screening and services provided based on a
5 woman's response appropriately documented in the
6 medical record. (New HOD Policy)
7

8 RECOMMENDATION B:
9

10 Madam Speaker, your Reference Committee recommends
11 that Resolution 401 be adopted as amended.
12

13 RECOMMENDATION C:
14

15 Madam Speaker, your Reference Committee recommends
16 that the title of Resolution 401 be changed to read as
17 follows:
18

19 SUPPORT PREGNANCY INTENTION SCREENING
20

21 **HOD ACTION: Resolution 401 adopted as amended**
22 **with a change in title.**
23

24 Resolution 401 asks that our AMA support the use of pregnancy intention screening, such as
25 One Key Question®, PATH, or the Centers for Disease Control and Prevention (CDC)
26 reproductive life planning, as part of routine well care and recommend it be built in electronic
27 health records so that providers can document intention screening and services provided
28 based on a woman's response.
29

30 Your Reference Committee heard testimony in support of this resolution. The importance of
31 reducing unmet contraceptive need and increasing preconception care were noted. Testimony
32 questioned whether specific tools should be recommended. It was also suggested that
33 language related to documentation be streamlined to eliminate language around electronic
34 health records. Therefore, Your Reference Committee recommends that Resolution 401 be
35 adopted as amended.
36

37 (12) RESOLUTION 404 – SHADE STRUCTURES IN PUBLIC
38 AND PRIVATE PLANNING AND ZONING MATTERS
39

40 RECOMMENDATION A:
41

42 Madam Speaker, your Reference Committee recommends
43 that Resolution 404 be amended by addition to read as
44 follows:
45

46 That our AMA support sun shade structures (such as trees,
47 awnings, gazebos and other structures providing shade) in
48 the planning of public and private spaces, as well as in
49 zoning matters and variances in recognition of the critical
50 important of sun protection as a public health measure.

1 RECOMMENDATION B:

2
3 Madam Speaker, your Reference Committee recommends
4 that Resolution 404 be adopted as amended.

5
6 **HOD ACTION: Resolution 404 adopted as amended.**
7

8 Resolution 404 asks that our AMA support sun shade structures (such as awnings, gazebos
9 and other structures providing shade) in the planning of public and private spaces, as well as
10 in zoning matters and variances in recognition of the critical importance of sun protection as
11 a public health measure.

12
13 Your Reference Committee heard testimony in support of Resolution 404. Skin cancer is a
14 growing medical concern, and sun shade structures should be considered in public space
15 planning. In addition, sun shade structures may provide other benefits, such as increasing
16 use of public spaces and encouraging physical activity. An amendment to add the word trees
17 was suggested. Therefore, your Reference Committee recommends that Resolution 404 be
18 adopted as amended.

19
20 (13) RESOLUTION 405 –GUN VIOLENCE PREVENTION:
21 SAFETY FEATURES

22
23 RECOMMENDATION A:

24
25 Madam Speaker, your Reference Committee recommends
26 that Resolution 405 be amended by addition and deletion to
27 read as follows:

28
29 RESOLVED, That our American Medical Association
30 advocate for firearm ~~gun~~ safety features, including but not
31 limited to mechanical or smart technology, to reduce
32 accidental discharge of a firearm or misappropriation of the
33 weapon by a non-registered user; and support legislation
34 and regulation to standardize the use of these firearm ~~gun~~
35 safety features on weapons sold for non-military and non-
36 peace officer use within the U.S.; with the aim of
37 establishing manufacturer liability for the absence of safety
38 features on newly manufactured firearms ~~guns~~. (Directive to
39 Take Action)

40
41 RECOMMENDATION B:

42
43 Madam Speaker, your Reference Committee recommends
44 that Resolution 405 be adopted as amended.

45
46 RECOMMENDATION C:

47
48 Madam Speaker, your Reference Committee recommends
49 that the title of Resolution 405 be changed.

50
51 FIREARM VIOLENCE PREVENTION: SAFETY FEATURES

**HOD ACTION: Resolution 405 adopted as amended
with a change in title.**

Resolution 405 asks that our AMA advocate for gun safety features, including but not limited to mechanical or smart technology, to reduce accidental discharge of a firearm or misappropriation of the weapon by a non-registered user; and support legislation and regulation to standardize the use of these gun safety features on weapons sold for non-military and non-peace officer use within the U.S.; with the aim of establishing manufacturer liability for the absence of safety features on newly manufactured guns.

Your Reference Committee heard testimony that was mostly supportive of Resolution 405. It was noted in testimony that 37 percent of unintended firearm deaths could have been prevented through smart firearm technology. It was also noted that existing law has had a chilling effect on the sale of smart firearms in the United States. Your Reference Committee noted that what we are referring to in the resolution is firearms rather than guns and amended the language accordingly.

**(14) RESOLUTION 406 – REDUCTION IN CONSUMPTION OF
PROCESSED MEATS**

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 406 be amended by addition and deletion to read as follows:

That our AMA support: (1) reduction of processed meat consumption, especially for patients diagnosed or at risk for ~~coronary artery~~ cardiovascular disease, type 2 diabetes, and ~~colorectal~~ cancer (2) initiatives to reduce processed meats consumed in public schools, hospitals, food markets and restaurants while promoting healthy alternatives such as a whole foods and plant-based nutrition; (3) public awareness of the risks of processed meat consumption, ~~including research that better defines the health risks imposed by different methods of meat processing;~~ and (4) programs for health care professionals on the risks of processed meat consumption and the benefits of healthy alternatives.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 406 be adopted as amended.

HOD ACTION: Resolution 406 adopted as amended.

Resolution 406 asks that our AMA support: (1) reduction of processed meat consumption, especially for patients diagnosed or at risk for coronary artery disease, type 2 diabetes and colorectal cancer; (2) initiatives to reduce processed meats consumed in public schools,

1 hospitals, food markets and restaurants while promoting healthy alternatives such as a
2 whole foods and plant-based nutrition; (3) awareness of the risks of processed meat
3 consumption, including research that better defines the health risks imposed by different
4 methods of meat processing; and (4) programs for health care professionals on the risks of
5 processed meat consumption and the benefits of healthy alternatives.

6
7 Your Reference Committee heard testimony in support of Resolution 406. Testimony noted
8 that consumption of processed meat is a serious health concern for patients, referencing
9 recent studies linking consumption of processed meats to increased cancer risks. It was noted
10 alternatives such as whole foods and plant-based nutrition should be offered in public schools,
11 hospitals, food markets, and restaurants. It was also noted that more education for children
12 and adults on the health risks of processed meat consumption is needed. Your Reference
13 Committee recommends that Resolution 406 be adopted as amended.

14
15 (15) RESOLUTION 410 – REDUCING HEALTH DISPARITIES
16 THROUGH EDUCATION

17
18 RECOMMENDATION A:

19
20 Madam Speaker, your Reference Committee recommends
21 that second Resolve of Resolution 410 be amended by
22 addition and deletion to read as follows:

23
24 RESOLVED, That our AMA work with Centers for Disease
25 Control and Prevention and other stakeholders to promote
26 ~~HHS and DOE to establish~~ a meaningful health curriculum
27 (including nutrition) for grades kindergarten through 12 ~~which~~
28 ~~is required for high school graduation~~ (Directive to Take
29 Action); ~~and be it further~~

30
31 RECOMMENDATION B:

32
33 Madam Speaker, your Reference Committee recommends
34 that third Resolve of Resolution 410 be deleted.

35
36 ~~RESOLVED, That our AMA work nationally toward the same~~
37 ~~goals and strategies to reduce health disparities. (Directive to~~
38 ~~Take Action)~~

39
40 RECOMMENDATION C:

41
42 Madam Speaker, your Reference Committee recommends
43 that Resolution 410 be adopted as amended.

44
45 RECOMMENDATION D:

46
47 Madam Speaker, your Reference Committee recommends
48 that Policy H-60.917 be reaffirmed.

49
50 **HOD ACTION: Resolution 410 adopted as amended**
51 **and Policy H-60.917 reaffirmed.**

Resolution 410 asks that our AMA: (1) work with the Health and Human Services Department (HHS) and Department of Education (DOE) to raise awareness about the health benefits of education; (2) work with HHS and DOE to establish a meaningful health curriculum (including nutrition) for grades kindergarten through 12 which is required for high school graduation; and (3) work nationally toward the same goals and strategies to reduce health disparities.

Your Reference Committee heard testimony that was mostly supportive of the intent of this resolution. It was noted that the CDC already has a meaningful health curriculum that outlines the eight components of coordinated school health. Rather than develop a new curriculum, the AMA should promote the existing one. There was confusion around the focus of this resolution, with some supporting early child education and authors indicating their intent was actually to focus on health professional education. Your Reference Committee believes that AMA policy already addresses early childhood education. Therefore, your Reference Committee recommends that Resolution 410 be adopted as amended and existing policy be reaffirmed.

Policy recommended for reaffirmation:

Policy H-60.917, "Disparities in Public Education as a Crisis in Public Health and Civil Rights"

Our AMA: (1) considers continued educational disparities based on ethnicity, race and economic status a detriment to the health of the nation; (2) will issue a call to action to all educational private and public stakeholders to come together to organize and examine, and using any and all available scientific evidence, to propose strategies, regulation and/or legislation to further the access of all children to a quality public education, including early childhood education, as one of the great unmet health and civil rights challenges of the 21st century; and (3) acknowledges the role of early childhood brain development in persistent educational and health disparities and encourage public and private stakeholders to work to strengthen and expand programs to support optimal early childhood brain development and school readiness.

(16) RESOLUTION 413 – END THE EPIDEMIC OF HIV
NATIONALLY

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 413 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association supports and will strongly advocate for the funding of plans to end the HIV epidemic that focus on: (1) diagnosing individuals with HIV infection as early as possible, (2) treating HIV infection to achieve sustained viral suppression, (3) preventing at-risk individuals from acquiring HIV infection, including through the use of pre-exposure prophylaxis; and (4) rapidly detecting and responding to emerging clusters of HIV infection to prevent transmission. ~~advocate that the federal budget include~~

1 ~~provisions to End the HIV epidemic and that such a plan be~~
2 ~~structured after New York State's EtE 2020 or other similar~~
3 ~~state programs. (Directive to Take Action)~~

4
5 RECOMMENDATION B:

6
7 Madam Speaker, your Reference Committee recommends
8 that Resolution 413 be adopted as amended.
9

10 **HOD ACTION: Resolution 413 adopted as amended.**

11
12 Resolution 413 asks that our AMA advocate that the federal budget include provisions to End
13 the HIV epidemic and that such a plan be structured after New York State's EtE 2020 or other
14 similar state programs

15
16 Your Reference Committee heard testimony in strong support of plans to end the HIV
17 epidemic nationally. Testimony noted that there is already a national plan in place, "Ending
18 the HIV Epidemic: A Plan for America" for which the President's Fiscal Year 2020 Budget
19 proposed \$291 million to work towards ending the HIV epidemic in America by 2030. Your
20 Reference Committee felt that rather than naming specific plans in our policy, it would be best
21 to outline the goals of the plan for which the AMA, the federation of medicine, and physicians
22 should support. It was also noted that the AMA should advocate for funding to implement the
23 plan. Your Reference Committee also acknowledges that funding should not be limited to
24 federal funding, but broadly applicable to all levels of government. Therefore, your Reference
25 Committee recommends that Resolution 413 be adopted as amended.
26

27 (17) RESOLUTION 415 – DISTRACTED DRIVER
28 LEGISLATION

29
30 RECOMMENDATION A:

31
32 Madam Speaker, your Reference Committee recommends
33 that Resolution 415 be amended by deletion to read as
34 follows:
35

36 That our AMA actively lobby for federal legislation to: ~~(1)~~
37 decrease distracted driving injuries and fatalities by banning
38 the use of electronic communication such as texting, taking
39 photos or video and posting on social media while operating
40 a motor vehicle and ~~(2) require automobile manufacturers to~~
41 ~~integrate hands-free technology into new automobiles.~~

42
43 RECOMMENDATION B:

44
45 Madam Speaker, your Reference Committee recommends
46 that Resolution 415 be adopted as amended.
47

48 **HOD ACTION: Resolution 415 adopted as amended.**

49
50 Resolution 415 asks that our AMA actively lobby for federal legislation to: (1) decrease
51 distracted driving injuries and fatalities by banning the use of electronic communication such

1 as texting, taking photos or video and posting on social media while operating a motor vehicle
2 and (2) require automobile manufacturers to integrate hands-free technology into new
3 automobiles.

4
5 Your Reference Committee heard testimony about the number of fatalities and injuries caused
6 by distracted drivers in the United States. While testimony supported efforts to curb distracted
7 driving, it was noted the federal legislation proposed in this resolution runs contrary to Section
8 8 of the U.S. Constitution; laws on distracted driving are therefore in the purview of the states.
9 Your Reference Committee also noted that the research indicates that hands-free technology
10 while driving still poses a risk to drivers. Therefore, your Reference Committee recommends
11 that Resolution 415 be adopted as amended.

12
13 (18) RESOLUTION 416 – NON-MEDICAL EXEMPTIONS
14 FROM IMMUNIZATIONS

15
16 RECOMMENDATION A:

17
18 Madam Speaker, your Reference Committee recommends
19 that Resolution 416 be amended by addition and deletion to
20 read as follows:

21
22 RESOLVED, That our American Medical Association
23 actively advocate for ~~federal~~ legislation, regulations,
24 programs, and policies that incentivizes states to eliminate
25 non-medical exemptions ~~to~~ from mandated pediatric
26 immunizations. (Directive to Take Action)

27
28 RECOMMENDATION B:

29
30 Madam Speaker, your Reference Committee recommends
31 that Resolution 416 be adopted as amended.

32
33 **HOD ACTION: Resolution 416 adopted as amended.**

34
35 Resolution 416 asks that our AMA actively advocate for federal legislation that incentivizes
36 states to eliminate non-medical exemptions to mandated pediatric immunizations.

37
38 Your Reference Committee heard unanimous support for this resolution, which is consistent
39 with existing AMA policy. An amendment was offered by the U.S. Public Health Service,
40 suggesting that this not be limited to federal legislation. It was suggested that programs such
41 as, but not limited to the Center for Medicare and Medicaid Innovation and Head Start could
42 also incentivize states to eliminate non-medical exemptions from immunizations. Your
43 Reference Committee believes that the AMA should be broadly supporting these incentives
44 and not limiting them to only federal jurisdictions. Therefore, your Reference Committee
45 recommends that Resolution 416 be adopted as amended.

(19) RESOLUTION 417 – IMPROVED HEALTH IN THE
UNITED STATES PRISON SYSTEM THROUGH
HYGIENE AND HEALTH EDUCATION PROGRAMMING
FOR INMATES AND PRISON STAFF

RECOMMENDATION A:

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

RESOLVED, that our AMA collaborate with state medical
societies and federal regulators to emphasize the
importance of hygiene and health literacy information
sessions for both inmates and staff in ~~state and local prison~~
~~systems~~ correctional facilities.

RECOMMENDATION B:

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

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends
that the title of Resolution 417 be changed to read as
follows:

IMPROVED HEALTH IN CORRECTIONAL FACILITIES
THROUGH HYGIENE AND HEALTH EDUCATIONAL
PROGRAMMING FOR INMATES AND STAFF

**HOD ACTION: Resolution 417 be adopted as
amended with a change in title.**

Resolution 417 asks that our AMA collaborate with state medical societies to emphasize the
importance of hygiene and health literacy information sessions for both inmates and staff in
state and local prison systems.

Your Reference Committee heard testimony in support of this resolution. It was suggested
that your Reference Committee consider the updated term “correctional facilities”, and that
federal regulators be included. Therefore, your Reference Committee recommends that
Resolution 417 be adopted as amended.

(20) RESOLUTION 419 – UNIVERSAL ACCESS FOR
ESSENTIAL PUBLIC HEALTH SERVICES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that the following alternate resolution be adopted in lieu of
Resolution 419.

**HOD ACTION: Alternate resolution adopted in lieu of
Resolution 419.**

UNIVERSAL ACCESS FOR ESSENTIAL PUBLIC HEALTH
SERVICES

RESOLVED that our AMA: (1) supports updating ~~the~~ The
Core Public Health Functions Steering Committee's "The 10
Essential Public Health Services" to bring them in line with
current and future public health practice; (2) encourages
state, local, tribal, and territorial public health departments
to pursue accreditation through the Public Health
Accreditation Board (PHAB); (3) work with appropriate
stakeholders to develop a comprehensive list of minimum
necessary programs and services to protect the public
health of citizens in all state and local jurisdictions and
ensure adequate provisions of public health, including, but
not limited to clean water, functional sewage systems,
access to vaccines, and other public health standards; ~~(34)~~
will work with the National Association of City and County
Health Officials (NACCHO), the Association of State and
Territorial Health Officials (ASTHO), the Big Cities Health
Coalition, the Centers for Disease Control and Prevention
(CDC), and other related entities that are working to assess
and assure appropriate funding levels, service capacity, and
adequate infrastructure of the nation's public health system;
and (4) Reaffirms existing Policy H-440.912.

Resolution 419 asks that our AMA study the options and/or make recommendations regarding
the establishment of: (1) a list of all essential public health services that should be provided in
every jurisdiction in the United States; (2) a federal data system that can capture the amount
of federal, state, and local public health capabilities and spending that occurs in every
jurisdiction to assure that their populations have universal access to all essential public health
services; and (3) a federal data system that can capture actionable evidence-based outcomes
data from public health activities in every jurisdiction. Resolution 419 also asks the AMA to
prepare and publicize annual reports on current efforts and progress to achieve universal
access to all essential public health services.

Your Reference Committee heard testimony in support of the intent of this resolution. The
Council on Science and Public Health offered an amendment, noting that work is ongoing to
address this issue by a number of public health organizations and that the AMA should work
collaboratively with public health organizations on this effort. The current list of Essential

1 Public Health Services were developed in 1994. The Public Health Accreditation Board
2 recently announced that it will partner with the de Beaumont Foundation on a project aimed
3 at updating the 10 Essential Public Health Services national framework. The Essential Public
4 Health Services provide the basis for the standards and measures by which governmental
5 public health departments' performance is evaluated through the Public Health Accreditation
6 Board. Since the list of essential public health services exists and is being updated and these
7 services are the basis of accreditation standards, your Reference Committee agreed that the
8 AMA's efforts should be focused on working with public health organizations to assess and
9 assure appropriate funding, service capacity, and an adequate public health infrastructure for
10 the nation.

11
12 Policy recommended for reaffirmation:

13
14 Policy H-440.912, "Federal Block Grants and Public Health"

15 (1) Our AMA should collaborate with national public health organizations to explore
16 ways in which public health and clinical medicine can become better integrated; such
17 efforts may include the development of a common core of knowledge for public health
18 and medical professionals, as well as educational vehicles to disseminate this
19 information. (2) Our AMA urges Congress and responsible federal agencies to: (a)
20 establish set-asides or stable funding to states and localities for essential public health
21 programs and services, (b) provide for flexibility in funding but ensure that states and
22 localities are held accountable for the appropriate use of the funds; and (c) involve
23 national medical and public health organizations in deliberations on proposed changes
24 in funding of public health programs. (3) Our AMA will work with and through state and
25 county medical societies to: (a) improve understanding of public health, including the
26 distinction between publicly funded medical care and public health; (b) determine the
27 roles and responsibilities of private physicians in public health, particularly in the
28 delivery of personal medical care to underserved populations; (c) advocate for
29 essential public health programs and services; (d) monitor legislative proposals that
30 affect the nation's public health system; (e) monitor the growing influence of managed
31 care organizations and other third party payers and assess the roles and
32 responsibilities of these organizations for providing preventive services in
33 communities; and (f) effectively communicate with practicing physicians and the
34 general public about important public health issues. (4) Our AMA urges state and
35 county medical societies to: (a) establish more collegial relationships with public health
36 agencies and increase interactions between private practice and public health
37 physicians to develop mutual support of public health and clinical medicine; and (b)
38 monitor and, to the extent possible, participate in state deliberations to ensure that
39 block grant funds are used appropriately for health-related programs.
40 (5) Our AMA urges physicians and medical societies to establish community
41 partnerships comprised of concerned citizens, community groups, managed care
42 organizations, hospitals, and public health agencies to: (a) assess the health status of
43 their communities and determine the scope and quality of population- and personal-
44 based health services in their respective regions; and (b) develop performance
45 objectives that reflect the public health needs of their states and communities.
46 6. Our AMA: (a) supports the continuation of the Preventive Health and Health Services Block
47 Grant, or the securing of adequate alternative funding, in order to assure preservation
48 of many critical public health programs for chronic disease prevention and health
49 promotion in California and nationwide, and to maintain training of the public health
50 physician workforce; and (b) will communicate support of the continuation of the

1 Preventive Health and Health Services Block Grant, or the securing of adequate
2 alternative funding, to the US Congress.

3
4 (21) RESOLUTION 420 – COORDINATING COMMUNITY AND
5 CORRECTIONAL HEALTH CARE

6
7 RECOMMENDATION A:

8
9 Madam Speaker, your Reference Committee recommends
10 that the first Resolve of Resolution 420 be amended by
11 addition and deletion to read as follows:

12
13 RESOLVED, That our American Medical Association
14 support linkage of those incarcerated to community clinics
15 upon release in order to accelerate access to primary
16 comprehensive health care, including mental health and
17 substance abuse disorder services, and improve health
18 outcomes among this vulnerable patient population, as well
19 as adequate funding (New HOD Policy);

20
21 RECOMMENDATION B:

22
23 Madam Speaker, your Reference Committee recommends
24 that Resolution 420 be adopted as amended.

25
26 **HOD ACTION: Resolution 420 adopted as amended.**

27
28 Resolution 420 asks that our AMA support (1) linkage of those incarcerated to community
29 clinics upon release in order to accelerate access to primary care and improve health
30 outcomes among this vulnerable patient population, as well as adequate funding and (2) the
31 collaboration of correctional health workers and community health care providers for those
32 transitioning from a correctional institution to the community.

33
34 Your Reference Committee heard supportive testimony on this resolution. It was noted that
35 this should be more comprehensive beyond primary care and should include mental health
36 and substance abuse services. Your Reference Committee recommends that Resolution 420
37 be adopted as amended.

38
39 (22) RESOLUTION 421 – CONTRACEPTION FOR
40 INCARCERATED WOMEN

41
42 RECOMMENDATION A:

43
44 Madam Speaker, your Reference Committee recommends
45 that Resolution 422 be adopted as amended by addition and
46 deletion to read as follows:

47
48 That our AMA support an incarceration incarcerated
49 person's' right prior to release to (1) accessible,
50 comprehensive, to evidence-based contraception
51 counseling education, (2) access to all-reversible

1 contraceptive methods, and (3) autonomy over
2 ~~contraceptive~~ the decision-making prior to release process
3 without coercion.

4
5 RECOMMENDATION B:

6
7 Madam Speaker, your Reference Committee recommends
8 that Resolution 421 be adopted as amended.

9
10 **HOD ACTION: Resolution 421 adopted as amended.**

11
12 Resolution 421 asks that our AMA support incarcerated persons' access to evidence-based
13 contraception counseling, access to all contraceptive methods and autonomy over
14 contraceptive decision-making prior to release.

15
16 Your Reference Committee heard strong support for Resolution 421. Testimony noted that
17 access to evidence-based contraception and education is limited for incarcerated women.
18 American College of Obstetricians and Gynecologists (ACOG) noted the original language
19 could include irreversible procedures such as sterilization and recommended the resolution
20 as amended. Widespread testimony supported the amended resolution. Therefore, your
21 Reference Committee recommends adoption of Resolution 421 as amended.

22
23 (23) **RESOLUTION 423 – MANDATORY IMMUNIZATION FOR**
24 **ASYLUM SEEKERS**

25
26 RECOMMENDATION A:

27
28 Madam Speaker, your Reference Committee recommends
29 that Resolution 423 be amended by addition to read as
30 follows:

31
32 That our AMA call for asylum seekers to receive all
33 medically-appropriate care, including vaccinations in a
34 patient centered, language and culturally appropriate way
35 upon presentation for asylum regardless of country of origin.

36
37 RECOMMENDATION B:

38
39 Madam Speaker, your Reference Committee recommends
40 that Resolution 423 be adopted as amended.

41
42 RECOMMENDATION C:

43
44 Madam Speaker, your Reference Committee recommends
45 that the title of Resolution 423 be changed to read as
46 follows:

47
48 **MEDICALLY APPROPRIATE CARE FOR ASYLUM**
49 **SEEKERS**

HOD ACTION: Resolution 423 be adopted as amended with a change in title.

Resolution 423 asks that our AMA Call for asylum seekers to receive all medically-appropriate vaccinations upon presentation for asylum regardless of country of origin.

Your Reference Committee heard supportive testimony for this resolution. Testimony was heard requesting that the scope of the resolution be expanded to include all medically-appropriate care, to reflect the diverse health needs of asylum seekers. Testimony asked that 'mandatory' be replaced in the title to reflect this expanded scope. It was also noted that language and cultural barriers should be considered in the delivery of care to asylum seekers. Therefore, your Reference Committee recommends that Resolution 423 be adopted as amended.

(24) **RESOLUTION 426 – HEALTH CARE ACCREDITATION
OF CORRECTIONAL, DETENTION AND JUVENILE
FACILITIES**

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 426 be amended by deletion to read as follows:

RESOLVED, That our AMA work with an accrediting organization, such as National Commission on Correctional Health Care (NCCHC), ~~American Correctional Association (ACA)~~ and ~~others with accreditation expertise~~, in developing a strategy to accredit all correctional, detention and juvenile facilities;

RECOMMENDATION B:

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

RESOLVED, That our AMA advocate that all correctional, detention and juvenile facilities be accredited by ~~a national accrediting organization, such as the NCCHC or ACA~~, no later than 2025; and support funding for correctional facilities to assist in this effort.

RECOMMENDATION C:

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

HOD ACTION: Resolution 426 adopted as amended.

1 Resolution 426 asks that our AMA work with an accrediting organization, such as National
2 Commission on Correctional Health Care (NCCHC), American Correctional Association
3 (ACA) and others with accreditation expertise, in developing a strategy to accredit all
4 correctional, detention and juvenile facilities and advocate that all correctional, detention and
5 juvenile facilities be accredited by a national accrediting organization, such as the NCCHC or
6 ACA, no later than 2025.

7
8 Your Reference Committee heard testimony in support of Resolution 426. It was suggested
9 that 90% of correctional facilities in the United States have no oversight even though
10 accreditation is considered important in demonstrating adequate health care provisions. The
11 National Commission of Correctional Health Care (NCCHC) testified that other organizations
12 suggested in the resolution were not accredited based solely on health care, and that this
13 distinction was important. Additional testimony noted the importance of securing funds to
14 support the work outlined in this resolution. Therefore, your Reference Committee
15 recommends that Resolution 426 be adopted as amended.

16
17 (25) RESOLUTION 428 – DANGERS OF VAPING

18
19 RECOMMENDATION A:

20
21 Madam Speaker, your Reference Committee recommends that
22 Policy H-495.989 be amended by addition and deletion to read
23 as follows:

24
25 Tobacco Product Labeling H-495.989

26
27 Our AMA: (1) supports requiring more explicit and effective
28 health warnings, such as graphic warning labels, regarding the
29 use of tobacco (and alcohol) products (including but not limited
30 to, cigarettes, smokeless tobacco, chewing tobacco, and
31 hookah/water pipe tobacco, and ingredients
32 of tobacco products sold in the United States); (2) encourages
33 the Food and Drug Administration, as required under Federal
34 law, to revise its rules to require color graphic warning labels on
35 all cigarette packages depicting the negative health
36 consequences of smoking; (3) supports legislation or
37 regulations that require (a) tobacco companies to accurately
38 label their products, including electronic nicotine delivery
39 systems (ENDS), indicating nicotine content in easily
40 understandable and meaningful terms that have plausible
41 biological significance; (b) picture-based warning labels
42 on tobacco products produced in, sold in, or exported from the
43 United States; (c) an increase in the size of warning labels to
44 include the statement that smoking is ADDICTIVE and may
45 result in DEATH; and (d) all advertisements for cigarettes and
46 each pack of cigarettes to carry a legible, boxed warning such
47 as: "Warning: Cigarette Smoking causes CANCER OF THE
48 MOUTH, LARYNX, AND LUNG, is a major cause of HEART
49 DISEASE AND EMPHYSEMA, is ADDICTIVE, and may result
50 in DEATH. Infants and children living with smokers have an
51 increased risk of respiratory infections and cancer;" ~~and~~ (4)

1 urges the Congress to require that: (a) warning labels on
2 cigarette packs should appear on the front and the back and
3 occupy twenty-five percent of the total surface area on each
4 side and be set out in black-and-white block; (b) in the case of
5 cigarette advertisements, warning labels of cigarette packs
6 should be moved to the top of the ad and should be enlarged to
7 twenty-five percent of total ad space; and (c) warning labels
8 following these specifications should be included on cigarette
9 packs of U.S. companies being distributed for sale in foreign
10 markets-; and (5) supports requiring warning labels on all ENDS
11 products, starting with the warning that nicotine is addictive.

12
13 RECOMMENDATION B:

14
15 Madam Speaker, your Reference Committee recommends that
16 Policy H-495.989 be adopted as amended in lieu of Resolution
17 428.

18
19 **HOD ACTION: Policy H-495.989 adopted as**
20 **amended in lieu of Resolution 428. Additional**
21 **Resolve adopted.**

22
23 **Resolved, That our AMA support legislation and**
24 **associated initiatives and work in coordination with**
25 **the Surgeon General to prevent E-cigarettes from**
26 **reaching youth and young adults through various**
27 **means, including, but not limited to, CDC research,**
28 **education and a campaign for preventing and**
29 **reducing use by youth, young adults and others of**
30 **E-cigarettes, and combustible and emerging**
31 **tobacco products. (Directive to Take Action)**
32

33 Resolution 428 asks that our American Medical Association amend existing policy H-495.986,
34 "Sales and Distribution of Tobacco Products and Electronic Nicotine Delivery Systems
35 (ENDS) and E cigarettes," by addition to read as follows:
36

37 Our AMA: (1) recognizes the use of e-cigarettes and vaping as an urgent public health
38 epidemic and will actively work with the Food and Drug Administration and other
39 relevant stakeholders to counteract the marketing and use of addictive e-cigarette and
40 vaping devices, including but not limited to bans and strict restrictions on marketing to
41 minors under the age of 21 and requirements to include warning labels on all electronic
42 nicotine delivery systems (ENDS);(2) encourages the passage of laws, ordinances
43 and regulations that would set the minimum age for purchasing tobacco products,
44 including electronic nicotine delivery systems (ENDS) and e-cigarettes, at 21 years
45 and require warning labels on all ENDS, and urges strict enforcement of laws
46 prohibiting the sale of tobacco products to minors; (3) supports the development of
47 model legislation regarding enforcement of laws restricting children's access to
48 tobacco, including but not limited to attention to the following issues: (a) provision for
49 licensure to sell tobacco and for the revocation thereof; (b) appropriate civil or criminal
50 penalties (e.g., fines, prison terms, license revocation) to deter violation of laws
51 restricting children's access to and possession of tobacco; (c) requirements for

merchants to post notices warning minors against attempting to purchase tobacco and to obtain proof of age for would-be purchasers; (d) measures to facilitate enforcement; (e) banning out-of-package cigarette sales ("loosies"); and (f) requiring tobacco purchasers and vendors to be of legal smoking age; and (g) requirements for warning labels on all ENDS; (4) requests that states adequately fund the enforcement of the laws related to tobacco sales to minors; (5) opposes the use of vending machines to distribute tobacco products and supports ordinances and legislation to ban the use of vending machines for distribution of tobacco products; (6) seeks a ban on the production, distribution, and sale of candy products that depict or resemble tobacco products; (7) opposes the distribution of free tobacco products by any means and supports the enactment of legislation prohibiting the disbursement of samples of tobacco and tobacco products by mail; (8) (a) publicly commends (and so urges local medical societies) pharmacies and pharmacy owners who have chosen not to sell tobacco products, and asks its members to encourage patients to seek out and patronize pharmacies that do not sell tobacco products; (b) encourages other pharmacists and pharmacy owners individually and through their professional associations to remove such products from their stores; (c) urges the American Pharmacists Association, the National Association of Retail Druggists, and other pharmaceutical associations to adopt a position calling for their members to remove tobacco products from their stores; and (d) encourages state medical associations to develop lists of pharmacies that have voluntarily banned the sale of tobacco for distribution to their members; and (9) opposes the sale of tobacco at any facility where health services are provided; and (10) supports that the sale of tobacco products be restricted to tobacco specialty stores. (Modify Current HOD Policy)

Your Reference Committee heard testimony that was mostly supportive of the intent of this resolution. Your Reference Committee felt that the best place for this language was in the AMA's existing policy on tobacco product labeling rather than the policy on sales and distribution. Therefore, your Reference Committee recommends amending existing policy in lieu of Resolution 428.

(26) RESOLUTION 432 – DECRIMINALIZATION OF HUMAN
IMMUNODEFICIENCY VIRUS (HIV) STATUS NON-
DISCLOSURE IN VIRALLY SUPPRESSED INDIVIDUALS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 432 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association ~~support repealing~~ advocate for repeal of legislation that criminalizes non-disclosure of Human Immunodeficiency Virus (HIV) status for people living with HIV ~~who have an undetectable viral load.~~ (New HOD Policy)

1 RECOMMENDATION B:
2

3 Madam Speaker, your Reference Committee recommends
4 that Resolution 432 be adopted as amended.

5
6 RECOMMENDATION C:
7

8 Madam Speaker, your Reference Committee recommends
9 that the title of Resolution 432 be changed to read as
10 follows:

11
12 DECRIMINALIZATION OF HUMAN IMMUNODEFICIENCY
13 VIRUS (HIV) STATUS NON-DISCLOSURE
14

15 **HOD ACTION: Resolution 432 adopted as amended**
16 **with a change in title. Additional Resolve adopted.**
17

18 **RESOLVED, That our AMA work with other**
19 **stakeholders to develop a program whose primary**
20 **goal is to destigmatize HIV infection through**
21 **educating the public, physicians, and other health**
22 **care professionals on current medical advances in**
23 **HIV treatment that minimize the risk of transmission**
24 **due to viral load suppression and the availability of**
25 **PrEP.**
26

27 Resolution 432 asks that our AMA support repealing legislation that criminalizes non-
28 disclosure of Human Immunodeficiency Virus (HIV) status for people living with HIV who have
29 an undetectable viral load.

30
31 Your Reference Committee heard testimony that was mostly supportive of the intent of this
32 resolution. Generally, it was felt that criminalization laws are outdated and do not reflect the
33 current science of HIV transmission or the fact that HIV is a chronic, but manageable medical
34 condition. There was some discussion that focused on the need to reduce stigma outside of
35 decriminalization, but others noted that stigma and decriminalization were linked. Your
36 Reference Committee considered the fact that non-disclosure of other infectious diseases are
37 not criminalized and supported the language removing reference to the language an
38 “undetectable viral load.” Therefore, your Reference Committee recommends that Resolution
39 432 be adopted as amended.
40

41 (27) RESOLUTION 433 – TRANSFORMATION OF RURAL
42 COMMUNITY PUBLIC HEALTH SYSTEMS
4344 RECOMMENDATION A:
45

46 Madam Speaker, your Reference Committee recommends
47 that Resolution 433 be amended by addition and deletion to
48 read as follows:

1 RESOLVED, That our American Medical Association work
2 with other entities and organizations interested in public
3 health to:

4 -Identify and disseminate concrete examples of
5 administrative leadership and funding structures that
6 support and optimize local, community-based rural public
7 health

8 -Develop an actionable advocacy plan to positively impact
9 local, community-based rural public health including but not
10 limited to the development of rural public health networks,
11 training of current and future rural physicians in core public
12 health techniques and novel funding mechanisms to support
13 public health initiatives that are led and managed by local
14 public health authorities

15 - ~~Periodically~~ sStudy efforts to optimize rural public health.
16 (Directive to Take Action)

17
18 RECOMMENDATION B:

19
20 Madam Speaker, your Reference Committee recommends
21 that Resolution 433 be adopted as amended.

22
23 **HOD ACTION: Resolution 433 adopted as amended.**

24
25 Resolution 433 asks that our AMA work with other entities and organizations interested in
26 public health to: (1) identify and disseminate concrete examples of administrative leadership
27 and funding structures that support and optimize local, community-based rural public health
28 and (2) develop an actionable advocacy plan to positively impact local, community-based rural
29 public health including but not limited to the development of rural public health networks,
30 training of current and future rural physicians in core public health techniques and novel
31 funding mechanisms to support public health initiatives that are led and managed by local
32 public health authorities. Resolution 433 also asks the AMA to periodically study efforts to
33 optimize rural public health.

34
35 Your Reference Committee heard testimony largely in support of this resolution. The Council
36 on Science and Public Health supported a study, but suggested starting with one study rather
37 than periodic studies; this friendly amendment was acknowledged by the author. Your
38 Reference Committee recommends that Resolution 433 be adopted as amended.

(28) RESOLUTION 402 – BULLYING IN THE PRACTICE OF
MEDICINE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that
Resolution 402 be referred.

HOD ACTION: Resolution 402 referred.

Resolution 402 asks that our AMA help establish a clear definition of professional bullying, establish prevalence and impact of professional bullying, and establish guidelines for prevention of professional bullying with a report back at the 2020 Annual Meeting.

Your Reference Committee heard testimony that was in support of Resolution 402. This resolution is calling for a study on the issue of professional bullying; specifically, requests to define professional bullying, how it may appear within the field of medicine, and potential strategies to prevent it. Therefore, your Reference Committee recommends that Resolution 402 be referred for study.

(29) RESOLUTION 408 – BANNING EDIBLE CANNABIS
PRODUCTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Resolution 408 be referred.

HOD ACTION: Resolution 408 referred.

Resolution 408 asks that our AMA adopt policy supporting a total ban on recreational edible cannabis products and support or cause to be introduced legislation to ban all recreational edible cannabis products.

Your Reference Committee heard mixed testimony on this resolution. It is clear that edible cannabis products are a growing industry in the states that have legalized the sale of recreational cannabis. Products in forms that appeal to children have led to unintentional ingestion. A number of questions were raised regarding appropriate terminology and the application of this ban to cannabidiol products. Given these questions, your Reference Committee believes referral for study is warranted.

(30) RESOLUTION 411 – AMA TO ANALYZE BENEFITS /
HARMS OF LEGALIZATION OF MARIJUANA

RECOMMENDATION:

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

HOD ACTION: Resolution 411 referred.

1 Resolution 411 asks that our AMA review pertinent data from those states that have legalized
2 marijuana.

3
4 Your Reference Committee heard testimony indicating that a lot has happened in the states
5 since the Council on Science and Public Health's last report on this topic in 2017. There was
6 tremendous support for a review of the data from states that have legalized cannabis.
7 Therefore, your Reference Committee recommends referral of Resolution 411.

8
9 (31) RESOLUTION 414 – PATIENT MARIJUANA USE IN
10 HOSPITALS

11
12 RECOMMENDATION:

13
14 Madam Speaker, your Reference Committee recommends
15 that Resolution 414 be referred.

16
17 **HOD ACTION: Resolution 414 referred.**

18
19 Resolution 414 asks that our AMA offer guidance to medical staffs regarding patient use of
20 non-US Food and Drug Administration approved medical marijuana and cannabinoids on
21 hospital property, including product use, storage in patient rooms, nursing areas and/or
22 pharmacy, with report back to the House of Delegates at the 2019 Interim Meeting.

23
24 Your Reference Committee heard conflicting testimony on Resolution 414. It was noted that
25 the AMA does not support the legalization of cannabis for medical purposes through the
26 legislative, referendum, or ballot measure process. Some members testified that guidance
27 from the AMA on this issue would be helpful. Others testified that the AMA should leave this
28 alone, have the hospital associations address this issue, or refer further study. Your Reference
29 Committee agrees that referral is appropriate.

30
31 (32) RESOLUTION 424 – PHYSICIAN INVOLVEMENT IN
32 STATE REGULATIONS OF MOTOR VEHICLE
33 OPERATION AND/OR FIREARM USE BY INDIVIDUALS
34 WITH COGNITIVE DEFICITS DUE TO TRAUMATIC
35 BRAIN INJURY

36
37 RECOMMENDATION:

38
39 Madam Speaker, your Reference Committee recommends
40 that Resolution 424 be referred.

41
42 **HOD ACTION: Resolution 424 referred.**

43
44 Resolution 424 asks that our AMA reaffirm current AMA policy, H 145.999, "Gun Regulation,"
45 stating it supports stricter enforcement of current federal and state gun legislation and
46 advocate for physician-led committees in each state to give further recommendations to the
47 state regarding driving and/or gun use by individuals who are cognitively impaired and/or a
48 danger to themselves or others.

49
50 Your Reference Committee heard mixed testimony on this resolution and numerous calls for
51 referral. The resolution covers the issues of traumatic brain injury, cognitive decline, firearm

1 use, and driving. Some noted that the issues of firearm use and driving motor vehicles should
2 be considered separately and others noted the complexity around traumatic brain injuries and
3 cognitive decline. Your Reference Committee believes that a study on this issue would be
4 beneficial to offer guidance to physicians.

5
6 (33) RESOLUTION 430 – COMPASSIONATE RELEASE FOR
7 INCARCERATED PATIENTS

8
9 RECOMMENDATION:

10
11 Madam Speaker, your Reference Committee recommends
12 that Resolution 430 be referred.

13
14 **HOD ACTION: Resolution 430 referred.**

15
16 Resolution 430 asks that our AMA: (1) support policies that facilitate compassionate release
17 on the basis of serious medical conditions and advanced age; (2) collaborate with appropriate
18 stakeholders to draft model legislation that establishes clear, evidence-based eligibility criteria
19 for timely compassionate release; and (3) promote transparent reporting of compassionate
20 release statistics, including numbers and demographics of applicants, approvals, denials, and
21 revocations, and justifications for decisions.

22
23 Your Reference Committee heard testimony in support of the resolution. However, testimony
24 also called for additional study to better understand the points raised and guide the AMA's
25 course of action. Therefore, your Reference Committee recommends that Resolution 430 be
26 referred.

27
28 (34) RESOLUTION 418 – ELIMINATING THE DEATH TOLL
29 FROM COMBUSTIBLE CIGARETTES

30
31 RECOMMENDATION:

32
33 Madam Speaker, your Reference Committee recommends
34 that Resolution 418 be referred for decision.

35
36 **HOD ACTION: Resolution 418 referred for decision.**

37
38 Resolution 418 asks that our AMA study and report on the conditions under which our country
39 could successfully eliminate the manufacture, distribution, and sale of combustible cigarettes
40 and other combustible tobacco products at the earliest feasible date.

41
42 Your Reference Committee heard testimony in support of the concept of this resolution. Some
43 members encouraged the Council on Science and Public Health to imagine that this could
44 happen, while others cautioned that this is "pie in the sky." It was suggested that this not be
45 limited to combustible cigarettes given the epidemic of e-cigarette use among youth. The
46 Council on Science and Public Health noted that the Family Smoking Prevention and Tobacco
47 Control Act prohibits banning certain classes of tobacco products and noted Native American
48 tribes, as sovereign nations and self-governing entities, are able to engage in a variety of on-
49 reservation and off-reservation commercial tobacco activities. Given these concerns, your
50 Reference Committee recommends referral for decision.

(35) RESOLUTION 409 – ADDRESSING THE VAPING CRISIS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 409 not be adopted.

HOD ACTION: Resolution 409 not adopted.

Resolution 409 asks that our AMA advocate to the Food and Drug Administration that vaping devices should be available only by prescription for smokers who are trying to quit smoking.

Your Reference Committee heard testimony on the magnitude of the vaping crisis in the United States and use of vaping devices for smoking cessation. Testimony from the Food and Drug Administration noted that the Family Smoking and Tobacco Control Act prohibits making tobacco products, including vaping devices, available by prescription only. Furthermore, there is no evidence to support the use of vaping devices for the purposes of tobacco cessation. For these reasons, your Reference Committee recommends that Resolution 409 not be adopted.

(36) RESOLUTION 431 – ELIMINATING
RECOMMENDATIONS TO RESTRICT DIETARY
CHOLESTEROL AND FAT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 431 not be adopted.

HOD ACTION: Resolution 431 not adopted.

Resolution 431 asks that American Medical Association amend Policy H-150.944, “Combating Obesity and Health Disparities,” by addition and deletion to read as follows:

H-150.944 Combating Obesity and Health Disparities

Our AMA supports efforts to: (1) reduce health disparities by basing food assistance programs on the health needs of their constituents; (2) provide vegetables, fruits, legumes, grains, vegetarian foods, and healthful dairy and nondairy beverages in school lunches and food assistance programs; and (3) ensure that federal subsidies encourage the consumption of ~~foods and beverages low in fat, added sugars, and cholesterol,~~ healthful foods and beverages. (Modify Current HOD Policy)

Your Reference Committee heard testimony that opposed removing dietary cholesterol and fat restriction language from current AMA policy. Cardiovascular disease, specifically the 2019 ACC/AHA Guidelines on the Primary Prevention of Cardiovascular Disease, was addressed by several speakers in support of the AMA’s existing policy. Therefore, your Reference Committee recommends that Resolution 431 not be adopted.

(37) RESOLUTION 412 – REGULATING LIQUID NICOTINE
AND E-CIGARETTES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Policy H-495.988 be reaffirmed in lieu of Resolution
412.

**HOD ACTION: Policy H-495.988 reaffirmed in lieu of
Resolution 412.**

Resolution 412 asks that our AMA seek legislation or regulations that limit higher
concentration nicotine salts (greater than 10mg) in nicotine vaping pods and restrict bulk sale
of vaping products and associated paraphernalia.

Your Reference Committee heard mixed testimony on this resolution. Your Reference
Committee discussed the perspectives and noted that AMA policy 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 that enhance addictiveness. Based on this policy, the AMA has called on the FDA
to create a non-addictive nicotine level standard for all tobacco products – including electronic
nicotine delivery systems (ENDS), “heat not burn products,” and any other tobacco products
containing nicotine for recreational use. That level would likely be well below the 10 mg called
for in this resolution as the nicotine level for combustible tobacco products is 0.4 mg/g.
Therefore, your Reference Committee recommends that Policy H-495.988 be reaffirmed in
lieu of Resolution 412.

Policy recommended for reaffirmation:

Policy H-495.988, “FDA Regulation of Tobacco Products”

1. Our AMA: (A) 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 increases youth risk of using combustible tobacco
cigarettes; (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, 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

1 elimination of additives (e.g., ammonia) that enhance addictiveness; and (I) strongly
2 opposes legislation which would undermine the FDA's authority to regulate tobacco
3 products and encourages state medical associations to contact their state delegations
4 to oppose legislation which would undermine the FDA's authority to regulate tobacco
5 products. 2. Our AMA: (A) supports the US Food and Drug Administration (FDA) as it
6 takes an important first step in establishing basic regulations of all tobacco products;
7 (B) strongly opposes any FDA rule that exempts any tobacco or nicotine-containing
8 product, including all cigars, from FDA regulation; and (C) will join with physician and
9 public health organizations in submitting comments on FDA proposed rule to regulate
10 all tobacco products.

11
12 (38) RESOLUTION 434 – CHANGE IN MARIJUANA
13 CLASSIFICATION TO ALLOW RESEARCH

14
15 RECOMMENDATION:

16
17 Madam Speaker, your Reference Committee recommends
18 that Policy H-95.952 be reaffirmed in lieu of Resolution 434.

19
20 **HOD ACTION: Policy H-95.952 reaffirmed in lieu of**
21 **Resolution 434**.

22
23 Resolution 434 asks that our AMA petition the US Food and Drug Administration / US Drug
24 Enforcement Administration to change the schedule classification of marijuana so that it can
25 be subjected to appropriate research.

26
27 Your Reference Committee heard testimony supportive of advancing research on cannabis.
28 Some called for rescheduling cannabis to Schedule II, while others noted that the AMA's
29 existing policy gets this right and that moving cannabis to Schedule II is not possible without
30 an amendment to the Controlled Substances Act. The Council on Legislation testified that the
31 AMA has been working with members of Congress and the administration on legislation to
32 eliminate the barriers to researching cannabis and cannabidiol, which stipulates leaving
33 cannabis in Schedule I. Your Reference Committee agrees that the AMA's existing policy gets
34 this right and therefore recommends reaffirming H-95.952 in lieu of Resolution 434.

35
36 Policy recommended for reaffirmation:

37
38 Policy H-95.952, "Cannabis and Cannabinoid Research"

39 1. Our AMA calls for further adequate and well-controlled studies of marijuana and
40 related cannabinoids in patients who have serious conditions for which preclinical,
41 anecdotal, or controlled evidence suggests possible efficacy and the application of
42 such results to the understanding and treatment of disease. 2. Our AMA urges that
43 marijuana's status as a federal schedule I controlled substance be reviewed with the
44 goal of facilitating the conduct of clinical research and development of cannabinoid-
45 based medicines, and alternate delivery methods. This should not be viewed as an
46 endorsement of state-based medical cannabis programs, the legalization of
47 marijuana, or that scientific evidence on the therapeutic use of cannabis meets the
48 current standards for a prescription drug product. 3. Our AMA urges the National
49 Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food
50 and Drug Administration (FDA) to develop a special schedule and implement
51 administrative procedures to facilitate grant applications and the conduct of well-

1 designed clinical research involving cannabis and its potential medical utility. This
2 effort should include: a) disseminating specific information for researchers on the
3 development of safeguards for cannabis clinical research protocols and the
4 development of a model informed consent form for institutional review board
5 evaluation; b) sufficient funding to support such clinical research and access for
6 qualified investigators to adequate supplies of cannabis for
7 clinical research purposes; c) confirming that cannabis of various and consistent
8 strengths and/or placebo will be supplied by the National Institute on Drug Abuse to
9 investigators registered with the DEA who are conducting bona fide
10 clinical research studies that receive FDA approval, regardless of whether or not the
11 NIH is the primary source of grant support. 4. Our AMA supports research to determine
12 the consequences of long-term cannabis use, especially among youth, adolescents,
13 pregnant women, and women who are breastfeeding. 5. Our AMA urges legislatures
14 to delay initiating the legalization of cannabis for recreational use until
15 further research is completed on the public health, medical, economic, and social
16 consequences of its use.

Madam Speaker, this concludes the report of Reference Committee D. I would like to thank the members of the committee: Robert Dannenhoffer, MD, James D. Felsen, MD, MPH, Vito Imbasciani, MD, PhD, Shilpen A. Patel, MD, Rohan Rastogi, MPH, Kevin E. Taubman, MD; our AMA staff: Andrea Garcia, Rebecca Benson, Andrea Houlihan, and Amber Ryan; and all those who testified before the Committee.

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