

DISCLAIMER

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AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-19)

Report of Reference Committee E

Leslie H. Secrest, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2
3 **RECOMMENDED FOR ADOPTION**

- 4
5 1. Resolution 502 – Destigmatizing the Language of Addiction
6 2. Resolution 511 – Mandating Critical Congenital Heart Defect Screening in
7 Newborns
8 3. Resolution 519 – Childcare Availability for Persons Receiving Substance Use
9 Disorder Treatment
10 4. Resolution 524 – Availability of Naloxone Boxes
11 5. Resolution 528 – Developing Diagnostic Criteria and Evidence-Based Treatment
12 Options for Problematic Pornography Viewing
13 6. Resolution 532 – Dispelling Myths of Bystander Opioid Overdose

14
15 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 16
17 7. Council on Science and Public Health Report 1 – CSAPH Sunset Review of 2009
18 House of Delegates Policies
19 8. Resolution 501 – USP 800
20 9. Resolution 503 – Addressing Healthcare Needs of Children of Incarcerated
21 Parents
22 Resolution 531 – Support for Children of Incarcerated Parents
23 10. Resolution 504 – Screening, Intervention, and Treatment for Adverse Childhood
24 Experiences
25 Resolution 526 – Trauma-Informed Care Resources and Settings
26 11. Resolution 508 – Benzodiazepine and Opioid Warning
27 12. Resolution 510 – The Intracranial Hemorrhage Anticoagulation Reversal (ICHAR)
28 Initiative
29 13. Resolution 512 – Fertility Preservation in Pediatric and Reproductive Aged
30 Cancer Patients
31 14. Resolution 513 – Determining Why Infertility Rates Differ Between Military and
32 Civilian Women
33 15. Resolution 514 – Opioid Addiction
34 16. Resolution 515 – Reversing Opioid Epidemic
35 17. Resolution 516 – Alcohol Consumption and Health
36 18. Resolution 517 – Compounding

- 1 19. Resolution 520 – Substance Use During Pregnancy
2 20. Resolution 522 – Improved Deferral Periods for Blood Donors
3 21. Resolution 525 – Support for Rooming-in of Neonatal Abstinence Syndrome
4 Patients with Their Parents
5 22. Resolution 527 – Increasing the Availability of Bleeding Control Supplies
6 23. Resolution 529 – Adverse Impacts of Delaying the Implementation of Public
7 Health Regulations

8 **RECOMMENDED FOR REFERRAL**

- 9
10 24. Resolution 518 – Chemical variability in pharmaceutical products

11
12 **RECOMMENDED FOR REFERRAL FOR DECISION**

- 13
14 25. Resolution 507 – Removing Ethylene Oxide as a Medical Sterilant from
15 Healthcare

16
17 **RECOMMENDED FOR NOT ADOPTION**

- 18
19 26. Resolution 530 – Implementing Naloxone Training into the Basic Life Support
20 Certification Program

21
22 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

- 23
24 27. Resolution 505 – Glyphosate Studies

Resolutions handled via the Reaffirmation Consent Calendar:

- Resolution 506 – Clarify Advertising and Contents of Herbal Remedies and Dietary Supplements
- Resolution 509 – Addressing Depression to Prevent Suicide Epidemic
- Resolution 523 – Availability and Use of Low Starting Opioid Doses
- Resolution 521 – Put Over-the-Counter Inhaled Epinephrine Behind Pharmacy Counter

1 (1) RESOLUTION 502 – DESTIGMATIZING THE LANGUAGE
2 OF ADDICTION

3
4 RECOMMENDATION:

5
6 Madam Speaker, your Reference Committee recommends that
7 Resolution 502 be adopted.

8
9 **HOD ACTION: Resolution 502 adopted.**

10
11 Resolution 502 asks that our American Medical Association (AMA) use clinically accurate,
12 non-stigmatizing terminology (substance use disorder, substance misuse, recovery,
13 negative/positive urine screen) in all future resolutions, reports, and educational materials
14 regarding substance use and addiction and discourage the use of stigmatizing terms including
15 substance abuse, alcoholism, clean and dirty and that our AMA and relevant stakeholders
16 create educational materials on the importance of appropriate use of clinically accurate, non-
17 stigmatizing terminology and encourage use among all physicians and U.S. healthcare
18 facilities.

19
20 Your Reference Committee heard testimony unanimously in favor of this resolution.
21 Testimony noted that much of the terminology typically used around persons with substance
22 use disorder is not clinically accurate and not in line with terminology used with other medical
23 disorders. Words such as “abuse, junkie, dirty/clean tests,” and other commonly used terms
24 convey stigma that can negatively affect physician’s attitudes, interfere with good patient care
25 and negatively affect patient outcomes. Multiple parties testified that organizations and
26 government entities such as the International Classification of Diseases (ICD), the Substance
27 Abuse and Mental Health Services Administration (SAMHSA), and the National Institutes of
28 Health (NIH), are either changing their own language accordingly or being challenged to do
29 so. There was compelling testimony from the US Surgeon General that physicians should be
30 “wrapping our arms around” people who have substance use disorder instead of stigmatizing
31 them. The testimony reflects that the ask of this resolution to replace stigmatizing terms
32 regarding substance use disorder and persons with substance use disorder with non-
33 stigmatizing terminology in AMA materials going forward is reasonable and in line with current
34 AMA policy/efforts as well as actions and statements from other high level and authoritative
35 bodies. Therefore, your Reference Committee recommends that Resolution 502 be adopted.

36
37 (2) RESOLUTION 511 – MANDATING CRITICAL CONGENITAL
38 HEART DEFECT SCREENING IN NEWBORNS

39
40 RECOMMENDATION:

41
42 Madam Speaker, your Reference Committee recommends that
43 Resolution 511 be adopted.

44
45 **HOD ACTION: Resolution 511 adopted.**

46
47 Resolution 511 asks that our American Medical Association support screening for critical
48 congenital heart defects for newborns following delivery prior to hospital discharge.

49
50 Your Reference Committee heard strong support for this resolution. Testimony noted that
51 Critical Congenital Heart Defect (CCHD) Screening is an important element of uniform

1 newborn screening, and that it has already been adopted by all 50 states. Therefore, your
2 Reference Committee recommends that Resolution 511 be adopted.

3
4 (3) RESOLUTION 519 – CHILDCARE AVAILABILITY FOR
5 PERSONS RECEIVING SUBSTANCE USE DISORDER
6 TREATMENT

7
8 RECOMMENDATION:

9
10 Madam Speaker, your Reference Committee recommends that
11 Resolution 519 be adopted.

12
13 **HOD ACTION: Resolution 519 adopted.**

14
15 Resolution 519 asks that our American Medical Association support the implementation of
16 childcare resources in existing substance use treatment facilities and acknowledge childcare
17 infrastructure and support as a major priority in the development of new substance use
18 programs.

19
20 Your Reference Committee heard testimony strongly in favor of this resolution. Evidence
21 about the need for childcare services in addiction treatment primarily for women with children
22 was noted. Testimony was heard that lack of childcare is a significant barrier to treatment and
23 one among multiple barriers for women who have substance use disorder. Testimony
24 supported the AMA calling for increasing capacity for childcare in addiction treatment settings
25 and including childcare in the development of new treatment programs to help reduce barriers
26 to treatment and to reduce incidents of young children and infants being separated from
27 parents. Therefore, your Reference Committee recommends that Resolution 519 be adopted.

28
29 (4) RESOLUTION 524 – AVAILABILITY OF NALOXONE BOXES

30
31 RECOMMENDATION A:

32
33 Madam Speaker, your Reference Committee recommends that
34 resolution 524 be adopted.

35
36 **HOD ACTION: Resolution 524 adopted.**

37
38 Resolution 524 asks that our American Medical Association (AMA) support the legal access
39 to and use of naloxone in all public spaces regardless of whether the individual holds a
40 prescription and that our AMA amend policy H-95.932, "Increasing Availability of Naloxone,"
41 by addition and deletion as follows:

- 42 1. Our AMA supports legislative, regulatory, and national advocacy efforts to increase
43 access to affordable naloxone, including but not limited to collaborative practice
44 agreements with pharmacists and standing orders for pharmacies and, where
45 permitted by law, community-based organizations, law enforcement agencies,
46 correctional settings, schools, and other locations that do not restrict the route of
47 administration for naloxone delivery. 2. Our AMA supports efforts that enable law
48 enforcement agencies to carry and administer naloxone. 3. Our AMA encourages
49 physicians to co-prescribe naloxone to patients at risk of overdose and, where
50 permitted by law, to the friends and family members of such patients. 4. Our AMA
51 encourages private and public payers to include all forms of naloxone on their

1 preferred drug lists and formularies with minimal or no cost sharing. 5. Our AMA
2 supports liability protections for physicians and other health care professionals and
3 others who are authorized to prescribe, dispense and/or administer naloxone pursuant
4 to state law. 6. Our AMA supports efforts to encourage individuals who are authorized
5 to administer naloxone to receive appropriate education to enable them to do so
6 effectively. 7. Our AMA encourages manufacturers or other qualified sponsors to
7 pursue the application process for over the counter approval of naloxone with the Food
8 and Drug Administration. 8. Our AMA ~~urges the Food and Drug Administration to study~~
9 ~~the practicality and utility of~~ supports the widespread implementation of easily
10 accessible Naloxone rescue stations (public availability of Naloxone through wall-
11 mounted display/storage units that also include instructions) throughout the country
12 following distribution and legislative edicts similar to those for Automated External
13 Defibrillators.
14

15 Your Reference Committee heard unanimously supportive testimony for this Resolution,
16 including support from the U.S. Surgeon General. Your Reference Committee notes the
17 logistical issues associated with publicly available naloxone boxes. These issues include the
18 need for the FDA to regulate this practice and approve over-the-counter (OTC) availability of
19 a naloxone product that would be suitable for placement in a public setting and amenable to
20 untrained bystander use; a requirement for stability testing, expiration dating, and product
21 replacement; and the need to place the product for maximum effectiveness. Despite these
22 logistical issues, your Reference Committee understands the urgent need for the
23 implementation of this type of program, encourages the evaluation of the feasibility of
24 implementing this type of approach, and urges manufacturers and FDA to expedite the
25 availability of OTC naloxone so this ask can be accomplished. Therefore, your Reference
26 Committee recommends adoption of Resolution 524.
27

28 (5) RESOLUTION 528 – DEVELOPING DIAGNOSTIC
29 CRITERIA AND EVIDENCE-BASED TREATMENT
30 OPTIONS FOR PROBLEMATIC PORNOGRAPHY
31 VIEWING
32

33 RECOMMENDATION:
34

35 Madam Speaker, your Reference Committee
36 recommends that resolution 528 be adopted.
37

38 **HOD ACTION: Resolution 528 adopted.**
39

40 Resolution 528 asks that our American Medical Association support research on problematic
41 pornography use, including its physiological and environmental drivers, appropriate diagnostic
42 criteria, effective treatment options, and relationships to erectile dysfunction and domestic
43 violence.
44

45 Your Reference Committee heard largely supportive testimony for this resolution. It was noted
46 that current evidence was not conclusive to support diagnostic criteria, and that additional
47 study may be needed to determine what link, if any, there might be between problematic
48 pornography use and health conditions or domestic violence. Testimony noted that obsessive
49 and compulsive pornography viewing may be defined as problematic, which may also be
50 analogous to other conditions such as video games or gambling. Additional testimony offered
51 that other sexually explicit material use may be considered less problematic, such as use for

1 sample collection in fertility clinics. Therefore, your Reference Committee recommends that
2 Resolution 528 be adopted.

3
4 (6) RESOLUTION 532 – DISPELLING THE MYTHS OF
5 BYSTANDER OPIOID OVERDOSE

6
7 RECOMMENDATION:

8
9 Madam Speaker, your Reference Committee recommends that
10 Resolution 532 be adopted.

11
12 **HOD ACTION: Resolution 532 adopted.**

13
14 Resolution 532 asks that our American Medical Association (AMA) work with appropriate
15 stakeholders to develop and disseminate educational materials aimed at dispelling the fear of
16 bystander overdose via inhalation or dermal contact with fentanyl or other synthetic
17 derivatives and that our AMA work with appropriate stakeholders to identify those professions,
18 such as first responders, most impacted by opioid overdose deaths in order to provide
19 targeted education to dispel the myth of bystander overdose via inhalation or dermal contact
20 with fentanyl or other synthetic derivatives.

21
22 Your Reference Committee heard largely supportive testimony related to this resolution.
23 Testimony from the authors strongly noted no verified evidence of any bystander opioid
24 overdoses. Isolated concerns were raised about the enhanced risks of contact with carfentanil
25 and other fentanyl analogs and the intense potency of these substances. However, no
26 evidence was presented that showed a high level of risk of meaningful exposure to these
27 analogs by first responders during the normal course of their duties and while taking normal,
28 appropriate precautions. Several parties noted the anxiety that inaccurate media articles
29 promote and that are not supported by any verifiable incidences. Although there is
30 acknowledgement of the potency of carfentanil and other fentanyl analogs, the committee and
31 testimony support the resolution to support first responders intervening in possible overdose
32 and other situations without undue fear of harm. Guidelines from the American Academy of
33 Clinical Toxicology and the American College of Medical Toxicology address potential
34 dangers of dermal and respiratory contact with fentanyl and its analogs to prevent
35 occupational exposure for emergency responders including the use of nitrile gloves and other
36 evidence-based precautions. Therefore, your Reference Committee recommends that
37 Resolution 532 be adopted.

1 (7) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 1 –
2 CSAPH SUNSET REVIEW OF 2009 HOUSE OF
3 DELEGATES POLICIES

4
5 RECOMMENDATION A:
6

7 Madam Speaker, your Reference Committee recommends that
8 the recommendation in Council on Science and Public Health
9 Report 1 be amended by addition to read as follows:

10
11 That the House of Delegates policies listed in the Appendix to
12 this report be acted upon in the manner indicated, with the
13 exception of Policy H-440.927 clause number 4, which should
14 be retained, and the remainder of the report be filed.

15
16 RECOMMENDATION B:
17

18 Madam Speaker, your Reference Committee recommends that
19 Council on Science and Public Health Report be adopted as
20 amended.

21
22 **HOD ACTION: Council on Science and Public Health Report**
23 **adopted as amended and filed.**
24

25 Council on Science and Public Health Report 1 presents the Council's recommendations on
26 the disposition of the House policies and directives from 2009 that were assigned to it. The
27 report recommends that House of Delegates policies that are listed in the Appendix to the
28 report be acted upon in the manner indicated and the remainder of the Report be filed.

29
30 The Council on Science and Public Health introduced its Sunset report, and testimony noted
31 that clause four of Policy H-440.927, "Tuberculosis," should be retained because controlling
32 tuberculosis globally is still important. Your Reference Committee agrees and therefore
33 recommends adoption as amended.

1 (8) RESOLUTION 501 – USP 800

2
3 RECOMMENDATION A:

4
5 Madam Speaker, your Reference Committee recommends that
6 the first Resolve of Resolution 501 be amended by deletion to
7 read as follows:

8
9 ~~RESOLVED, That our American Medical Association (AMA)~~
10 ~~adopt as policy that physicians and other health care providers~~
11 ~~administering medications (defined as the mixing or~~
12 ~~reconstituting of a drug according to manufacturers'~~
13 ~~recommendations for a single patient for immediate use) not be~~
14 ~~subject to the USP 800 compounding guidance (New HOD~~
15 ~~Policy); and be it further~~

16
17 RECOMMENDATION B:

18
19 Madam Speaker, your Reference Committee recommends that
20 the second Resolve of Resolution 501 be amended by deletion
21 to read as follows:

22
23 ~~RESOLVED, That our AMA support development of specialty~~
24 ~~specific white papers/best practices and systems for both safe~~
25 ~~medication administration practices and ongoing monitoring of~~
26 ~~potential complications from the administration of medications~~
27 ~~deemed suitable for exemptions from the National Institute for~~
28 ~~Occupational Safety and Health, United States Pharmacopeia,~~
29 ~~and other regulatory bodies when used in an office setting under~~
30 ~~the direction of a licensed physician (New HOD Policy); and be~~
31 ~~it further~~

32
33 RECOMMENDATION C:

34
35 Madam Speaker, your Reference Committee recommends that
36 the third Resolve of Resolution 501 be amended by addition and
37 deletion to read as follows:

38
39 RESOLVED, That our AMA continue its compounding working
40 group, consisting of national specialty organizations, state
41 medical societies, relevant agencies, and other appropriate
42 stakeholders to advocate for such exemptions appropriate
43 application of standards and to monitor policy impacting
44 physicians. (Directive to Take Action)

45
46 RECOMMENDATION D:

47
48 Madam Speaker, your Reference Committee recommends that
49 Resolution 501 be adopted as amended.

50
51 **HOD ACTION: Resolution 501 adopted as amended.**

1 Resolution 501 asks that our American Medical Association (AMA) adopt as policy that
2 physicians and other health care providers administering medications (defined as the mixing
3 or reconstituting of a drug according to manufacturers' recommendations for a single patient
4 for immediate use) not be subject to the USP 800 compounding guidance, that our AMA
5 support development of specialty specific white papers/best practices and systems for both
6 safe medication administration practices and ongoing monitoring of potential complications
7 from the administration of medications deemed suitable for exemptions from the National
8 Institutes for Occupational Safety and Health, United States Pharmacopeia, and other
9 regulatory bodies when used in an office setting under the direction of a licensed physician,
10 and that our AMA continue its working group, consisting of national specialty organizations,
11 state medical societies and other stakeholders to advocate for such exemptions.
12

13 Your Reference Committee heard passionate testimony on this issue. Several people noted
14 the unintended consequences of the regulations outlined in <800>, yet others noted that the
15 drugs included in <800> are indeed hazardous to those handling them, warranting safety
16 standards for employees. USP offered testimony to clarify some of the points of the Resolution
17 stating that Resolves one and two are already being addressed by existing efforts in
18 collaboration with the AMA and appropriate stakeholders. The five-year chapter review
19 process is presently complete and there is no administrative mechanism for editing this
20 chapter at this time. USP also noted that the principles of <800> are broadly relevant to
21 hazardous drug handling activities across all facility types, and that they encourage the
22 widespread adoption and use of <800> across all healthcare settings. They further specified
23 that General Chapter <800> is compendially applicable – as opposed to informational – only
24 to the extent to which USP General Chapters <795> and <797>, which are limited to non-
25 sterile and sterile compounding respectively, apply. USP continued to note that State and
26 other regulators may make their own determinations regarding the applicability and
27 enforceability of <800> to entities within their jurisdiction, but that continued engagement with
28 the AMA and appropriate stakeholders to develop resources and tools designed to protect
29 patients and health care workers from potential harm of hazardous materials is a priority.
30 Therefore, your Reference Committee recommends that Resolution 501 be adopted as
31 amended.

1 (9) RESOLUTION 503 – ADDRESSING HEALTHCARE NEEDS
2 OF CHILDREN OF INCARCERATED PARENTS

3
4 RESOLUTION 531 – SUPPORT FOR CHILDREN OF
5 INCARCERATED PARENTS

6
7 RECOMMENDATION:

8
9 Madam Speaker, your Reference Committee recommends that
10 the following alternate Resolution 503 be adopted in lieu of
11 Resolutions 503 and 531:
12 CHILDREN OF INCARCERATED PARENTS

13
14 RESOLVED, That our American Medical Association support
15 comprehensive evidence-based care, legislation, and initiatives
16 that address the specific healthcare needs of children with
17 incarcerated parents and promote earlier intervention for those
18 children who as at risk. (New HOD Policy)

19
20 **HOD ACTION: Alternate Resolution 503 adopted in lieu of**
21 **Resolutions 503 and 531.**

22
23 Resolution 503 asks that our American Medical Association support comprehensive and
24 evidence-based care that addresses the specific healthcare needs of children with
25 incarcerated parents and promote earlier intervention for those children who are at risk.

26
27 Resolution 531 asks that our American Medical Association support legislation and initiatives
28 that provide resources and support for children of incarcerated parents.

29
30 Your Reference Committee heard testimony unanimously in support of both of these closely
31 related resolutions. Therefore, your Reference Committee recommends that an alternate
32 Resolution, which is a combination of the asks of the similar and original Resolutions 503 and
33 531, be adopted in lieu of them.

1 (10) RESOLUTION 504 – SCREENING, INTERVENTION, AND
2 TREATMENT FOR ADVERSE CHILDHOOD EXPERIENCES

3
4 RESOLUTION 526 – TRAUMA-INFORMED CARE
5 RESOURCES AND SETTINGS

6
7 RECOMMENDATION:

8
9 Madam Speaker, your Reference Committee recommends that
10 the following alternate Resolution 504 be adopted in lieu of
11 Resolutions 504 and 526:

12 ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA-
13 INFORMED CARE

14
15 RESOLVED, That our American Medical Association
16 recognizes trauma-informed care as a practice that recognizes
17 the widespread impact of trauma on patients, identifies the
18 signs and symptoms of trauma, and treats patients by fully
19 integrating knowledge about trauma into policies, procedures,
20 and practices and seeking to avoid re-traumatization (New HOD
21 Policy); and be it further

22
23 RESOLVED, That our American Medical Association supports:

- 24 1. evidence-based primary prevention strategies for Adverse
25 Childhood Experiences (ACEs);
- 26 2. evidence-based trauma-informed care in all medical
27 settings that focuses on the prevention of poor health and
28 life outcomes after ACEs or other trauma at any time in life
29 occurs;
- 30 3. efforts for data collection, research and evaluation of cost-
31 effective ACEs screening tools without additional burden for
32 physicians;
- 33 4. efforts to educate physicians about the facilitators, barriers
34 and best practices for providers implementing ACEs
35 screening and trauma-informed care approaches into a
36 clinical setting; and
- 37 5. funding for schools, behavioral and mental health services,
38 professional groups, community and government agencies
39 to support patients with ACEs or trauma at any time in life.
40 (New HOD Policy)

41
42 **HOD ACTION: Resolution 504 adopted in lieu of Resolutions**
43 **504 and 526.**

44
45 Resolution 504 asks that our American Medical Association (AMA) support efforts for data
46 collection, research and evaluation of Adverse Childhood Experiences (ACEs), cost-effective
47 ACE screening tools without additional burden for physicians, and effective interventions,
48 treatments and support services necessary for a positive screening practice in pediatric and
49 adult populations, that our AMA support efforts to educate physicians about the facilitators,
50 barriers and best practices for providers implementing ACE screening and trauma-informed
51 care approaches into a clinical setting, and that our AMA support additional funding sources

1 for schools, behavioral and mental health services, professional groups, community and
2 government agencies to support children and adults with ACEs.

3
4 Resolution 526 asks that our American Medical Association (AMA) recognize trauma-
5 informed care as a practice that recognizes the widespread impact of trauma on patients,
6 identifies the signs and symptoms of trauma, and treats patients by fully integrating knowledge
7 about trauma into policies, procedures, and practices and seeking to avoid re-traumatization
8 and that our AMA support trauma-informed care in all settings, including but not limited to
9 clinics, hospitals, and schools, by directing physicians and medical students to evidenced-
10 based resources.

11
12 Your Reference Committee heard overwhelmingly supportive testimony for both Resolution
13 504 and Resolution 526. Many commenters noted the relationship between ACEs and trauma
14 informed care. Many also commented that trauma is both physical and emotional and can
15 occur throughout the lifespan of a patient. Physician testimony noted a need for clarification
16 of the term “trauma-informed care.” Your Reference Committee notes the phrase is an
17 accepted term referring to the organizational structure and treatment framework involving the
18 understanding, recognizing, and responding to the effects of all types of trauma, including
19 physical, psychological and emotional safety. Because of the closely related ideas in these
20 resolutions, your Reference Committee recommends that an alternate Resolution that
21 combines concepts into a comprehensive policy be adopted in lieu of Resolution 504 and
22 Resolution 526.

1 (11) RESOLUTION 508 – BENZODIAZEPINE AND OPIOID
2 WARNING

3
4 RECOMMENDATION A:

5
6 Madam Speaker, your Reference Committee recommends that
7 the first Resolve of Resolution 508 be amended by addition and
8 deletion to read as follows:

9
10 RESOLVED, That our American Medical Association (AMA)
11 raise the awareness of ~~its members~~ physicians and patients
12 regarding ~~of~~ the increased use of illicit benzodiazepine
13 sedative/opioid combinations leading to addiction and overdose
14 death (Directive to Take Action); and be it further

15
16 RECOMMENDATION B:

17
18 Madam Speaker, your Reference Committee recommends that
19 the second Resolve of Resolution 508 be amended by addition
20 and deletion to read as follows:

21
22 RESOLVED, That our AMA warn ~~members~~ physicians and
23 patients about the risks associated with concomitant use of
24 benzodiazepines and opioids ~~this public health problem.~~

25
26 RECOMMENDATION C:

27
28 Madam Speaker, your Reference Committee recommends that
29 Resolution 508 be adopted as amended.

30
31 RECOMMENDATION D:

32
33 Madam Speaker, your Reference Committee recommends that
34 the title of Resolution 508 be changed to read as follows:

35
36 CONCOMITANT USE OF BENZODIAZEPINES AND OPIOIDS

37
38 **HOD ACTION: Resolution 508 adopted as amended with a**
39 **change in title.**

40
41 Resolution 508 asks that our American Medical Association (AMA) raise the awareness of its
42 members of the increased use of illicit sedative/opioid combinations leading to addiction and
43 overdose death and that our AMA warn members and patients about this public health
44 problem.

45
46 Your Reference Committee heard testimony largely in favor of this resolution as amended.
47 Evidence from authoritative sources was brought up in testimony and illustrated the significant
48 risks of concurrent benzodiazepine and opioid use. These risks include dramatic increase in
49 the risk of opioid related overdose, dependence, and other adverse events. Research and
50 reports from the National Institute on Drug Abuse and the Substance Abuse and Mental Health
51 Services Administration confirming these dangers and increases in benzodiazepine-related

1 emergency visits was discussed and considered. The FDA black box warnings on
2 benzodiazepine medications was noted in considering this Resolution. Evidence was
3 discussed that overall, benzodiazepine prescribing as well as concomitant benzodiazepine
4 and opioid use has been increasing. Testimony noted that increased risks apply in legitimately
5 prescribed combinations of these drugs as well. Increased physician and public awareness
6 on the risks of benzodiazepine and opioid combining is warranted in the interest of public
7 health. Therefore, your Reference Committee recommends that Resolution 508 be adopted
8 as amended.

9
10 (12) RESOLUTION 510 – THE INTRACRANIAL HEMORRHAGE
11 ANTICOAGULATION REVERSAL (ICHAR) INITIATIVE

12
13 RECOMMENDATION A:

14
15 Madam Speaker, your Reference Committee recommends that
16 Resolution 510 be amended by addition and deletion to read as
17 follows:

18
19 RESOLVED, That our American Medical Association support
20 initiatives to improve education, and reduce ~~the~~ barriers,
21 (including lack of resources) for ~~to~~ the use of anticoagulation
22 reversal agents, in emergency settings to reduce the
23 occurrence, disability, and death associated with hemorrhagic
24 stroke and other life-threatening conditions ~~clinical indications~~.
25 (New HOD Policy)

26
27 RECOMMENDATION: B

28
29 Madam Speaker, your Reference Committee recommends that
30 Resolution 510 be adopted as amended.

31
32 **HOD ACTION: Resolution 510 adopted as amended.**

33
34 Resolution 510 asks that our American Medical Association support initiatives to improve and
35 reduce the barriers to the use of anticoagulation reversal agents in emergency settings to
36 reduce the occurrence, disability, and death associated with hemorrhagic stroke and other
37 life-threatening clinical indications.

38
39 Your Reference Committee heard largely supportive testimony for this resolution, including
40 studies and guidelines supporting the use anticoagulant reversal agents in the emergency
41 setting. There was commentary pertaining to the lack of resources being a prohibitive factor
42 to using anticoagulation reversal agents, and not just lack of education. Therefore, your
43 Reference Committee recommends that Resolution 510 be adopted as amended.

1 (13) RESOLUTION 512 – FERTILITY PRESERVATION IN
2 PEDIATRIC AND REPRODUCTIVE AGED CANCER
3 PATIENTS
4

5 RECOMMENDATION A:
6

7 Madam Speaker, your Reference Committee recommends that
8 the first Resolve of Resolution 512 be amended by addition and
9 deletion to read as follows:
10

11 RESOLVED, That our American Medical Association (AMA)
12 encourage supports as best practice the disclosure to cancer
13 and other patients on of risks to fertility when gonadotoxic
14 gonadotoxicity due to cancer treatment is used. ~~a possibility~~
15 (New HOD Policy)
16

17 RECOMMENDATION B:
18

19 Madam Speaker, your Reference Committee recommends that
20 the second Resolve of Resolution 512 be amended by addition
21 and deletion to read as follows:
22

23 RESOLVED, That our AMA support ongoing education for
24 providers who counsel patients ~~that~~ who may benefit from
25 fertility preservation. (New HOD Policy)
26

27 RECOMMENDATION C:
28

29 Madam Speaker, your Reference Committee recommends that
30 the Resolution 512 be adopted as amended.
31

32 RECOMMENDATION D:
33

34 Madam Speaker, your Reference Committee recommends that
35 the title of Resolution 512 be changed to read as follows:
36

37 DISCLOSURE OF RISK TO FERTILITY WITH
38 GONADOTOXIC TREATMENT
39

40 **HOD ACTION: Resolution 512 adopted as amended with a**
41 **change in title.**
42

43 Resolution 512 asks that our American Medical Association (AMA) encourage disclosure to
44 cancer patients on risks to fertility when gonadotoxicity due to cancer treatment is a possibility
45 and that our AMA support education for providers who counsel patients that may benefit from
46 fertility preservation.
47

48 Your Reference Committee heard testimony in strong support of this resolution. It was noted
49 that existing guidelines support fertility counseling for at risk patients in advance of treatment,
50 including for cancer patients. It was also noted that this principle may be applicable for other
51 indications such as transplantation and the use of non-oncologic systemic agents that pose a

1 risk of gonadotoxicity. A change in title was proposed to broaden the resolution to apply to
2 additional conditions beyond cancer, and to ensure no overemphasis for certain age groups.
3 Amendments were proposed to emphasize that disclosure is best practice and that education
4 should be ongoing, along with broadening to patients with other conditions. Testimony from
5 NIH and USPHS supported amendments. Therefore, your Reference Committee
6 recommends that Resolution 512 be adopted as amended with a change in title, to support
7 disclosure of risks to fertility for all at risk patients.

8
9 (14) RESOLUTION 513 – DETERMINING WHY INFERTILITY
10 RATES DIFFER BETWEEN MILITARY AND CIVILIAN
11 WOMEN

12
13 RECOMMENDATION A:

14
15 Madam Speaker, your Reference Committee recommends that
16 Resolution 513 be amended by addition and deletion to read as
17 follows:

18
19 RESOLVED, That our American Medical Association ~~advocate~~
20 for support additional research to better understand whether
21 higher rates of infertility in servicewomen may be linked to
22 military service, and which approaches might reduce the burden
23 of infertility among service women. (Directive to Take Action)

24
25 RECOMMENDATION B:

26
27 Madam Speaker, your Reference Committee recommends that
28 Resolution 513 be adopted as amended.

29
30 **HOD ACTION: Resolution 513 adopted as amended.**

31
32 Resolution 513 asks that our American Medical Association advocate for additional research
33 to better understand whether higher rates of infertility in service women may be linked to
34 military service and which approaches might reduce the burden of infertility among service
35 women.

36
37 Your Reference Committee heard testimony in strong support of this resolution. Testimony
38 noted that a recent report documented higher rates of infertility among service women in a
39 small study. Investigators who are actively researching this topic note the need for continued
40 and additional work to understand the issue. An amendment was proposed to “support”
41 instead of “advocate” for the research as clarification, given the role of the military and
42 Congress in funding the research. Therefore, your Reference Committee recommends that
43 Resolution 513 be adopted as amended.

1 (15) RESOLUTION 514 – OPIOID ADDICTION

2
3 RECOMMENDATION A:

4
5 Madam Speaker, your Reference Committee recommends that
6 Policy H-420.962 be reaffirmed in lieu of the first Resolve of
7 Resolution 514.

8
9 RECOMMENDATION B:

10
11 Madam Speaker, your Reference Committee recommends that
12 the second Resolve of Resolution 514 be amended by addition
13 and deletion to read as follows:

14
15 RESOLVED, That our AMA ~~advocate that women who use~~
16 ~~opioids prior to caesarian section are offered~~ support a
17 stepwise, multi-modalities approach to analgesia management
18 (which may include nonpharmacologic and pharmacologic
19 therapies including opioids) using a shared decision-making
20 approach to minimize pain and control pain and improve
21 function after caesarean birth ~~the procedure~~ with the goal of
22 transitioning to other methods of pain control for long term.
23 (Directive to Take Action)

24
25 RECOMMENDATION C:

26
27 Madam Speaker, your Reference Committee recommends that
28 the third Resolve of Resolution 514 be amended by addition and
29 deletion to read as follows:

30
31 RESOLVED, That our AMA work with hospitals and relevant
32 stakeholders ~~constituent organizations to assure that the~~
33 support the adoption of enhanced recovery after surgery
34 protocol for caesarian section ~~is widely adopted~~ to optimize
35 recovery and improve function while decreasing use of opioid
36 medications for pain, ~~especially given the impact of such use in~~
37 ~~breast-feeding mothers and their infants.~~ (Directive to Take
38 Action)

39
40 RECOMMENDATION D:

41
42 Madam Speaker, your Reference Committee recommends that
43 Resolution 514 be amended by the addition of the following new
44 Resolve:

45
46 RESOLVED, that our AMA support counseling of women who
47 are prescribed opioid analgesics following caesarean birth
48 about the risk of central nervous system depression in the
49 woman and the breastfed infant. (Directive to Take Action)

1 RECOMMENDATION E:
2

3 Madam Speaker, your Reference Committee recommends that
4 Resolution 514 be adopted as amended.

5
6 RECOMMENDATION F:
7

8 Madam Speaker, your Reference Committee recommends that
9 the title of Resolution 514 be changed to read as follows:
10

11 PAIN MANAGEMENT FOLLOWING CAESAREAN BIRTH
12

13 **HOD ACTION: Resolution 514 be adopted as amended with a**
14 **change in title.**
15

16 Resolution 514 asks that our American Medical Association (AMA) work with constituent
17 organizations to assure that women of child-bearing age who are using opioids and are
18 accessing the health care system undergo evaluation for pregnancy and, if pregnancy, be
19 offered prenatal care, that our AMA advocate that women who use opioids prior to caesarian
20 section are offered multi-modalities to control pain and improve function after the procedure
21 with the goal of transitioning to other methods of pain control for long term, and that our AMA
22 work with hospitals and relevant constituent organizations to assure that the enhanced
23 recovery after surgery protocol for caesarian section is widely adopted to optimize recovery
24 and improve function while decreasing use of opioid medications for pain, especially given the
25 impact of such use in breast-feeding mothers and their infants.
26

27 Your Reference Committee heard testimony largely in favor of this resolution. Several
28 amendments were offered to clarify the language of the Resolution. Your Reference
29 Committee agrees with proffered amendments and, therefore, recommends that Resolution
30 514 be adopted as amended with a change in title.
31

32 Policy recommended for reaffirmation:
33

34 H-420.962, "Perinatal Addiction - Issues in Care and Prevention"
35

36 Our AMA: (1) adopts the following statement: Transplacental drug transfer should not
37 be subject to criminal sanctions or civil liability; (2) encourages the federal government
38 to expand the proportion of funds allocated to drug treatment, prevention, and
39 education. In particular, support is crucial for establishing and making broadly
40 available specialized treatment programs for drug-addicted pregnant and
41 breastfeeding women wherever possible; (3) urges the federal government to fund
42 additional research to further knowledge about and effective treatment programs for
43 drug-addicted pregnant and breastfeeding women, encourages also the support of
44 research that provides long-term follow-up data on the developmental consequences
45 of perinatal drug exposure, and identifies appropriate methodologies for early
46 intervention with perinatally exposed children; (4) reaffirms the following statement:
47 Pregnant and breastfeeding patients with substance use disorders should be provided
48 with physician-led, team-based care that is evidence-based and offers the ancillary
49 and supportive services that are necessary to support rehabilitation; and (5) through
50 its communication vehicles, encourages all physicians to increase their knowledge

1 regarding the effects of drug and alcohol use during pregnancy and breastfeeding and
2 to routinely inquire about alcohol and drug use in the course of providing prenatal care.

3
4 (16) RESOLUTION 515 – REVERSING OPIOID EPIDEMIC

5
6 RECOMMENDATION A:

7
8 Madam Speaker, your Reference Committee recommends that
9 Resolution 515 be amended by addition and deletion to read as
10 follows:

11
12 RESOLVED, That our American Medical Association include
13 educational materials for physicians regarding sex-based
14 differences in their resources related to the opioid epidemic
15 program, Reversing the Opioid Epidemic, educational materials
16 for physicians regarding sex-based differences. These sex-
17 based differences include in the perception of pain, including
18 the impact of co-morbid conditions, sex-based differences in
19 response to opioids, and risks for opioid use disorder addiction,
20 and issues with accessing, and outcomes of addiction treatment
21 programs among women.

22
23 RECOMMENDATION B:

24
25 Madam Speaker, your Reference Committee recommends that
26 Resolution 515 be adopted as amended.

27
28 RECOMMENDATION C:

29
30 Madam Speaker, your Reference Committee recommends that
31 the title of Resolution 515 be changed to read as follows:

32
33 EDUCATION ON SEX-BASED RESPONSE TO OPIOIDS

34
35 **HOD ACTION: Resolution 515 be adopted as amended with a**
36 **change in title.**

37
38 Resolution 515 asks that our American Medical Association include in their program,
39 Reversing the Opioid Epidemic, education materials for physicians regarding sex-based
40 differences in perception of pain, including the impact of co-morbid conditions, sex-based
41 differences in response to opioids and risks for opioid addiction, and issues with accessing
42 and outcomes of addiction programs among women.

43
44 Your Reference Committee heard testimony in favor of adopting this resolution based on
45 evidence of sex-based differences in women's response to opioids, issues of co-morbid
46 conditions, and risk for opioid use disorder. Testimony and evidence presented related to sex-
47 based responses to pain, co-morbid conditions, and that interventions for women should be
48 based on the current sex-based research. Incongruency of the resolution and the title was
49 noted and testimony was heard supporting changing the title of the resolution. Therefore, your
50 Reference Committee recommends that Resolution 515 be adopted as amended with a
51 change in title.

1 (17) RESOLUTION 516 – ALCOHOL CONSUMPTION AND
2 HEALTH

3
4 RECOMMENDATION A:

5
6 Madam Speaker, your Reference Committee recommends that
7 the first resolve of Resolution 516 be amended by addition and
8 deletion to read as follows:

9
10 RESOLVED, That our American Medical Association (AMA)
11 recognize that alcohol consumption at any level, not just as well
12 as heavy alcohol abuse use or addictive alcohol use, as is a
13 modifiable risk factor for cancer (New HOD Policy)

14
15 RECOMMENDATION B:

16
17 Madam Speaker, your Reference Committee recommends that
18 the second and third Resolves of Resolution 516 be deleted.

19
20 RECOMMENDATION C:

21
22 Madam Speaker, your Reference Committee recommends that
23 Resolution 516 be adopted as amended.

24
25 **HOD ACTION: Resolution 516 adopted as amended.**

26
27 Resolution 516 asks that our American Medical Association (AMA) recognize alcohol
28 consumption as well as alcohol abuse as a modifiable risk factor for cancer, that our AMA
29 support research and educational efforts about the connection between alcohol consumption
30 and several types of cancer, and that our AMA amend policy H-425.993, “Health Promotion
31 and Disease Prevention,” by addition and deletion to read as follows:

32 “...(4) actively supports appropriate scientific, educational and legislative activities that
33 have as their goals: (a) prevention of smoking and its associated health hazards; (b)
34 avoidance of alcohol consumption, ~~abuse~~, particularly that which leads to illness,
35 cancer, and accidental injury and death; (c) reduction of death and injury from
36 vehicular and other accidents; and (d) encouragement of healthful lifestyles and
37 personal living habits...”

38
39 Your Reference Committee heard testimony largely in support of this resolution. The
40 connection between alcohol as a modifiable risk factor and cancer is well established, a public
41 health need exists to communicate this risk to patients, but this is not covered by existing AMA
42 policy. Therefore, your Reference Committee recommends that Resolution 516 be adopted
43 as amended.

1 (18) RESOLUTION 517 – COMPOUNDING

2
3 RECOMMENDATION A:

4
5 Madam Speaker, your Reference Committee recommends that
6 the second Resolve of Resolution 517 be amended by deletion
7 to read as follows:

8
9 ~~RESOLVED, That our AMA oppose any state medical board~~
10 ~~action to delegate authority or oversight of physicians preparing~~
11 ~~medications in physicians' offices to another regulatory body~~
12 ~~(e.g., state pharmacy board) (Directive to Take Action); and be~~
13 ~~it further~~

14
15 RECOMMENDATION B:

16
17 Madam Speaker, your Reference Committee recommends that
18 the third Resolve of Resolution 517 be amended by addition to
19 read as follows:

20
21 RESOLVED, That our AMA work with medical specialty
22 societies to preserve a physician's ability to prepare
23 medications in physicians' offices, and to be able to do so
24 without being subject to unreasonable and burdensome
25 equipment and process requirements by engaging with state
26 policymakers (including but not limited to state legislatures,
27 state medical boards, and state pharmacy boards) as well as
28 accreditors.

29
30 RECOMMENDATION C:

31
32 Madam Speaker, your Reference Committee recommends that
33 Resolution 517 be adopted as amended.

34
35 **HOD ACTION: Resolution 517 Resolve 1 and 3 adopted as**
36 **amended.**

37
38 **The following additional Resolve in lieu of deleted Resolution**
39 **517 Resolve 2 referred for decision:**

40
41 **RESOLVED, That our AMA advocate that the preparation of**
42 **medications in physicians' offices is the practice of medicine**
43 **and should be defined by and remain under the purview of**
44 **state medical licensing boards rather than state pharmacy**
45 **boards or other state regulatory bodies.**

46
47 Resolution 517 asks that our American Medical Association (AMA) provide a 50-state analysis
48 of state law requirements governing in-office preparation of medications in physicians' offices,
49 including which states have adopted USP Chapter 797 and how compounding is defined by
50 state law, that our AMA oppose any state medical board action to delegate authority or
51 oversight of physicians preparing medications in physicians' offices to another regulatory body

1 (e.g., state pharmacy board), and that our AMA work with medical specialty societies to
2 preserve a physician's ability to prepare medications in physicians' offices and be able to do
3 so without being subject to unreasonable and burdensome equipment and process
4 requirements.

5
6 Your Reference Committee heard mixed testimony on this resolution. Testimony noted that
7 there is a need to better understand state law governing compounding which is addressed by
8 Resolve one. Additional testimony noted that there might be a risk that physician ability to
9 prepare medication may be impacted due to such legislation and additional understanding is
10 necessary. USP provided strong testimony highlighting its ongoing collaboration with the
11 AMA, dermatology associations, and physicians in the revision of <797> which was published
12 on June 1, 2019 and reflects the advancements in science and practice as well as the input
13 from patients, health care practitioners, policymakers, academicians, and industry to ensure
14 and maintain patient safety and access to quality of medicine. Your Reference Committee
15 believes that the intent of Resolve two is unclear as it assumes that medical boards proactively
16 delegate authority on this issue as opposed to pharmacy boards assuming it. Therefore, your
17 Reference Committee recommends that Resolution 517 be adopted as amended.

1 (19) RESOLUTION 520 – SUBSTANCE USE DURING
2 PREGNANCY

3
4 RECOMMENDATION A:

5
6 Madam Speaker, your Reference Committee recommends that
7 Resolution 520 be amended by addition and deletion to read as
8 follows:

9
10 Our AMA will: (1) oppose any efforts to imply that the diagnosis
11 of substance abuse disorder during pregnancy represents child
12 abuse; ~~and~~ (2) support legislative and other appropriate efforts
13 for the expansion and improved access to evidence-based
14 treatment for substance use disorders during pregnancy; ~~and~~
15 (3) oppose the removal of infants from their mothers solely
16 based on a single positive prenatal drug screen without
17 appropriate –an–evaluation–from–a–social–worker–and (4)
18 advocate for appropriate medical evaluation prior to the removal
19 of a child, which takes into account (a) the desire to preserve
20 the individual’s family structure, (b) the patient’s treatment
21 status, and (c) current impairment status when substance use
22 is suspected, prior to removal of the child. (Modify Current HOD
23 Policy)

24
25 RECOMMENDATION B:

26
27 Madam Speaker, your Reference Committee recommends that
28 Resolution 520 be adopted as amended.

29
30 RECOMMENDATION C:

31
32 Madam Speaker, your Reference Committee recommends that
33 Policy H-95.985 be reaffirmed.

34
35 **HOD ACTION: Resolution 520 adopted as amended and Policy**
36 **H-95.985 reaffirmed.**

37
38 Resolution 520 asks that our American Medical Association amend policy H-420.950,
39 “Substance Use Disorders During Pregnancy,” by addition as follows:

40 Our AMA will: (1) oppose any efforts to imply that the diagnosis of substance abuse
41 disorder during pregnancy represents child abuse; and (2) support legislative and
42 other appropriate efforts for the expansion and improved access to evidence-based
43 treatment for substance use disorders during pregnancy.; and (3) oppose the removal
44 of infants from their mothers solely based on a single positive prenatal drug screen
45 without an evaluation from a social worker.

46
47 Your Reference Committee heard testimony largely in favor of this amendment to AMA policy.
48 Testimony noted that substance use disorder should be seen primarily as a disease and that
49 the focus should be on proper assessment and treatment for the patient and not on criminality.
50 Also noted was the idea that a single drug test does not provide conclusive evidence of
51 substance use disorder or child abuse or neglect; this concept is addressed in current policy.

1 Therefore, your Reference Committee recommends that Resolution 520 should be adopted
2 as amended and Policy H-95.985 reaffirmed.

3 Policy recommended for reaffirmation:

4
5 H-95.985, "Drug Testing"

6
7 Our AMA believes that physicians should be familiar with the strengths and limitations
8 of drug testing techniques and programs:

- 9 1. Due to the limited specificity of the inexpensive and widely available non-
10 instrumented devices such as point-of-care drug testing devices, acceptable
11 clinical drug testing programs should include the ability to access highly specific,
12 analytically acceptable confirmation techniques, which definitively establish the
13 identities and quantities of drugs, in order to further analyze results from
14 presumptive testing methodologies. Physicians should consider the value of data
15 from non-confirmed preliminary test results, and should not make major clinical
16 decisions without using confirmatory methods to provide assurance about the
17 accuracy of the clinical data.
- 18 2. Results from drug testing programs can yield accurate evidence of prior exposure
19 to drugs. Drug testing does not provide any information about pattern of use of
20 drugs, dose of drugs taken, physical dependence on drugs, the presence or
21 absence of a substance use disorder, or about mental or physical impairments that
22 may result from drug use, nor does it provide valid or reliable information about
23 harm or potential risk of harm to children or, by itself, provide indication or proof of
24 child abuse, or neglect or proof of inadequate parenting.
- 25 3. Before implementing a drug testing program, physicians should: (a) understand
26 the objectives and questions they want to answer with testing; (b) understand the
27 advantages and limitations of the testing technology; (c) be aware of and educated
28 about the drugs chosen for inclusion in the drug test; and (d) ensure that the cost
29 of testing aligns with the expected benefits for their patients. Physicians also
30 should be satisfied that the selection of drugs (analytes) and subjects to be tested
31 as well as the screening and confirmatory techniques that are used meet the stated
32 objectives.
- 33 4. Since physicians often are called upon to interpret results, they should be familiar
34 with the disposition characteristics of the drugs to be tested before interpreting any
35 results. If interpretation of any given result is outside of the expertise of the
36 physician, assistance from appropriate experts such as a certified medical review
37 officer should be pursued.

1 (20) RESOLUTION 522 – IMPROVED DEFERRAL PERIODS FOR
2 BLOOD DONORS

3
4 RECOMMENDATION A:

5
6 Madam Speaker, your Reference Committee recommends that
7 Resolution 522 be amended by addition and deletion to read as
8 follows:

9
10 Our AMA: (1) supports the use of rational, scientifically-based
11 blood and tissue donation deferral periods that are fairly and
12 consistently applied to donors according to their individual risk;
13 (2) opposes all policies on deferral of blood and tissue
14 donations that are not based on evidence ~~the scientific~~
15 ~~literature;~~ and (3) supports a blood donation deferral period for
16 ~~men who have sex with men~~ those determined to be at risk for
17 transmission of HIV that is representative of current HIV testing
18 technology. (Modify Current HOD Policy)

19
20 RECOMMENDATION B:

21
22 Madam Speaker, your Reference Committee recommends that
23 Resolution 522 be adopted as amended.

24
25 **HOD ACTION: Resolution 522 adopted as amended.**

26
27 Resolution 522 asks that our American Medical Association amend AMA policy H-50.973,
28 “Blood Donor Deferral Criteria,” by addition and deletion to read as follows:

29 Our AMA: (1) supports the use of rational, scientifically-based blood and tissue
30 donation deferral periods that are fairly and consistently applied to donors according
31 to their individual risk; (2) opposes all policies on deferral of blood and tissue donations
32 that are not based on the scientific literature; and (3) supports a blood donation deferral
33 period for men who have sex with men that is representative of current HIV testing
34 technology; and (4) supports research into individual risk assessment criteria for blood
35 donation.

36
37 Your Reference Committee heard unanimously supportive testimony for this Resolution with
38 several requests for amending language that singles out men who have sex men and asks for
39 it to be replaced with language that does not single out one group but focuses instead on
40 individual risk factors. Testimony from the GLMA and others supported this change in
41 language. Several commenters noted that the current evidence-base does not support the
42 current deferral period. Others noted that the current deferral period relies on categories rather
43 than assessing an individual’s risk for HIV infection and potential transmission. The committee
44 also recommended the use of evidence that includes, but is not limited to, only scientific
45 literature when assessing blood and tissue donation policies. Therefore, your Reference
46 Committee recommends that Resolution 522 be adopted as amended.

1 (21) RESOLUTION 525 – SUPPORT FOR ROOMING-IN OF
2 NEONATAL ABSTINENCE SYNDROME PATIENTS WITH
3 THEIR PARENTS
4

5 RECOMMENDATION A:
6

7 Madam Speaker, your Reference Committee recommends that
8 the first Resolved of Resolution 525 be amended by addition
9 and deletion to read as follows:
10

11 RESOLVED, That our American Medical Association (AMA)
12 supports keeping patients with neonatal abstinence syndrome
13 with their parents or legal guardians in the hospital throughout
14 their treatment, as the patient's health and safety permits, and
15 as supported by validated risk stratification tools for ~~through the~~
16 ~~implementation of~~ rooming-in programs. (New HOD Policy)
17

18 RECOMMENDATION B:
19

20 Madam Speaker, your Reference Committee recommends that
21 Resolution 525 be adopted as amended.
22

23 **HOD ACTION: Resolution 525 adopted as amended.**
24

25 Resolution 525 asks that our American Medical Association (AMA) support keeping patients
26 with neonatal abstinence syndrome with their parents or legal guardians in the hospital
27 throughout their treatment, as the patient's health and safety permits, through the
28 implementation of rooming-in programs and that our AMA support the education of physicians
29 about rooming-in patients with neonatal abstinence syndrome.
30

31 Your Reference Committee heard testimony largely in support of the intent of this Resolution.
32 However, several commenters noted that some of the language in the original Resolution was
33 too prescriptive, and others noted that tools are available and should be utilized in the
34 management of patients with NAS. Therefore, your Reference Committee agrees that risk
35 stratification tools can be useful for physicians when managing patients with NAS and
36 recommends that Resolution 525 be adopted as amended.

1 (22) RESOLUTION 527 – INCREASING THE AVAILABILITY
2 OF BLEEDING CONTROL SUPPLIES
3

4 RECOMMENDATION A:
5

6 Madam Speaker, your Reference Committee
7 recommends that Resolution 527 be adopted as amended
8 to read as follows:
9

10 RESOLVED, That American Medical Association Policy
11 H-130.935, “Support for Hemorrhage Control Training,” be
12 amended by addition to read as follows:
13

14 H-130.935, “Support for Hemorrhage Control Training”

- 15 (1) Our AMA encourages state medical and specialty
16 societies to promote the training of both lay public and
17 professional responders in essential techniques of
18 bleeding control.
19 (2) Our AMA encourages, through state medical and
20 specialty societies, the inclusion of hemorrhage
21 control kits (including pressure bandages, hemostatic
22 dressings, tourniquets and gloves) for all first
23 responders.
24 (3) Our AMA supports the increased availability of
25 bleeding control supplies with adequate and relevant
26 training in schools, places of employment, and public
27 buildings.
28

29 RECOMMENDATION B:
30

31 Madam Speaker, your Reference Committee
32 recommends that Resolution 527 be adopted as
33 amended.
34

35 **HOD ACTION: Resolution 527 adopted as amended.**
36

37 Resolution 527 asks that our American Medical Association Policy H-130.935, “Support for
38 Hemorrhage Control Training,” be amended by addition to read as follows:
39 H-130.935 Support for Hemorrhage Control Training

- 40 (4) Our AMA encourages state medical and specialty societies to promote the training
41 of both lay public and professional responders in essential techniques of bleeding
42 control.
43 (5) Our AMA encourages, through state medical and specialty societies, the inclusion
44 of hemorrhage control kits (including pressure bandages, hemostatic dressings,
45 tourniquets and gloves) for all first responders.
46 (6) Our AMA supports the increased availability of bleeding control supplies in
47 schools, places of employment, and public buildings.
48

49 Your Reference Committee heard overwhelming supportive testimony for the Resolution.
50 Commenters noted the significant need for relevant civilian preparedness to address bleeding
51 incidences, the “Stop the Bleed” campaign, and the need for adequate education on effective

1 tourniquet usage citing the phrase “turn it til it hurts.” The original resolution did not specify
2 the need for adequate education on tourniquet usage. Therefore, your Reference Committee
3 recommends that Resolution 527 be adopted as amended.

4
5 (23) RESOLUTION 529 – ADVERSE IMPACTS OF DELAYING
6 THE IMPLEMENTATION OF PUBLIC HEALTH
7 REGULATIONS

8
9 RECOMMENDATION A:

10
11 Madam Speaker, your Reference Committee recommends that
12 the first Resolve of Resolution 529 be amended by deletion to
13 read as follows:

14
15 ~~RESOLVED, That our American Medical Association (AMA)~~
16 ~~urge the Environmental Protection Agency and other federal~~
17 ~~regulatory agencies to enforce pesticide regulations,~~
18 ~~particularly of restricted use pesticides, that safeguard human~~
19 ~~and environmental health, especially in vulnerable populations~~
20 ~~including but not limited to agricultural workers, immigrant~~
21 ~~migrant workers, and children (Directive to Take Action); and be~~
22 ~~it further~~

23
24 RECOMMENDATION B:

25
26 Madam Speaker, your Reference Committee recommends that
27 the second Resolve of Resolution 529 be amended by addition
28 and deletion to read as follows:

29
30 RESOLVED, That our AMA ~~analyze~~ monitor and evaluate
31 ~~ongoing~~ regulation delays that impact public health, and
32 advocate as ~~deemed~~ appropriate to decrease regulatory delays.
33 (Directive to Take Action)

34
35 RECOMMENDATION C:

36
37 Madam Speaker, your Reference Committee recommends that
38 Resolution 529 be adopted as amended.

39
40 **HOD ACTION: Resolution 529 adopted as amended.**

41
42 Resolution 529 asks that our American Medical Association (AMA) urge the Environmental
43 Protection Agency and other federal regulatory agencies to enforce pesticide regulations,
44 particularly of restricted use pesticides, that safeguard human and environmental health,
45 especially in vulnerable populations including but not limited to agricultural workers, immigrant
46 migrant workers, and children and that our AMA analyze ongoing regulation delays that impact
47 public health, as deemed appropriate.

48
49 Testimony was largely supportive of this resolution and noted that delays in enforcement of
50 environmental and health regulations could have an adverse effect on public health,
51 particularly for vulnerable populations. Testimony proposed an amendment to strike Resolve

1 1, which was considered much broader, and not reflective of the title of the amendment. In
2 addition, testimony expressed concern over the focus on analysis, and it was pointed out that
3 other groups are already analyzing the impact of these delays. Therefore, your Reference
4 Committee recommends that Resolution 529 be adopted as amended.

5 (24) RESOLUTION 518 – CHEMICAL VARIABILITY IN
6 PHARMACEUTICAL PRODUCTS

7
8 RECOMMENDATION:

9
10 Madam Speaker, your Reference Committee recommends that
11 Resolution 518 be referred for report back at the 2020 Annual
12 Meeting.

13
14 **HOD ACTION: Resolution 518 referred for report back at the**
15 **2020 Annual Meeting.**

16
17 Resolution 518 asks that our American Medical Association (AMA) do a study and report back
18 by the 2019 Interim Meeting regarding the pharmaceutical variability, both in active
19 pharmaceutical ingredient and dissolution, the impact on patient care and make
20 recommendations for action from their report findings, that our AMA advocate for legislation
21 requiring independent testing and verification of the chemical content of batches of
22 pharmaceuticals, and that our AMA advocate for the logging of batches at the patient level,
23 so the batches can be traced and connected to patient outcomes or adverse events.

24
25 Your Reference Committee heard testimony largely in support of this Resolution. Several
26 commenters noted confusion about some of the concepts detailed in the Resolution. The U.S.
27 Public Health Service provided some clarification on concepts presented and the Council on
28 Science and Public Health noted that there are several issues related to pharmacovigilance,
29 track and trace, and testing and verification of pharmaceuticals that could benefit from further
30 study. Your Reference Committee agrees with the Council and, therefore, recommends that
31 Resolution 518 be referred.

32
33 (25) RESOLUTION 507 – REMOVING ETHYLENE OXIDE AS A
34 MEDICAL STERILANT FROM HEALTHCARE

35
36 RECOMMENDATION:

37
38 Madam Speaker, your Reference Committee recommends
39 that Resolution 507 be referred for decision.

40
41 **HOD ACTION: Resolution 507 referred for decision.**

42
43 Resolution 507 asks that our American Medical Association (AMA) adopt as policy and urge,
44 as appropriate, the prevention of ethylene oxide emissions and substitution of ethylene oxide
45 with less toxic sterilization alternatives that are currently available, including hydrogen
46 peroxide, steam, and other safer alternatives, which do not release carcinogens into the
47 workplace or community air and allow no residual exposures to the patient and that our AMA
48 adopt as policy and urge that when health care facilities are evaluating surgical and medical
49 devices that require sterilization, in addition to effectiveness of the device for best patient

1 outcomes, that facilities also be required to prioritize the modes of sterilization for the highest
2 degree of worker and environmental safety.

3
4 Mixed testimony was offered for this resolution. It was noted that ethylene oxide is toxic and
5 a group 1 carcinogen and that exposures should be minimized. Incidence of excessive
6 ethylene oxide emissions in an IL sterilization facility are being investigated at the state and
7 federal level; the facility has been shut down during the investigation. Conversely, CA passed
8 a legislation limiting the use of ethylene oxide due to similar public health concerns, but this
9 led to unintended consequences including surgical supply shortage and compromised patient
10 care. The FDA noted in testimony that they are taking a comprehensive approach on this
11 issue and are actively working with sterilization experts, medical device manufacturers, and
12 other government agencies to advance innovative ways to sterilize medical devices. Given
13 these concerns and conflicting outcomes, your Reference Committee recommends that
14 Resolution 507 be referred for decision.

15
16 (26) RESOLUTION 530 – IMPLEMENTING NALOXONE
17 TRAINING INTO THE BASIC LIFE SUPPORT (BLS)
18 CERTIFICATION PROGRAM

19
20 RECOMMENDATION:

21
22 Madam Speaker, your Reference Committee recommends that
23 Resolution 530 not be adopted.

24
25 **HOD ACTION: Resolution 530 adopted as amended.**

26
27 **RESOLVED, That our American Medical Association**
28 **collaborate with the American Heart Association and other**
29 **interested parties Occupational Safety and Health**
30 **Administration and state medical societies to include**
31 **naloxone use in training in BLS instruction rescue kits in first**
32 **aid equipment. (Directive to Take Action)**

33
34 Resolution 530 asks that our American Medical Association collaborate with the Occupational
35 Safety and Health Administration and state medical societies to include naloxone rescue kits
36 in first aid equipment.

37
38 Your Reference Committee heard testimony supportive of the concepts noted in this
39 Resolution, but also heard calls for clarification of the ask of the Resolution since the title and
40 text are incongruent. To include naloxone training in BLS, the American Heart Association
41 would need to change their training and certification requirements; currently, many free
42 naloxone training programs exist. It was also noted that logistic issues are associated with the
43 inclusion of naloxone in first-aid kits due to storage and stability issues related to heat and
44 light exposure. Additionally, the need for the FDA to regulate this practice and approve over-
45 the-counter availability of a naloxone product that would be suitable for placement in a public
46 setting or first-aid kit should be addressed. Your Reference Committee commends the intent
47 of this resolution and welcomes future Resolutions with clarified language on this topic.
48 Therefore, your Reference Committee recommends that Resolution 530 not be adopted.

1 (27) RESOLUTION 505 – GLYPHOSATE STUDIES

2
3 RECOMMENDATION:

4
5 Madam Speaker, your Reference Committee recommends that
6 Policies H-135.942 and D-135.997 be reaffirmed in lieu of
7 Resolution 505.

8
9 **HOD ACTION: Policies H-135.942 and D-135.997 reaffirmed in**
10 **lieu of Resolution 505.**

11
12 Resolution 505 asks that our American Medical Association advocate for a reduction in the
13 use of glyphosate-based pesticides (the primary chemical in the herbicide branded Roundup),
14 encourage the evaluation of alternatives, and support additional research to determine the
15 long term effects and association between glyphosate and disease.

16
17 Your reference committee heard mixed testimony on this controversial topic. It was noted that
18 the scientific literature on the topic has failed to show a consistent connection between
19 agricultural use of glyphosate and cancer, but that some studies have supported the
20 connection resulting in recent multi-billion-dollar liability awards. The issue is emotionally-
21 charged with media suggesting corporate interference in some of the numerous large-scale
22 studies showing no adverse health effects. Existing AMA policy supports research and
23 evidence-based policies that protect the environment and public health, and this certainly
24 applies directly to this issue. Policy H-135.942 supports the assessment of adverse effects of
25 chemicals, and D-135.997 advocates for funding for research into the environmental
26 contributors to disease. Your Reference Committee felt that Resolution 505 overstates what
27 we can confidently conclude about glyphosate in a way that will certainly be construed
28 politically. We therefore recommend reaffirmation of H-135.942 and D-135.997 in lieu of this
29 resolution.

30
31 Policies recommended for reaffirmation:

32
33 H-135.942, “Modern Chemicals Policies”

34
35 Our AMA supports: (1) the restructuring of the Toxic Substances Control Act to serve
36 as a vehicle to help federal and state agencies to assess efficiently the human and
37 environmental health hazards of industrial chemicals and reduce the use of those of
38 greatest concern; and (2) the Strategic Approach to International Chemicals (SAICM)
39 process leading to the sound management of chemicals throughout their life-cycle so
40 that, by 2020, chemicals are used and produced in ways that minimize adverse effects
41 on human health and the environment.

42
43 D-135.997, “Research into the Environmental Contributors to Disease”

44
45 Our AMA will (1) advocate for greater public and private funding for research into the
46 environmental causes of disease, and urge the National Academy of Sciences to
47 undertake an authoritative analysis of environmental causes of disease; (2) ask the
48 steering committee of the Medicine and Public Health Initiative Coalition to consider
49 environmental contributors to disease as a priority public health issue; and (3) lobby
50 Congress to support ongoing initiatives that include reproductive health outcomes and

1 development particularly in minority populations in Environmental Protection Agency
2 Environmental Justice policies.

- 1 Madam Speaker, this concludes the report of Reference Committee E. I would like to thank
- 2 William Bowman, MD, Wayne C. Hardwick, MD, Shane Hopkins, MD, Shawn C. Jones, MD,
- 3 Nancy L. Mueller, MD, Raymond Wynn, MD, and all those who testified before the Committee
- 4 as well as our AMA staff.

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