Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

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

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

8. Resolution 501 – USP 800
9. Resolution 503 – Addressing Healthcare Needs of Children of Incarcerated Parents
10. Resolution 504 – Screening, Intervention, and Treatment for Adverse Childhood Experiences
11. Resolution 508 – Benzodiazepine and Opioid Warning
12. Resolution 510 – The Intracranial Hemorrhage Anticoagulation Reversal (ICHAR) Initiative
13. Resolution 512 – Fertility Preservation in Pediatric and Reproductive Aged Cancer Patients
15. Resolution 514 – Opioid Addiction
16. Resolution 515 – Reversing Opioid Epidemic
17. Resolution 516 – Alcohol Consumption and Health
18. Resolution 517 – Compounding
19. Resolution 520 – Substance Use During Pregnancy
20. Resolution 522 – Improved Deferral Periods for Blood Donors
21. Resolution 525 – Support for Rooming-in of Neonatal Abstinence Syndrome Patients with Their Parents
22. Resolution 527 – Increasing the Availability of Bleeding Control Supplies
23. Resolution 529 – Adverse Impacts of Delaying the Implementation of Public Health Regulations

RECOMMENDED FOR REFERRAL

24. Resolution 518 – Chemical variability in pharmaceutical products

RECOMMENDED FOR REFERRAL FOR DECISION

25. Resolution 507 – Removing Ethylene Oxide as a Medical Sterilant from Healthcare

RECOMMENDED FOR NOT ADOPTION

26. Resolution 530 – Implementing Naloxone Training into the Basic Life Support Certification Program

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

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) RESOLUTION 502 – DESTIGMATIZING THE LANGUAGE OF ADDICTION

RECOMMENDATION:

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

HOD ACTION: Resolution 502 adopted.

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

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

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

RECOMMENDATION:

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

HOD ACTION: Resolution 511 adopted.

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

Your Reference Committee heard strong support for this resolution. Testimony noted that Critical Congenital Heart Defect (CCHD) Screening is an important element of uniform
newborn screening, and that it has already been adopted by all 50 states. Therefore, your Reference Committee recommends that Resolution 511 be adopted.

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

RECOMMENDATION:

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

HOD ACTION: Resolution 519 adopted.

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

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

(4) RESOLUTION 524 – AVAILABILITY OF NALOXONE BOXES

RECOMMENDATION A:

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

HOD ACTION: Resolution 524 adopted.

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

1. Our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community-based organizations, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone delivery. 2. Our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone. 3. Our AMA encourages physicians to co-prescribe naloxone to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients. 4. Our AMA encourages private and public payers to include all forms of naloxone on their
preferred drug lists and formularies with minimal or no cost sharing. 5. Our AMA supports liability protections for physicians and other health care professionals and others who are authorized to prescribe, dispense and/or administer naloxone pursuant to state law. 6. Our AMA supports efforts to encourage individuals who are authorized to administer naloxone to receive appropriate education to enable them to do so effectively. 7. Our AMA encourages manufacturers or other qualified sponsors to pursue the application process for over the counter approval of naloxone with the Food and Drug Administration. 8. Our AMA urges the Food and Drug Administration to study the practicality and utility of supports the widespread implementation of easily accessible Naloxone rescue stations (public availability of Naloxone through wall-mounted display/storage units that also include instructions) throughout the country following distribution and legislative edicts similar to those for Automated External Defibrillators.

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

(5) RESOLUTION 528 – DEVELOPING DIAGNOSTIC CRITERIA AND EVIDENCE-BASED TREATMENT OPTIONS FOR PROBLEMATIC PORNOGRAPHY VIEWING

RECOMMENDATION:

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

HOD ACTION: Resolution 528 adopted.

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

Your Reference Committee heard largely supportive testimony for this resolution. It was noted that current evidence was not conclusive to support diagnostic criteria, and that additional study may be needed to determine what link, if any, there might be between problematic pornography use and health conditions or domestic violence. Testimony noted that obsessive and compulsive pornography viewing may be defined as problematic, which may also be analogous to other conditions such as video games or gambling. Additional testimony offered that other sexually explicit material use may be considered less problematic, such as use for
sample collection in fertility clinics. Therefore, your Reference Committee recommends that Resolution 528 be adopted.

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

RECOMMENDATION:

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

HOD ACTION: Resolution 532 adopted.

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

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

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

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

RECOMMENDATION B:

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


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

The Council on Science and Public Health introduced its Sunset report, and testimony noted that clause four of Policy H-440.927, “Tuberculosis,” should be retained because controlling tuberculosis globally is still important. Your Reference Committee agrees and therefore recommends adoption as amended.
RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

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

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

Your Reference Committee heard passionate testimony on this issue. Several people noted the unintended consequences of the regulations outlined in <800>, yet others noted that the drugs included in <800> are indeed hazardous to those handling them, warranting safety standards for employees. USP offered testimony to clarify some of the points of the Resolution stating that Resolves one and two are already being addressed by existing efforts in collaboration with the AMA and appropriate stakeholders. The five-year chapter review process is presently complete and there is no administrative mechanism for editing this chapter at this time. USP also noted that the principles of <800> are broadly relevant to hazardous drug handling activities across all facility types, and that they encourage the widespread adoption and use of <800> across all healthcare settings. They further specified that General Chapter <800> is compendially applicable – as opposed to informational – only to the extent to which USP General Chapters <795> and <797>, which are limited to non-sterile and sterile compounding respectively, apply. USP continued to note that State and other regulators may make their own determinations regarding the applicability and enforceability of <800> to entities within their jurisdiction, but that continued engagement with the AMA and appropriate stakeholders to develop resources and tools designed to protect patients and health care workers from potential harm of hazardous materials is a priority. Therefore, your Reference Committee recommends that Resolution 501 be adopted as amended.
RESOLUTION 503 – ADDRESSING HEALTHCARE NEEDS OF CHILDREN OF INCARCERATED PARENTS

RESOLUTION 531 – SUPPORT FOR CHILDREN OF INCARCERATED PARENTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the following alternate Resolution 503 be adopted in lieu of Resolutions 503 and 531:

CHILDREN OF INCARCERATED PARENTS

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

HOD ACTION: Alternate Resolution 503 adopted in lieu of Resolutions 503 and 531.

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

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

Your Reference Committee heard testimony unanimously in support of both of these closely related resolutions. Therefore, your Reference Committee recommends that an alternate Resolution, which is a combination of the asks of the similar and original Resolutions 503 and 531, be adopted in lieu of them.
(10) RESOLUTION 504 – SCREENING, INTERVENTION, AND TREATMENT FOR ADVERSE CHILDHOOD EXPERIENCES

RESOLUTION 526 – TRAUMA-INFORMED CARE RESOURCES AND SETTINGS

RECOMMENDATION:

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

ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA-INFORMED CARE

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

RESOLVED, That our American Medical Association supports:

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

HOD ACTION: Resolution 504 adopted in lieu of Resolutions 504 and 526.

Resolution 504 asks that our American Medical Association (AMA) support efforts for data collection, research and evaluation of Adverse Childhood Experiences (ACEs), cost-effective ACE screening tools without additional burden for physicians, and effective interventions, treatments and support services necessary for a positive screening practice in pediatric and adult populations, that our AMA support efforts to educate physicians about the facilitators, barriers and best practices for providers implementing ACE screening and trauma-informed care approaches into a clinical setting, and that our AMA support additional funding sources
for schools, behavioral and mental health services, professional groups, community and
government agencies to support children and adults with ACEs.

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

Your Reference Committee heard overwhelmingly supportive testimony for both Resolution
504 and Resolution 526. Many commenters noted the relationship between ACEs and trauma
informed care. Many also commented that trauma is both physical and emotional and can
occur throughout the lifespan of a patient. Physician testimony noted a need for clarification
of the term “trauma-informed care.” Your Reference Committee notes the phrase is an
accepted term referring to the organizational structure and treatment framework involving the
understanding, recognizing, and responding to the effects of all types of trauma, including
physical, psychological and emotional safety. Because of the closely related ideas in these
resolutions, your Reference Committee recommends that an alternate Resolution that
combines concepts into a comprehensive policy be adopted in lieu of Resolution 504 and
Resolution 526.
(11) RESOLUTION 508 – BENZODIAZEPINE AND OPIOID
WARNING

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

RECOMMENDATION D:

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

CONCOMITANT USE OF BENZODIAZEPINES AND OPIOIDS

HOD ACTION: Resolution 508 adopted as amended with a
change in title.

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

Your Reference Committee heard testimony largely in favor of this resolution as amended.
Evidence from authoritative sources was brought up in testimony and illustrated the significant
risks of concurrent benzodiazepine and opioid use. These risks include dramatic increase in
the risk of opioid related overdose, dependence, and other adverse events. Research and
reports from the National Institute on Drug Abuse and the Substance Abuse and Mental Health
Services Administration confirming these dangers and increases in benzodiazepine-related
emergency visits was discussed and considered. The FDA black box warnings on benzodiazepine medications was noted in considering this Resolution. Evidence was discussed that overall, benzodiazepine prescribing as well as concomitant benzodiazepine and opioid use has been increasing. Testimony noted that increased risks apply in legitimately prescribed combinations of these drugs as well. Increased physician and public awareness on the risks of benzodiazepine and opioid combing is warranted in the interest of public health. Therefore, your Reference Committee recommends that Resolution 508 be adopted as amended.

(12) RESOLUTION 510 – THE INTRACRANIAL HEMORRHAGE ANTICOAGULATION REVERSAL (ICAR) INITIATIVE

RECOMMENDATION A:

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

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

RECOMMENDATION: B

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

HOD ACTION: Resolution 510 adopted as amended.

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

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

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

RESOLVED, That our American Medical Association (AMA) encourages as best practice the disclosure to cancer and other patients of risks to fertility when gonadotoxicity due to cancer treatment is used, a possibility (New HOD Policy)

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

RECOMMENDATION D:

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

DISCLOSURE OF RISK TO FERTILITY WITH GONADOTOXIC TREATMENT

HOD ACTION: Resolution 512 adopted as amended with a change in title.

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

Your Reference Committee heard testimony in strong support of this resolution. It was noted that existing guidelines support fertility counseling for at-risk patients in advance of treatment, including for cancer patients. It was also noted that this principle may be applicable for other indications such as transplantation and the use of non-oncologic systemic agents that pose a
risk of gonadotoxicity. A change in title was proposed to broaden the resolution to apply to additional conditions beyond cancer, and to ensure no overemphasis for certain age groups. Amendments were proposed to emphasize that disclosure is best practice and that education should be ongoing, along with broadening to patients with other conditions. Testimony from NIH and USPHS supported amendments. Therefore, your Reference Committee recommends that Resolution 512 be adopted as amended with a change in title, to support disclosure of risks to fertility for all at risk patients.

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

HOD ACTION: Resolution 513 adopted as amended.

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

Your Reference Committee heard testimony in strong support of this resolution. Testimony noted that a recent report documented higher rates of infertility among service women in a small study. Investigators who are actively researching this topic note the need for continued and additional work to understand the issue. An amendment was proposed to “support” instead of “advocate” for the research as clarification, given the role of the military and Congress in funding the research. Therefore, your Reference Committee recommends that Resolution 513 be adopted as amended.
RESOLUTION 514 – OPIOID ADDICTION

RECOMMENDATION A:

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

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

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

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

RECOMMENDATION F:

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

PAIN MANAGEMENT FOLLOWING CAESAREAN BIRTH

HOD ACTION: Resolution 514 be adopted as amended with a change in title.

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

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

Policy recommended for reaffirmation:

H-420.962, “Perinatal Addiction - Issues in Care and Prevention”

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

(16) RESOLUTION 515 – REVERSING OPIOID EPIDEMIC

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RECOMMENDATION C:

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

EDUCATION ON SEX-BASED RESPONSE TO OPIOIDS

HOD ACTION: Resolution 515 be adopted as amended with a
change in title.

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

Your Reference Committee heard testimony in favor of adopting this resolution based on
evidence of sex-based differences in women’s response to opioids, issues of co-morbid
conditions, and risk for opioid use disorder. Testimony and evidence presented related to sex-
based responses to pain, co-morbid conditions, and that interventions for women should be
based on the current sex-based research. Incongruency of the resolution and the title was
noted and testimony was heard supporting changing the title of the resolution. Therefore, your
Reference Committee recommends that Resolution 515 be adopted as amended with a
change in title.
(17) RESOLUTION 516 – ALCOHOL CONSUMPTION AND HEALTH

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RECOMMENDATION C:

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

HOD ACTION: Resolution 516 adopted as amended.

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

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

Your Reference Committee heard testimony largely in support of this resolution. The connection between alcohol as a modifiable risk factor and cancer is well established, a public health need exists to communicate this risk to patients, but this is not covered by existing AMA policy. Therefore, your Reference Committee recommends that Resolution 516 be adopted as amended.
RESOLUTION 517 – COMPOUNDING

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

HOD ACTION: Resolution 517 Resolve 1 and 3 adopted as amended.

The following additional Resolve in lieu of deleted Resolution 517 Resolve 2 referred for decision:

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

Resolution 517 asks that our American Medical Association (AMA) provide a 50-state analysis of state law requirements governing in-office preparation of medications in physicians’ offices, including which states have adopted USP Chapter 797 and how compounding is defined by state law, that our AMA oppose any state medical board action to delegate authority or oversight of physicians preparing medications in physicians’ offices to another regulatory body.
(e.g., state pharmacy board), and that our AMA work with medical specialty societies to
preserve a physician’s ability to prepare medications in physicians’ offices and be able to do
so without being subject to unreasonable and burdensome equipment and process
requirements.

Your Reference Committee heard mixed testimony on this resolution. Testimony noted that
there is a need to better understand state law governing compounding which is addressed by
Resolve one. Additional testimony noted that there might be a risk that physician ability to
prepare medication may be impacted due to such legislation and additional understanding is
necessary. USP provided strong testimony highlighting its ongoing collaboration with the
AMA, dermatology associations, and physicians in the revision of <797> which was published
on June 1, 2019 and reflects the advancements in science and practice as well as the input
from patients, health care practitioners, policymakers, academicians, and industry to ensure
and maintain patient safety and access to quality of medicine. Your Reference Committee
believes that the intent of Resolve two is unclear as it assumes that medical boards proactively
delagate authority on this issue as opposed to pharmacy boards assuming it. Therefore, your
Reference Committee recommends that Resolution 517 be adopted as amended.
RESOLUTION 520 – SUBSTANCE USE DURING PREGNANCY

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RECOMMENDATION C:

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

HOD ACTION: Resolution 520 adopted as amended and Policy H-95.985 reaffirmed.

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

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

Your Reference Committee heard testimony largely in favor of this amendment to AMA policy. Testimony noted that substance use disorder should be seen primarily as a disease and that the focus should be on proper assessment and treatment for the patient and not on criminality. Also noted was the idea that a single drug test does not provide conclusive evidence of substance use disorder or child abuse or neglect; this concept is addressed in current policy.
Therefore, your Reference Committee recommends that Resolution 520 should be adopted as amended and Policy H-95.985 reaffirmed.

Policy recommended for reaffirmation:

H-95.985, “Drug Testing”

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

1. Due to the limited specificity of the inexpensive and widely available non-instrumented devices such as point-of-care drug testing devices, acceptable clinical drug testing programs should include the ability to access highly specific, analytically acceptable confirmation techniques, which definitively establish the identities and quantities of drugs, in order to further analyze results from presumptive testing methodologies. Physicians should consider the value of data from non-confirmed preliminary test results, and should not make major clinical decisions without using confirmatory methods to provide assurance about the accuracy of the clinical data.

2. Results from drug testing programs can yield accurate evidence of prior exposure to drugs. Drug testing does not provide any information about pattern of use of drugs, dose of drugs taken, physical dependence on drugs, the presence or absence of a substance use disorder, or about mental or physical impairments that may result from drug use, nor does it provide valid or reliable information about harm or potential risk of harm to children or, by itself, provide indication or proof of child abuse, or neglect or proof of inadequate parenting.

3. Before implementing a drug testing program, physicians should: (a) understand the objectives and questions they want to answer with testing; (b) understand the advantages and limitations of the testing technology; (c) be aware of and educated about the drugs chosen for inclusion in the drug test; and (d) ensure that the cost of testing aligns with the expected benefits for their patients. Physicians also should be satisfied that the selection of drugs (analytes) and subjects to be tested as well as the screening and confirmatory techniques that are used meet the stated objectives.

4. Since physicians often are called upon to interpret results, they should be familiar with the disposition characteristics of the drugs to be tested before interpreting any results. If interpretation of any given result is outside of the expertise of the physician, assistance from appropriate experts such as a certified medical review officer should be pursued.
RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

HOD ACTION: Resolution 522 adopted as amended.

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

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

Your Reference Committee heard unanimously supportive testimony for this Resolution with several requests for amending language that singles out men who have sex men and asks for it to be replaced with language that does not single out one group but focuses instead on individual risk factors. Testimony from the GLMA and others supported this change in language. Several commenters noted that the current evidence base does not support the current deferral period. Others noted that the current deferral period relies on categories rather than assessing an individual’s risk for HIV infection and potential transmission. The committee also recommended the use of evidence that includes, but is not limited to, only scientific literature when assessing blood and tissue donation policies. Therefore, your Reference Committee recommends that Resolution 522 be adopted as amended.
(21) RESOLUTION 525 – SUPPORT FOR ROOMING-IN OF
NEONATAL ABSTINENCE SYNDROME PATIENTS WITH
THEIR PARENTS

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

HOD ACTION: Resolution 525 adopted as amended.

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

Your Reference Committee heard testimony largely in support of the intent of this Resolution. However, several commenters noted that some of the language in the original Resolution was too prescriptive, and others noted that tools are available and should be utilized in the management of patients with NAS. Therefore, your Reference Committee agrees that risk stratification tools can be useful for physicians when managing patients with NAS and recommends that Resolution 525 be adopted as amended.
RESOLUTION 527 – INCREASING THE AVAILABILITY OF BLEEDING CONTROL SUPPLIES

RECOMMENDATION A:

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

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

H-130.935, “Support for Hemorrhage Control Training”
(1) Our AMA encourages state medical and specialty societies to promote the training of both lay public and professional responders in essential techniques of bleeding control.
(2) Our AMA encourages, through state medical and specialty societies, the inclusion of hemorrhage control kits (including pressure bandages, hemostatic dressings, tourniquets and gloves) for all first responders.
(3) Our AMA supports the increased availability of bleeding control supplies with adequate and relevant training in schools, places of employment, and public buildings.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 527 be adopted as amended.

HOD ACTION: Resolution 527 adopted as amended.

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

H-130.935 Support for Hemorrhage Control Training
(4) Our AMA encourages state medical and specialty societies to promote the training of both lay public and professional responders in essential techniques of bleeding control.
(5) Our AMA encourages, through state medical and specialty societies, the inclusion of hemorrhage control kits (including pressure bandages, hemostatic dressings, tourniquets and gloves) for all first responders.
(6) Our AMA supports the increased availability of bleeding control supplies in schools, places of employment, and public buildings.

Your Reference Committee heard overwhelming supportive testimony for the Resolution. Commenters noted the significant need for relevant civilian preparedness to address bleeding incidences, the “Stop the Bleed” campaign, and the need for adequate education on effective
tourniquet usage citing the phrase “turn it til it hurts.” The original resolution did not specify the need for adequate education on tourniquet usage. Therefore, your Reference Committee recommends that Resolution 527 be adopted as amended.

(23) **RESOLUTION 529 – ADVERSE IMPACTS OF DELAYING THE IMPLEMENTATION OF PUBLIC HEALTH REGULATIONS**

**RECOMMENDATION A:**

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

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

**RECOMMENDATION B:**

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

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

**RECOMMENDATION C:**

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

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

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

Testimony was largely supportive of this resolution and noted that delays in enforcement of environmental and health regulations could have an adverse effect on public health, particularly for vulnerable populations. Testimony proposed an amendment to strike Resolve
1, which was considered much broader, and not reflective of the title of the amendment. In addition, testimony expressed concern over the focus on analysis, and it was pointed out that other groups are already analyzing the impact of these delays. Therefore, your Reference Committee recommends that Resolution 529 be adopted as amended.

(24) RESOLUTION 518 – CHEMICAL VARIABILITY IN PHARMACEUTICAL PRODUCTS

RECOMMENDATION:

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

HOD ACTION: Resolution 518 referred for report back at the 2020 Annual Meeting.

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

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

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

RECOMMENDATION:

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

HOD ACTION: Resolution 507 referred for decision.

Resolution 507 asks that our American Medical Association (AMA) adopt as policy and urge, as appropriate, the prevention of ethylene oxide emissions and substitution of ethylene oxide with less toxic sterilization alternatives that are currently available, including hydrogen peroxide, steam, and other safer alternatives, which do not release carcinogens into the workplace or community air and allow no residual exposures to the patient and that our AMA adopt as policy and urge that when health care facilities are evaluating surgical and medical devices that require sterilization, in addition to effectiveness of the device for best patient
outcomes, that facilities also be required to prioritize the modes of sterilization for the highest
degree of worker and environmental safety.

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

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

RECOMMENDATION:

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

HOD ACTION: Resolution 530 adopted as amended.

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

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

Your Reference Committee heard testimony supportive of the concepts noted in this
Resolution, but also heard calls for clarification of the ask of the Resolution since the title and
text are incongruent. To include naloxone training in BLS, the American Heart Association
would need to change their training and certification requirements; currently, many free
naloxone training programs exist. It was also noted that logistic issues are associated with the
inclusion of naloxone in first-aid kits due to storage and stability issues related to heat and
light exposure. Additionally, the need for the FDA to regulate this practice and approve over-
the-counter availability of a naloxone product that would be suitable for placement in a public
setting or first-aid kit should be addressed. Your Reference Committee commends the intent
of this resolution and welcomes future Resolutions with clarified language on this topic.
Therefore, your Reference Committee recommends that Resolution 530 not be adopted.
(27) RESOLUTION 505 – GLYPHOSATE STUDIES

RECOMMENDATION:

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


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

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

Policies recommended for reaffirmation:

H-135.942, “Modern Chemicals Policies”

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

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

Our AMA will (1) advocate for greater public and private funding for research into the environmental causes of disease, and urge the National Academy of Sciences to undertake an authoritative analysis of environmental causes of disease; (2) ask the steering committee of the Medicine and Public Health Initiative Coalition to consider environmental contributors to disease as a priority public health issue; and (3) lobby Congress to support ongoing initiatives that include reproductive health outcomes and
development particularly in minority populations in Environmental Protection Agency Environmental Justice policies.
Madam Speaker, this concludes the report of Reference Committee E. I would like to thank William Bowman, MD, Wayne C. Hardwick, MD, Shane Hopkins, MD, Shawn C. Jones, MD, Nancy L. Mueller, MD, Raymond Wynn, MD, and all those who testified before the Committee as well as our AMA staff.

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