

## Handbook Review: HOD Reference Committee D (Public Health)

Full text at <https://www.ama-assn.org/system/files/2019-05/a19-refcomm-d.pdf>. Recommended positions should be considered preliminary until ratified.

Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-WPS recommended position
BOT Report 11: Policy and Economic Support for Early Child Care (Resolution 416-A-17)	<p>RECOMMENDATIONS</p> <p>Therefore, the Board of Trustees recommends that the following be adopted in lieu of Resolution 416-A-17 and the remainder of this report be filed.</p> <ol style="list-style-type: none"><li>1. That our AMA reaffirm Policy H-440.823, which recognizes the public health benefits of paid sick leave and other discretionary paid time off, and supports employer policies that allow employees to accrue paid time off and to use such time to care for themselves or a family member. (Reaffirm HOD Policy)</li><li>2. That our AMA encourage employers to offer and/or expand paid parental leave policies. (New HOD Policy)</li><li>3. That our AMA encourage state medical associations to work with their state legislatures to establish and promote paid parental leave policies. (New HOD Policy).</li><li>4. That our AMA advocate for improved social and economic support for paid family leave to care for newborns, infants and young children (New HOD Policy).</li><li>5. That our AMA advocate for federal tax incentives to support early child care and unpaid child care by extended family members (New HOD Policy).</li></ol> <p>Fiscal Note: Less than \$500.</p>	Active Support
BOT Report 16: Developing Sustainable Solutions to Discharge of Chronically-Homeless Patients (Resolution 826-I-18)	<p>RECOMMENDATIONS</p> <p>The Board of Trustees recommends that the following be adopted in lieu of Resolution 826-I-18 and that the remainder of the report be filed:</p> <ol style="list-style-type: none"><li>1. That our American Medical Association partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of homeless patients and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians' role therein, in addressing these needs. (Directive to Take Action)</li></ol>	Support

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	<ol style="list-style-type: none"><li>2. That our AMA encourage the development of holistic, cost-effective, evidence-based discharge plans for homeless patients who present to the emergency department but are not admitted to the hospital. (New HOD Policy)</li><li>3. That our AMA encourage the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social service organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of homeless patients. (New HOD Policy)</li><li>4. That our AMA reaffirm Policy H-160.903, Eradicating Homelessness, which "supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost-effective approaches which recognize the positive impact of stable and affordable housing coupled with social services." (Reaffirm HOD Policy)</li><li>5. That our AMA reaffirm Policy H-160.978, The Mentally Ill Homeless, which states that "public policy initiatives directed to the homeless, including the homeless mentally ill population, should...[promote] care that is sensitive to the overriding needs of this population for food, clothing, and residential facilities." (Reaffirm HOD Policy)</li><li>6. That our AMA reaffirm Policy H-160.942, Evidence-Based Principles of Discharge and Discharge Criteria, which "calls on physicians, specialty societies, insurers, and other involved parties to join in developing, promoting, and using evidence-based discharge criteria that are sensitive to the physiological, psychological, social, and functional needs of patients." (Reaffirm HOD Policy)</li><li>7. That our AMA reaffirm Policy H-130.940, Emergency Department Boarding and Crowding, which "supports dissemination of best practices in reducing emergency department boarding and crowding." (Reaffirm HOD Policy)</li><li>8. That our AMA reaffirm Policy H-270.962, Unfunded Mandates, which "vigorously opposes any unfunded mandates on physicians." (Reaffirm HOD Policy)</li></ol> <p>Fiscal Note: \$5,000</p>	
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<b>BOT Report 28: Opposition to Measures that Criminalize Homelessness (Resolution 410-A-18)</b>	<b>RECOMMENDATIONS</b>  The Board of Trustees recommends that the following statements be adopted in lieu of Resolution 410-A-18 and the remainder of the report be filed.  1. That our American Medical Association: (1) supports laws protecting the civil and human rights of individuals experiencing homelessness and (2) opposes laws and policies that criminalize individuals experiencing homelessness for carrying out life-sustaining activities conducted in public spaces that would otherwise be considered non-criminal activity (i.e., eating, sitting, or sleeping) when there is no alternative private space available. (New HOD Policy)  2. That our AMA recognizes that stable, affordable housing is essential to the health of individuals, families, and communities, and supports policies that preserve and expand affordable housing across all neighborhoods. (New HOD Policy)  3. That our AMA reaffirm Policy H-160.903, "Eradicating Homelessness" Our American Medical Association: (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services; (2) recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless; (3) recognizes adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address this societal problem on a long-term basis; (4) recognizes the need for an effective, evidence-based national plan to eradicate homelessness; and (5) encourages the National Health Care for the Homeless Council to study the funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons. (Reaffirm Current HOD Policy)  Fiscal Note: less than \$500	<b>Active Support</b>
<b>BOT Report 29: Improving Safety and Health Code Compliance in School Facilities (Resolution 413-A-18)</b>	<b>RECOMMENDATIONS</b>  The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 413-A-18 and that the remainder of this report be filed.  1. That our AMA adopt the following new policy:	<b>Support</b>

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	<p>“Environmental Health and Safety in Schools” Our AMA supports the adoption of standards in schools that limit harmful substances from school facility environments, ensure safe drinking water, and indoor air quality, and promote childhood environmental health and safety in an equitable manner. (New HOD Policy)</p> <p>2. That the following policies be reaffirmed: H-135.928, “Safe Drinking Water,” and H-135.998, “AMA Position on Air Pollution.” (Reaffirm HOD Policy)</p> <p>Fiscal Note: less than \$500</p>	
CSAPH Report 3: Low Nicotine Product Standard (Resolution 431-A-18)	<p>RECOMMENDATION</p> <p>The Council on Science and Public Health recommends that the following be adopted in lieu of Resolution 431-A-18 and the remainder of the report be filed:</p> <p>1. That AMA Policy H-495.988, “FDA Regulation of Tobacco Products” be amended by addition to read as follows:</p> <p>1. Our AMA: (A) acknowledges that all tobacco products (including but not limited to, cigarettes, smokeless tobacco, chewing tobacco, and hookah/water pipe tobacco) are harmful to health, and that there is no such thing as a safe cigarette; (B) recognizes that currently available evidence from short-term studies points to electronic cigarettes as containing fewer toxicants than combustible cigarettes, but the use of electronic cigarettes is not harmless and increases youth risk of using combustible tobacco cigarettes; (C) encourages long-term studies of vaping (the use of electronic nicotine delivery systems) and recognizes that complete cessation of the use of tobacco and nicotine-related products is the goal; (D) asserts that tobacco is a raw form of the drug nicotine and that tobacco products are delivery devices for an addictive substance; (E) reaffirms its position that the Food and Drug Administration (FDA) does, and should continue to have, authority to regulate tobacco products, including their manufacture, sale, distribution, and marketing; (F) strongly supports the substance of the August 1996 FDA regulations intended to reduce use of tobacco by children and adolescents as sound public health policy and opposes any federal legislative proposal that would weaken the proposed FDA regulations; (G) urges Congress to pass legislation to phase in the production of less hazardous and less toxic tobacco, and to authorize the FDA have broad-based powers to regulate tobacco products; (H) encourages the FDA and other appropriate agencies to conduct or fund research on how</p>	Support

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	<p>tobacco products might be modified to facilitate cessation of use, including elimination of nicotine and elimination of additives (e.g., ammonia) that enhance addictiveness; and (I) strongly opposes legislation which would undermine the FDA's authority to regulate tobacco products and encourages state medical associations to contact their state delegations to oppose legislation which would undermine the FDA's authority to regulate tobacco products.</p> <p>2. Our AMA: (A) supports the US Food and Drug Administration (FDA) as it takes an important first step in establishing basic regulations of all tobacco products; (B) strongly opposes any FDA rule that exempts any tobacco or nicotine-containing product, including all cigars, from FDA regulation; and (C) will join with physician and public health organizations in submitting comments on FDA proposed rule to regulate all tobacco products.</p> <p>3. Our AMA: (A) will continue to monitor the FDA's progress towards establishing a low nicotine product standard for tobacco products and will submit comments on the proposed rule that are in line with the current scientific evidence and (B) recognizes that rigorous and comprehensive post-market surveillance and product testing to monitor for unintended tobacco use patterns will be critical to the success of a nicotine reduction policy. (Modify Current HOD Policy)</p> <p>2. That American Medical Association Policy H-495.972, "Electronic Cigarettes, Vaping, and Health" be reaffirmed. (Reaffirm HOD Policy)</p> <p>Fiscal Note: Less than \$500.</p>	
CSAPH Report 4: Vector-borne Diseases (Resolution 430-A-18, first and second Resolves)	<p><b>RECOMMENDATION</b></p> <p>The Council recommends that the following statements be adopted in lieu of Resolution 403-A-18, and the remainder of the report be filed.</p> <p>1. That Policy H-440.820, "Vector-Borne Diseases," be amended by addition and deletion to read as follows:</p> <p>H-440.820 Vector-Borne Diseases Due to the increasing threat and limited capacity to respond to vector-borne diseases, <del>Our our AMA supports and will advocate for local, state and national research, education, reporting and tracking on vector-borne diseases.</del> <u>(1) Improved surveillance for vector-borne diseases to better understand the geographic distribution of infectious vectors and where people are at risk;</u></p>	<b>Active Support</b>

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	<p><u>(2) The development and funding of comprehensive and coordinated vector-borne disease prevention and control programs at the state and local level;</u></p> <p><u>(3) Investments that strengthen our nation's public health infrastructure and the public health workforce;</u></p> <p><u>(4) Education and training for health care professionals and the public about the risk of vector-borne diseases and prevention efforts as well as the dissemination of available information;</u></p> <p><u>(5) Research to develop new vaccines, diagnostics, and treatments for existing and emerging vector-borne diseases, including Lyme disease;</u></p> <p><u>(6) Research to identify novel methods for controlling vectors and vector-borne diseases; and</u></p> <p><u>(7) Increased and sustained funding to address the growing burden of vector-borne diseases in the United States.</u> (Modify Current HOD Policy)</p> <p>2. That Policy H-135.938, "Global Climate Change and Human Health" and Policy, D-440.940, "Global Tracking System of Zoonotic Diseases," be reaffirmed. (Reaffirm HOD Policy)</p> <p>Fiscal Note: Less than \$500.</p>	
<p>Resolution 401: Support Pregnancy Intention Screenings to Improve the Discussion of Pregnancy Intention, Promote Preventive Reproductive Health Care and Improve Community Health Outcomes by Helping Women Prepare for Healthy Pregnancies and Prevent Unintended Pregnancies</p> <p>Introduced by: Oregon</p>	<p>RESOLVED, That our American Medical Association support the use of pregnancy intention screening, such as One Key Question®, PATH, or the Centers for Disease Control and Prevention (CDC) reproductive life planning, as part of routine well care and recommend it be built in electronic health records so that providers can document intention screening and services provided based on a woman's response. (New HOD Policy)</p> <p>Fiscal Note: Minimal – less than \$1,000.</p>	<p><b>Active Support</b></p>
<p>Resolution 402: Bullying in the Practice of Medicine</p> <p>Introduced by: Young Physicians Section</p>	<p>RESOLVED, That our American Medical Association help establish a clear definition of professional bullying, establish prevalence and impact of professional bullying, and establish guidelines for prevention of professional bullying with a report back at the 2020 Annual Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Minimal – less than \$1,000.</p>	<p><b>Active Support</b></p>

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<p>Resolution 403: White House Initiative on Asian Americans and Pacific Islanders</p> <p>Introduced by: Young Physicians Section</p>	<p>RESOLVED, That our American Medical Association advocate for restoration of webpages on the Asian American and Pacific Islander (AAPI) initiative (similar to those from prior administrations) that specifically address disaggregation of health outcomes related to AAPI data (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA support the disaggregation of data regarding AAPIs in order to reveal the AAPI ethnic subgroup disparities that exist in health outcomes (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA support the disaggregation of data regarding AAPIs in order to reveal the AAPI ethnic subgroup disparities that exist in representation in medicine, including but not limited to leadership positions in academic medicine (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA report back at the 2020 Annual Meeting on the issue of disaggregation of data regarding AAPIs (and other ethnic subgroups) with regards to the ethnic subgroup disparities that exist in health outcomes and representation in medicine, including leadership positions in academic medicine. (Directive to Take Action)</p> <p>Fiscal Note: Minimal – less than \$1,000.</p>	<p>Support</p>
<p>Resolution 404: Shade Structures in Public and Private Planning and Zoning Matters</p> <p>Introduced by: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, American Academy of Dermatology, Society for Investigative Dermatology, American Society of Dermatopathology</p>	<p>RESOLVED, That our American Medical Association support sun shade structures (such as awnings, gazebos and other structures providing shade) in the planning of public and private spaces, as well as in zoning matters and variances in recognition of the critical importance of sun protection as a public health measure. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Support</p>
<p>Resolution 405: Gun Violence Prevention: Safety Features</p> <p>Introduced by: California</p>	<p>RESOLVED, That our American Medical Association advocate for gun safety features, including but not limited to mechanical or smart technology, to reduce accidental discharge of a firearm or misappropriation of the weapon by a non-registered user; and support legislation and regulation to standardize the use of these gun safety features on weapons sold for non-military and non-police officer use within the U.S.; with the</p>	<p><b>Active Support</b></p>



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	aim of establishing manufacturer liability for the absence of safety features on newly manufactured guns. (Directive to Take Action)  Fiscal Note: Minimal - less than \$1,000.	
Resolution 406: Reduction in Consumption of Processed Meats  Introduced by: California	RESOLVED, That our American Medical Association support reduction of processed meat consumption, especially for patients diagnosed or at risk for coronary artery disease, type 2 diabetes and colorectal cancer (New HOD Policy); and be it further  RESOLVED, That our AMA support initiatives to reduce processed meats consumed in public schools, hospitals, food markets and restaurants while promoting healthy alternatives such as a whole foods and plant-based nutrition (New HOD Policy); and be it further  RESOLVED, That our AMA support public awareness of the risks of processed meat consumption, including research that better defines the health risks imposed by different methods of meat processing (New HOD Policy); and be it further  RESOLVED, That our AMA support educational programs for health care professionals on the risks of processed meat consumption and the benefits of healthy alternatives. (New HOD Policy)  Fiscal Note: Minimal - less than \$1,000.	Active Support
Resolution 407: Evaluating Autonomous Vehicles as a Means to Reduce Motor Vehicle Accidents  Introduced by: California	RESOLVED, That our American Medical Association monitor the development of autonomous vehicles, with particular focus on the technology's impact on motor vehicle related injury and death (Directive to Take Action); and be it further  RESOLVED, That our AMA promote driver, pedestrian, and general street and traffic safety as key priorities in the development of autonomous vehicles. (Directive to Take Action)  Fiscal Note: Modest - between \$1,000 - \$5,000.	Monitor
Resolution 408: Banning Edible Cannabis Products  Introduced by: Illinois	RESOLVED, That our American Medical Association adopt policy supporting a total ban on recreational edible cannabis products (New HOD Policy); and be it further  RESOLVED, That our AMA support or cause to be introduced legislation to ban all recreational edible cannabis products. (Directive to Take Action)  Fiscal Note: Modest - between \$1,000 - \$5,000.	Monitor



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Resolution 409: Addressing the Vaping Crisis  Introduced by: New York	RESOLVED, That our American Medical Association advocate to the Food and Drug Administration that vaping devices should be available only by prescription for smokers who are trying to quit smoking. (Directive to Take Action)  Fiscal Note: Minimal - less than \$1,000.	Support
Resolution 410: Reducing Health Disparities Through Education  Introduced by: New York	RESOLVED, That our American Medical Association work with the Health and Human Services Department (HHS) and Department of Education (DOE) to raise awareness about the health benefits of education (Directive to Take Action); and be it further  RESOLVED, That our AMA work with HHS and DOE to establish a meaningful health curriculum (including nutrition) for grades kindergarten through 12 which is required for high school graduation (Directive to Take Action); and be it further  RESOLVED, That our AMA work nationally toward the same goals and strategies to reduce health disparities. (Directive to Take Action)  Fiscal Note: Modest - between \$1,000 - \$5,000.	Support
Resolution 411: AMA to Analyze Benefits / Harms of Legalization of Marijuana  Introduced by: New York	RESOLVED, That our American Medical Association review pertinent data from those states that have legalized marijuana. (Directive to Take Action)  Fiscal Note: Modest - between \$1,000 - \$5,000.	Support
Resolution 412: Regulating Liquid Nicotine and E-Cigarettes  Introduced by: New York	RESOLVED, That our American Medical Association seek legislation or regulations that limit higher concentration nicotine salts (greater than 10mg) in nicotine vaping pods and restrict bulk sale of vaping products and associated paraphernalia. (Directive to Take Action)  Fiscal Note: Modest - between \$1,000 - \$5,000.	Support
Resolution 413: End the Epidemic of HIV Nationally  Introduced by: New York	RESOLVED, That our American Medical Association advocate that the federal budget include provisions to End the HIV epidemic and that such a plan be structured after New York State's EtE 2020 or other similar state programs. (Directive to Take Action)  Fiscal Note: Minimal - less than \$1,000.	Support
Resolution 414: Patient Medical Marijuana Use in Hospitals  Introduced by: Oklahoma	RESOLVED, That our American Medical Association offer guidance to medical staffs regarding patient use of non-US Food and Drug Administration approved medical marijuana and cannabinoids on hospital property, including product use, storage in	Monitor

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	<p>patient rooms, nursing areas and/or pharmacy, with report back to the House of Delegates at the 2019 Interim Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	
<p>Resolution 415: Distracted Driver Legislation</p> <p>Introduced by: Oklahoma</p>	<p>RESOLVED, That our American Medical Association actively lobby for federal legislation to decrease distracted driving injuries and fatalities by banning the use of electronic communication such as texting, taking photos or video and posting on social media while operating a motor vehicle; (Directive to Take Action) and be it further</p> <p>RESOLVED, That our AMA actively lobby for federal legislation to require automobile manufacturers to integrate hands-free technology into new automobiles. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	Support
<p>Resolution 416: Non-Medical Exemptions from Immunizations</p> <p>Introduced by: Oklahoma</p>	<p>RESOLVED, That our American Medical Association actively advocate for federal legislation that incentivizes states to eliminate non-medical exemptions to mandated pediatric immunizations. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	Active Support
<p>Resolution 417: Improved Health in the United States Prison System through Hygiene and Health Educational Programming for Inmates and Prison Staff</p> <p>Introduced by: Pennsylvania</p>	<p>RESOLVED, That our American Medical Association collaborate with state medical societies to emphasize the importance of hygiene and health literacy information sessions for both inmates and staff in state and local prison systems. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	Support
<p>Resolution 418: Eliminating the Death Toll from Combustible Cigarettes</p> <p>Introduced by: Washington</p>	<p>RESOLVED, That our American Medical Association study and report on the conditions under which our country could successfully eliminate the manufacture, distribution, and sale of combustible cigarettes and other combustible tobacco products at the earliest feasible date. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	Support
<p>Resolution 419: Universal Access for Essential Public Health Services</p> <p>Introduced by: Washington</p>	<p>RESOLVED, That our American Medical Association study the options and/or make recommendations regarding the establishment of:</p> <p>1. A list of all essential public health services that should be provided in every jurisdiction in the United States.</p>	Active Support

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	<p>2. A federal data system that can capture the amount of federal, state, and local public health capabilities and spending that occurs in every jurisdiction to assure that their populations have universal access to all essential public health services.</p> <p>3. A federal data system that can capture actionable evidence-based outcomes data from public health activities in every jurisdiction (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA prepare and publicize annual reports on current efforts and progress to achieve universal access to all essential public health services. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	
<p>Resolution 420: Coordinating Correctional and Community Healthcare</p> <p>Introduced by: Resident and Fellow Section</p>	<p>RESOLVED, That our American Medical Association support linkage of those incarcerated to community clinics upon release in order to accelerate access to primary care and improve health outcomes among this vulnerable patient population, as well as adequate funding (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA support the collaboration of correctional health workers and community health care providers for those transitioning from a correctional institution to the community. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<b>Active Support</b>
<p>Resolution 421: Contraception for Incarcerated Women</p> <p>Introduced by: Resident and Fellow Section</p>	<p>RESOLVED, That our American Medical Association support incarcerated persons' access to evidence-based contraception counseling, access to all contraceptive methods and autonomy over contraceptive decision-making prior to release. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<b>Active Support</b>
<p>Resolution 422: Promoting Nutrition Education Among Healthcare Providers</p> <p>Introduced by: Resident and Fellow Section</p>	<p>RESOLVED, That American Medical Association Policy H-150.995, "Basic Courses in Nutrition," be reaffirmed (Reaffirm HOD Policy); and be it further</p> <p>RESOLVED, That AMA Policy H-150.953, "Obesity as a Major Public Health Problem," be reaffirmed. (Reaffirm HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<b>Support</b>

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<p>*Resolution 423: Mandatory Immunizations for Asylum Seekers</p> <p>Introduced by: American Academy of Pediatrics</p>	<p>RESOLVED, That our American Medical Association call for asylum seekers to receive medically-appropriate vaccinations upon presentation for asylum regardless of country of origin. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	<p><b>Active Support with Amendment</b></p>
<p>*Resolution 424: Physician Involvement in State Regulations of Motor Vehicle Operation and/or Firearm Use by Individuals with Cognitive Deficits Due to Traumatic Brain Injury</p> <p>Introduced by: American Academy of Physical Medicine and Rehabilitation</p>	<p>RESOLVED, That our American Medical Association reaffirm current AMA policy, H-145.999, "Gun Regulation," stating it supports stricter enforcement of current federal and state gun legislation (Reaffirm HOD Policy); and be it further</p> <p>RESOLVED, That our AMA advocate for physician-led committees in each state to give further recommendations to the state regarding driving and/or gun use by individuals who are cognitively impaired and/or a danger to themselves or others. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	<p>Support</p>
<p>*Resolution 425: Distracted Driver Education and Advocacy</p> <p>Introduced by: Georgia</p>	<p>RESOLVED, That our American Medical Association make it a priority to create a national education and advocacy campaign on distracted driving in collaboration with the Centers for Disease Control and other interested stakeholders (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA explore developing an advertising campaign on distracted driving with report back to the House of Delegates at the 2019 Interim Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Estimated cost of \$65,000 to implement resolution.</p>	<p>Support</p>
<p>*Resolution 426: Health Care Accreditation of Correctional, Detention and Juvenile Facilities</p> <p>Introduced by: Minority Affairs Section, American Association of Public Health Physicians</p>	<p>RESOLVED, That our American Medical Association work with an accrediting organization, such as National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA) and others with accreditation expertise, in developing a strategy to accredit all correctional, detention and juvenile facilities (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA advocate that all correctional, detention and juvenile facilities be accredited by a national accrediting organization, such as the NCCHC or ACA, no later than 2025. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	<p>Support</p>

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<p>*Resolution 427: Utility of Autonomous Vehicles for Individuals Who are Visually Impaired or Developmentally Disabled</p> <p>Introduced by: Michigan</p>	<p>RESOLVED, That our American Medical Association work with the National Transportation Safety Board to support physician input on research into the capability of autonomous or “self-driving” vehicles to enable individuals who are visually impaired or developmentally disabled to benefit from autonomous vehicle technology. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	<p>Support</p>
<p>*Resolution 428: Dangers of Vaping</p>	<p>RESOLVED, That our American Medical Association amend existing policy H-495.986, “Sales and Distribution of Tobacco Products and Electronic Nicotine Delivery Systems (ENDS) and E-cigarettes,” by addition to read as follows:</p> <p>Our AMA:</p> <p>(1) recognizes the use of e-cigarettes and vaping as an urgent public health epidemic and will actively work with the Food and Drug Administration and other relevant stakeholders to counteract the marketing and use of addictive e-cigarette and vaping devices, including but not limited to bans and strict restrictions on marketing to minors under the age of 21 <u>and requirements to include warning labels on all electronic nicotine delivery systems (ENDS)</u>;</p> <p>(2) encourages the passage of laws, ordinances and regulations that would set the minimum age for purchasing tobacco products, including electronic nicotine delivery systems (ENDS) and e-cigarettes, at 21 years <u>and require warning labels on all ENDS</u>, and urges strict enforcement of laws prohibiting the sale of tobacco products to minors;</p> <p>(3) supports the development of model legislation regarding enforcement of laws restricting children's access to tobacco, including but not limited to attention to the following issues: (a) provision for licensure to sell tobacco and for the revocation thereof; (b) appropriate civil or criminal penalties (e.g., fines, prison terms, license revocation) to deter violation of laws restricting children's access to and possession of tobacco; (c) requirements for merchants to post notices warning minors against attempting to purchase tobacco and to obtain proof of age for would-be purchasers; (d) measures to facilitate enforcement; (e) banning out-of-package cigarette sales (“loosies”); <u>and</u> (f) requiring tobacco purchasers and vendors to be of legal smoking age; <u>and</u> (g) requirements for warning labels on all ENDS;</p> <p>(4) requests that states adequately fund the enforcement of the laws related to tobacco sales to minors;</p> <p>(5) opposes the use of vending machines to distribute tobacco products and support ordinances and legislation to ban the use of vending machines for distribution of tobacco products; (6) seeks a ban on the production, distribution, and sale of candy products that depict or resemble tobacco products;</p>	<p>Support</p>

## Handbook Review: HOD Reference Committee D (Public Health)

Full text at <https://www.ama-assn.org/system/files/2019-05/a19-refcomm-d.pdf>. Recommended positions should be considered preliminary until ratified.

Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

	<p>(7) opposes the distribution of free tobacco products by any means and supports the enactment of legislation prohibiting the disbursement of samples of tobacco and tobacco products by mail;</p> <p>(8) (a) publicly commends (and so urges local medical societies) pharmacies and pharmacy owners who have chosen not to sell tobacco products, and asks its members to encourage patients to seek out and patronize pharmacies that do not sell tobacco products; (b) encourages other pharmacists and pharmacy owners individually and through their professional associations to remove such products from their stores; (c) urges the American Pharmacists Association, the National Association of Retail Druggists, and other pharmaceutical associations to adopt a position calling for their members to remove tobacco products from their stores; and (d) encourages state medical associations to develop lists of pharmacies that have voluntarily banned the sale of tobacco for distribution to their members; and</p> <p>(9) opposes the sale of tobacco at any facility where health services are provided; and</p> <p>(10) supports that the sale of tobacco products be restricted to tobacco specialty stores. (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	
<p>*Resolution 429: Support for Children of Incarcerated Parents</p> <p>Introduced by: Medical Student Section</p>	<p>RESOLVED, That our American Medical Association support legislation and initiatives that provide resources and support for children of incarcerated parents. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<b>Active Support</b>
<p>*Resolution 430: Compassionate Release for Incarcerated Patients</p> <p>Introduced by: Medical Student Section</p>	<p>RESOLVED, That our American Medical Association support policies that facilitate compassionate release on the basis of serious medical conditions and advanced age (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA collaborate with appropriate stakeholders to draft model legislation that establishes clear, evidence-based eligibility criteria for timely compassionate release (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA promote transparent reporting of compassionate release statistics, including numbers and demographics of applicants, approvals, denials, and revocations, and justifications for decisions. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	Monitor



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Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

<p>*Resolution 431: Eliminating Recommendations to Restrict Dietary Cholesterol and Fat</p> <p>Introduced by: Medical Student Section</p>	<p>RESOLVED, That our American Medical Association amend Policy H-150.944, "Combating Obesity and Health Disparities," by addition and deletion to read as follows:</p> <p><b>H-150.944 Combating Obesity and Health Disparities</b> Our AMA supports efforts to: (1) reduce health disparities by basing food assistance programs on the health needs of their constituents; (2) provide vegetables, fruits, legumes, grains, vegetarian foods, and healthful dairy and nondairy beverages in school lunches and food assistance programs; and (3) ensure that federal subsidies encourage the consumption of <del>foods and beverages low in fat, added sugars, and cholesterol</del>, healthful foods and beverages. (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Support
<p>*Resolution 432: Decriminalization of Human Immunodeficiency Virus (HIV) Status Non-Disclosure in Virally Suppressed Individuals</p> <p>Introduced by: Medical Student Section</p>	<p>RESOLVED, That our American Medical Association support repealing legislation that criminalizes non-disclosure of Human Immunodeficiency Virus (HIV) status for people living with HIV who have an undetectable viral load. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Monitor
<p>*Resolution 433: Transformation of Rural Community Public Health Systems</p> <p>Introduced by: Nebraska, West Virginia</p>	<p>RESOLVED, That our American Medical Association work with other entities and organizations interested in public health to:</p> <ul style="list-style-type: none"><li>- Identify and disseminate concrete examples of administrative leadership and funding structures that support and optimize local, community-based rural public health</li><li>- Develop an actionable advocacy plan to positively impact local, community-based rural public health including but not limited to the development of rural public health networks, training of current and future rural physicians in core public health techniques and novel funding mechanisms to support public health initiatives that are led and managed by local public health authorities</li><li>- Periodically study efforts to optimize rural public health. (Directive to Take Action)</li></ul> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	Support



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<p>*Resolution 434: Change in Marijuana Classification to Allow Research</p> <p>Introduced by: New Jersey</p>	<p>RESOLVED, That our American Medical Association petition the US Food and Drug Administration / US Drug Enforcement Administration to change the schedule classification of marijuana so that it can be subjected to appropriate research. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	<p>Support</p>
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\*Included in the Handbook Addendum

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