

## Handbook Review: HOD Reference Committee E (Science and Technology)

Full text at <https://www.ama-assn.org/system/files/2019-05/a19-refcomm-e.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
CSAPH 1: CSAPH Sunset Review of 2009 House of Delegates Policies	<p>RECOMMENDATION</p> <p>The Council on Science and Public Health recommends that the House of Delegates policies listed in the Appendix to this report be acted upon in the manner indicated and the remainder of the report be filed. (Directive to Take Action)</p> <p>Fiscal Note: Less than \$500</p>	Monitor
<p>Resolution 501: USP 800</p> <p>Introduced by: Virginia; American Association of Clinical Urologists; American College of Allergy, Asthma and Immunology; Kansas; South Carolina; Louisiana; Maryland</p>	<p>RESOLVED, That our American Medical Association 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</p> <p>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</p> <p>RESOLVED, That our AMA continue its working group, consisting of national specialty organizations, state medical societies and other stakeholders to advocate for such exemptions. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Monitor
<p>Resolution 502: Destigmatizing the Language of Addiction</p> <p>Introduced by: Young Physicians Section</p>	<p>RESOLVED, That our American Medical Association 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 (New HOD Policy); and be it further</p>	Monitor

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	<p>RESOLVED, 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. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	
<p>Resolution 503: Addressing Healthcare Needs of Children of Incarcerated Parents</p> <p>Introduced by: Missouri</p>	<p>RESOLVED, 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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Support
<p>Resolution 504: Screening, Intervention, and Treatment for Adverse Childhood Experiences</p> <p>Introduced by: California</p>	<p>RESOLVED, That our American Medical Association 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 (New HOD Policy); and be it further</p> <p>RESOLVED, 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 (New HOD Policy); and be it further</p> <p>RESOLVED, 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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Monitor
<p>Resolution 505: Glyphosate Studies</p> <p>Introduced by: California</p>	<p>RESOLVED, 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. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Monitor

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<p>Resolution 506: Clarify Advertising and Contents of Herbal Remedies and Dietary Supplements</p> <p>Introduced by: Illinois</p>	<p>RESOLVED, That our American Medical Association work with the National Center for Complementary and Integrative Health (NCCIH), the federal agency responsible for oversight of herbal remedies and dietary supplements, to institute stricter guidelines for advertising and labeling of these products so that consumers will be informed of what they are purchasing (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA support a licensing body through legislation for manufacturers of dietary supplements and herbal remedies, with the requirement that those manufacturers must supply proof that their products have health benefits (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA urge that the increased cost of a stricter NCCIH program on dietary supplements and herbal remedies be paid for by the manufacturers who produce them. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Monitor</p>
<p>Resolution 507: Removing Ethylene Oxide as a Medical Sterilant from Healthcare</p> <p>Introduced by: Illinois</p>	<p>RESOLVED, That our American Medical Association 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 (New HOD Policy); and be it further</p> <p>RESOLVED, 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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Monitor</p>
<p>Resolution 508: Benzodiazepine and Opioid Warning</p> <p>Introduced by: New York</p>	<p>RESOLVED, That our American Medical Association raise the awareness of its members of the increased use of illicit sedative/opioid combinations leading to addiction and overdose death (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA warn members and patients about this public health problem. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Monitor</p>

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<p>Resolution 509: Addressing Depression to Prevent Suicide Epidemic</p> <p>Introduced by: International Medical Graduates Section</p>	<p>RESOLVED, That our American Medical Association collaborate with the Centers for Disease Control and Prevention (CDC), the National Institute of Health (NIH) and other stakeholders to increase public awareness about symptoms, early signs, preventive and readily available therapeutic measures including antidepressants to address depression and suicide; (Directive to Take Action) and be it further</p> <p>RESOLVED, That our AMA work with the CDC, the NIH and encourage other specialty and state medical societies to work with their members to address the epidemic of depression and anxiety disorder and help to prevent death by suicide by promoting services to screen, diagnose and treat depression. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Monitor
<p>Resolution 510: The Intracranial Hemorrhage Anticoagulation Reversal (ICHAR) Initiative</p> <p>Introduced by: Resident and Fellow Section</p>	<p>RESOLVED, 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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Monitor
<p>Resolution 511: Mandating Critical Congenital Heart Defect Screening in Newborns</p> <p>Introduced by: Resident and Fellow Section</p>	<p>RESOLVED, That our American Medical Association support screening for critical congenital heart defects for newborns following delivery prior to hospital discharge. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Monitor
<p>Resolution 512: Fertility Preservation in Pediatric and Reproductive Aged Cancer Patients</p> <p>Introduced by: Resident and Fellow Section</p>	<p>RESOLVED, That our American Medical Association encourage disclosure to cancer patients on risks to fertility when gonadotoxicity due to cancer treatment is a possibility (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA support education for providers who counsel patients that may benefit from fertility preservation. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	Support

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<p><b>Resolution 513: Determining Why Infertility Rates Differ Between Military and Civilian Women</b></p> <p><b>Introduced by: Women Physicians Section</b></p>	<p>RESOLVED, 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. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p><b>Active Support</b></p>
<p>Resolution 514: Opioid Addiction</p> <p>Introduced by: American Medical Women's Association</p>	<p>RESOLVED, That our American Medical Association 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 (Directive to Take Action); and be it further</p> <p>RESOLVED, 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 (Directive to Take Action); and be it further</p> <p>RESOLVED, 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. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	<p><b>Active Support</b></p>
<p>Resolution 515: Reversing Opioid Epidemic</p> <p>Introduced by: American Medical Women's Association</p>	<p>RESOLVED, 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. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	<p><b>Active Support</b></p>

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<p>Resolution 516: Alcohol Consumption and Health</p> <p>Introduced by: American Society of Clinical Oncology</p>	<p>RESOLVED, That our American Medical Association recognize alcohol consumption as well as alcohol abuse as a modifiable risk factor for cancer (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA support research and educational efforts about the connection between alcohol consumption and several types of cancer (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA amend policy H-425.993, "Health Promotion and Disease Prevention," by addition and deletion to read as follows:</p> <p>“... (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 <del>consumption, abuse,</del> particularly that which leads to <del>illness, cancer, and</del> 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...” (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Monitor</p>
<p>*Resolution 517: Compounding</p> <p>Introduced by: American Academy of Dermatology, American Academy of Cosmetic Surgery, American College of Mohs Surgery, American Society for Dermatologic Surgery Association, Society for Investigative Dermatology, American Society of Dermatopathology, Missouri, Florida, American Society of Ophthalmic Plastic and Reconstructive Surgery, American Society for Aesthetic Plastic Surgery, American Academy of Facial Plastic and</p>	<p>RESOLVED, That our American Medical Association 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 (Directive to Take Action); and be it further</p> <p>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</p> <p>RESOLVED, 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. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	<p>Monitor</p>

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<p>Reconstructive Surgery, Wisconsin, South Carolina, American Vein and Lymphatic Society, New York, Utah, International Society of Hair Restoration Surgery</p>		
<p>*Resolution 518: Chemical Variability in Pharmaceutical Products</p> <p>Introduced by: American College of Cardiology</p>	<p>RESOLVED, That our American Medical Association 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 (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA advocate for legislation requiring independent testing and verification of the chemical content of batches of pharmaceuticals (Directive to Take Action); and be it further</p> <p>RESOLVED, 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. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	<p>Monitor</p>
<p>*Resolution 519: Childcare Availability for Persons Receiving Substance Use Disorder Treatment</p> <p>Introduced by: Michigan</p>	<p>RESOLVED, 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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Support</p>
<p>*Resolution 520: Substance Use During Pregnancy</p> <p>Introduced by: Michigan</p>	<p>RESOLVED, That our American Medical Association amend policy H-420.950, "Substance Use Disorders During Pregnancy," by addition and deletion as follows:</p> <p>Our AMA will: (1) oppose any efforts to imply that the diagnosis of substance abuse disorder during pregnancy represents child abuse; <del>and</del> (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) <u>oppose the removal of infants from their mothers solely based on a single positive prenatal drug screen without an evaluation from a social worker.</u> (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Support</p>

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<p>*Resolution 521: Put Over-the-Counter Inhaled Epinephrine Behind Pharmacy Counter</p> <p>Introduced by: Michigan</p>	<p>RESOLVED, That our American Medical Association work with national pharmacy chains to move inhaled epinephrine (Primatene Mist HFA) behind the counter. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	<p>Monitor</p>
<p>*Resolution 522: Improved Deferral Periods for Blood Donors</p> <p>Introduced by: Michigan</p>	<p>RESOLVED, That our American Medical Association amend AMA policy H-50.973, "Blood Donor Deferral Criteria," by addition and deletion to read as follows:</p> <p>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; <del>and</del> (3) <u>supports a blood donation deferral period for men who have sex with men that is representative of current HIV testing technology;</u> and (4) supports research into individual risk assessment criteria for blood donation. (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Monitor</p>
<p>*Resolution 523: Availability and Use of Low Starting Opioid Doses</p> <p>Introduced by: Michigan</p>	<p>RESOLVED, That our American Medical Association reaffirm AMA Policies D-160.981, D 120.947, D-120.976, and D-120.971 to ensure the dissemination of educational materials for physicians on options for prescribing the lowest effective dosage, such as hydrocodone 2.5 mg or oxycodone 2.5 mg with acetaminophen, for patients who need an initial prescription for an oral narcotic and work with pharmacies and other relevant stakeholders to ensure lower dosage options are stocked and available at prices that do not exceed that of the same narcotic at a higher dosage. (Reaffirm HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Monitor</p>
<p>*Resolution 524: Availability of Naloxone Boxes</p> <p>Introduced by: Michigan</p>	<p>RESOLVED, That our American Medical Association support the legal access to and use of naloxone in all public spaces regardless of whether the individual holds a prescription (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA amend Policy H-95.932, "Increasing Availability of Naloxone," by addition and deletion as follows:</p> <ol style="list-style-type: none"> <li>1. Our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone, including but not limited to</li> </ol>	<p>Monitor</p>



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	<p>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 <del>urges the Food and Drug Administration to study the practicality and utility of</del> <u>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.</u> (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	
<p>*Resolution 525: Support for Rooming-in of Neonatal Abstinence Syndrome Patients with their Parents</p> <p>Introduced by: Medical Student Section</p>	<p>RESOLVED, That our American Medical Association 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 (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA support the education of physicians about rooming-in patients with neonatal abstinence syndrome. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Support</p>

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<p>*Resolution 526: Trauma-Informed Care Resources and Settings</p> <p>Introduced by: Medical Student Section</p>	<p>RESOLVED, That our American Medical Association 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 (New HOD Policy); and be it further</p> <p>RESOLVED, 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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Support</p>
<p>*Resolution 527: Increasing the Availability of Bleeding Control Supplies</p> <p>Introduced by: Medical Student Section</p>	<p>RESOLVED; That AMA Policy H-130.935 be amended by addition to read as follows:</p> <p>H-130.935 Support for Hemorrhage Control Training</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>2. <u>Our AMA supports the increased availability of bleeding control supplies in schools, places of employment, and public buildings.</u> (Modify Current HOD Policy)</li> </ol> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Monitor</p>
<p>*Resolution 528: Developing Diagnostic Criteria and Evidence-Based Treatment Options for Problematic Pornography Viewing</p> <p>Introduced by: Medical Student Section</p>	<p>RESOLVED, 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. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Support</p>

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<p>*Resolution 529: Adverse Impacts of Delaying the Implementation of Public Health Regulations</p> <p>Introduced by: Medical Student Section</p>	<p>RESOLVED, That our American Medical Association 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</p> <p>RESOLVED, That our AMA analyze ongoing regulation delays that impact public health, as deemed appropriate. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	<p>Support</p>
<p>*Resolution 530: Implementing Naloxone Training into the Basic Life Support (BLS) Certification Program</p> <p>Introduced by: New Jersey</p>	<p>RESOLVED, 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. (Directive to Take Action)</p> <p>Fiscal Note: Not yet determined</p>	<p>Monitor</p>

\*Included in the Handbook Addendum

\*\* Included in the Sunday tote