AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-19)

Report of Reference Committee K

Alyn Adrain, MD, Chair

Your reference committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Council on Science and Public Health Report 2 – Real-World Data and Real-World Evidence in Medical Product Decision Making
2. Council on Science and Public Health Report 3 – Patient Use of Non-FDA Approved Cannabis and Cannabinoid Products in Hospitals (Resolution 414-A-19)
3. Resolution 912 – Improving Emergency Response Planning for Infectious Disease Outbreaks

RECOMMENDED FOR ADOPTION AS AMENDED

4. Board of Trustees Report 12 – Distracted Driver Education and Advocacy
5. Council on Science and Public Health Report 1 – Mandatory Reporting of Diseases and Conditions (Resolution 915-I-18)
6. Resolution 902 – Amending H-490.913, Smoke-Free Environments and Workplaces, and H-409.907, Tobacco Smoke Exposure of Children in Multi-Unit Housing, to Include E-Cigarettes
7. Resolution 903 – Encouraging the Development of Multi-Language, Culturally Informed Mobile Health Applications
8. Resolution 904 – Amendment to H-150.949, Healthy Food Options in Hospitals
9. Resolution 905 – Sunscreen Dispensers in Public Spaces as a Public Health Measure
10. Resolution 906 – Ensuring the Best In-School Care for Children with Sickle Cell Disease
11. Resolution 907 – Increasing Access to Gang-Related Laser Tattoo Removal in Prison and Community Settings
12. Resolution 909 – Decreasing the Use of Oximetry Monitors for the Prevention of Sudden Infant Death Syndrome
13. Resolution 914 – Nicotine Replacement Therapy for Minors
14. Resolution 915 – Preventing Death and Disability Due to Particulate Matter Produced by Automobiles
15. Resolution 916 – Sale of Tobacco in Retail Pharmacies
16. Resolution 918 – Banning Flavors, Including Menthol and Mint, in Combustible and Electronic Cigarettes and Other Nicotine Products
17. Resolution 923 – Support Availability of Public Transit System
18. Resolution 934 – Gun Violence and Mental Illness Stigma in the Media

RECOMMENDED FOR ADOPTION IN LIEU OF

19. Resolution 901 – Health Impact of Per- and Polyfluoroalkyl Substances (PFAS) Contamination in Drinking Water

Resolution 922 – Understanding the Effects of PFAS on Human Health

20. Resolution 910 – Ban on Electronic Nicotine Delivery System (ENDS) Products
Resolution 925 – Suspending Sales of Vaping Products / Electronic Cigarettes Until FDA Review
Resolution 935 – AMA Response to a National Vaping Epidemic

21. Resolution 913 – Public Health Impacts and Unintended Consequences of Legalization and Decriminalization of Cannabis for Medicinal and Recreational Use
Resolution 919 – Raising Awareness of the Health Impact of Cannabis

22. Resolution 930 – Origin of Prescription Medication Production Transparency
Resolution 932 – Source and Quality of Medications Critical to National Health and Security

RECOMMENDED FOR REFERRAL FOR DECISION

23. Resolution 926 – School Resource Officer Qualifications and Training

RECOMMENDED FOR NOT ADOPTION

24. Resolution 908 – Request for Benzodiazepine-Specific Prescribing Guidelines for Physicians

25. Resolution 917 – Supporting Research into the Therapeutic Potential of Psychedelics
Resolution 933 – Supporting Research into the Therapeutic Potential of Psychedelics

26. Resolution 920 – Maintaining Public Focus on Leading Causes of Nicotine-Related Death

27. Resolution 921 – Vaping in New York State and Nationally

28. Resolution 924 – Update Scheduled Medication Classification

29. Resolution 929 – Regulating Marketing and Distribution of Tobacco Products and Vaping-Related Products

Resolutions handled via the reaffirmation consent calendar:

- Resolution 911 – Basic Courses in Nutrition
- Resolution 927 – Climate Change
- Resolution 928 – CBD Oil and Supplement Use in Treatment
- Resolution 931 – Vaping Ban for Under 21 and Additional Regulations

RECOMMENDED FOR ADOPTION

(1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 2 – REAL-WORLD DATA AND REAL-WORLD EVIDENCE IN MEDICAL PRODUCT DECISION MAKING

RECOMMENDATION:

Recommendations in Council on Science and Public Health Report 2 be <u>adopted</u> and the remainder of the report be <u>filed</u>.

The Council on Science and Public Health recommends that the following be adopted and the remainder of the report be filed:

1. Our AMA supports the generation and use of real-world data (RWD) and real-world evidence (RWE) fit for regulatory purpose to: (a) evaluate effectiveness and safety of medical products, while assuring patient privacy and confidentiality; (b) improve regulatory decision-making; (c) decrease medical product costs; (d) increase research efficiency; (e) advance innovative and new models of drug development; and (f) improve clinical care and patient outcomes. (New HOD Policy)

2. Our AMA supports the aim of the U.S. Food and Drug Administration (FDA) to expand and clarify the use RWD and RWE in regulatory decision-making including in:
    a. understanding the potential of RWE to meet the established standards for adequate and well-controlled clinical investigations;
    b. pursuing the integration of RWE into medical product development and regulatory review; and
    c. utilizing RWE to support new indications for approved medical products, and its ability to satisfy post-approval study requirements. (New HOD Policy)

3. Our AMA supports that there be adequate funding of data infrastructure to allow for transparent data management capabilities, improved access to data by clinicians, especially physicians, as well as researchers and other stakeholders, and improved reliability and relevance of data. (New HOD Policy)

4. Our AMA supports cooperation and collaboration of stakeholders to facilitate the collection and use of RWD and RWE that is deemed fit for regulatory purpose. (New HOD Policy)

5. Our AMA will evaluate and develop a response to the educational needs of physicians seeking to understand the use of fit for purpose RWD and RWE in clinical practice. (New HOD Policy)

6. That Policy H-100.992, "FDA," be amended by addition to read as follows:

H-100.992, "FDA"

1. Our AMA reaffirms its support for the principles that: (a) an FDA decision to approve a new drug, to withdraw a drug's approval, or to change the indications for use of a drug must be based on sound scientific and medical evidence derived from controlled trials<u>, real-world data (RWD) fit for regulatory purpose,</u> and/or postmarket incident reports as provided by statute; (b) this evidence should be evaluated by the FDA, in

consultation with its Advisory Committees and expert extramural advisory bodies; and (c) any risk/benefit analysis or relative safety or efficacy judgments should not be grounds for limiting access to or indications for use of a drug unless the weight of the evidence from clinical trials, RWD fit for regulatory purpose, and postmarket reports shows that the drug is unsafe and/or ineffective for its labeled indications.

2. The AMA believes that social and economic concerns and disputes per se should not be permitted to play a significant part in the FDA's decision-making process in the course of FDA devising either general or product specific drug regulation.
3. It is the position of our AMA that the Food and Drug Administration should not permit political considerations or conflicts of interest to overrule scientific evidence in making policy decisions; and our AMA urges the current administration and all future administrations to consider our best and brightest scientists for positions on advisory committees and councils regardless of their political affiliation and voting history. (Modify Current HOD Policy)

7. That Policy D-100.982, "Enhanced Physician Access to Food and Drug Administration Data," urging the FDA to apply new tools to gather data after drugs are approved for marketing, including a broader use of targeted post-approval studies, institution of active and sentinel event surveillance, and data mining of available drug utilization databases, be reaffirmed. (Reaffirm Current HOD Policy)

8. That Policy H-110.986, "Incorporating Value into Pharmaceutical Pricing" supporting value-based pricing of pharmaceuticals that is evidence-based and the result of valid and reliable inputs and data that incorporate rigorous scientific methods, including clinical trials, clinical data registries, comparative effectiveness research, and robust outcome measures that capture short- and long-term clinical outcomes, be reaffirmed. (Reaffirm Current HOD Policy)

9. That Policy H-406.987, "Medical Information and Its Uses," identifying three components of a data transparency framework, be reaffirmed. (Reaffirm Current HOD Policy)

10. That Policy H-410.948, "Clinical Pathways," supporting the development of transparent, collaboratively constructed clinical pathways that are implemented in ways that promote administrative efficiencies for both providers and payers; promote access to evidence-based care for patients; recognize medical variability among patients and individual patient autonomy; promote access to clinical trials; and are continuously updated to reflect the rapid development of new scientific knowledge, be reaffirmed. (Reaffirm Current HOD Policy)

11. That Policy H-450.933, "Clinical Data Registries," encouraging multi-stakeholder efforts to develop and fund clinical data registries to facilitate quality improvements and research that results in better health care, improved population health, and lower costs be reaffirmed. (Reaffirm Current HOD Policy)

12. That Policy D-460.970, "Access to Clinical Trial Data," urging the FDA to investigate and develop means by which scientific investigators can access original source safety data from industry-sponsored trials upon request; be reaffirmed. (Reaffirm Current HOD Policy)

Your Reference Committee heard testimony in strong support of the recommendations provided by the Council. Several commenters praised the clarity the report provided on the issues associated with the use of real-world data and evidence. An amendment was offered

to ensure that real-world data and evidence not be used to support pseudo-science. Your Reference Committee felt that this was addressed by the language noted in the report, that real-world data be "fit for regulatory purpose." Therefore, your Reference Committee recommends that Council on Science and Public Health Report 2 be adopted.

(2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 3 – PATIENT USE OF NON-FDA APPROVED CANNABIS AND CANNABINOID PRODUCTS IN HOSPITALS (RESOLUTION 414-A-19)

RECOMMENDATION:

Recommendation in Council on Science and Public Health Report 3 be adopted and the remainder of the report be filed.

The Council recommends that the following recommendation be adopted in lieu of Resolution 414-A-19, and the remainder of the report be filed.

The AMA encourages hospitals and health systems to: (1) engage stakeholders, including, but not limited to physicians, nurses, pharmacists, legal counsel, experts in controlled substance diversion prevention, as well as relevant state and federal agencies in developing policies for addressing patient use of non-FDA approved cannabis or cannabis-derived products for use within their facilities and (2) communicate their policy on patient use of non-FDA approved cannabis or cannabis-derived products within their facilities, to ensure clinicians are prepared to treat patients in accordance with policy. (New HOD Policy)

Your Reference Committee heard mostly supportive testimony on Council on Science and Public Health Report 3. Several who testified believed that the Council on Science and Public Health's recommendations encouraging a broad group of stakeholders to work together to develop hospital facility policies on cannabis, were reasonable. Others noted that they were hoping for more specific guidance on the use of cannabis and cannabinoids by patients in the hospital setting. There were others who spoke against allowing the use of non-FDA approved cannabis products in hospitals. Several amendments were offered, including the addition of the term "cannabinoids." Since cannabis-derived products encompasses cannabinoids, the language as proposed is appropriate. It should be noted that the AMA will be developing a continuing education module on cannabis in 2020 to provide physicians with additional guidance on this topic. Your Reference Committee agrees with the Council on Science and Public Health's approach to addressing this complex issue and recommends adoption of the report's recommendations.

(3) RESOLUTION 912 – IMPROVING EMERGENCY RESPONSE PLANNING FOR INFECTIOUS DISEASE OUTBREAKS

RECOMMENDATION:

Resolution 912 be <u>adopted</u>.

RESOLVED, That our AMA support flexible funding in public health for unexpected infectious disease to improve timely response to emerging outbreaks and build public health infrastructure at the local level with attention to medically underserved areas (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage health departments to develop public health messaging to provide education on unexpected infectious disease. (Directive to Take Action)

Your Reference Committee heard testimony in strong support of this Resolution. Given the potential for the emergence of unexpected infectious disease threats and need for public health surveillance and funding to address these threats, your Reference Committee recommends that Resolution 912 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(4) BOARD OF TRUSTEES REPORT 12 – DISTRACTED DRIVER EDUCATION AND ADVOCACY

RECOMMENDATION A

Board of Trustees Report 12 be <u>amended by the addition of a recommendation</u> to read as follows:

Policies H-15.952 and D-15.993 be <u>reaffirmed</u>.

RECOMMENDATION B:

Recommendation in Board of Trustees Report 12 be <u>adopted as amended</u> and the remainder of the report be <u>filed</u>.

Informational Report, no recommendation provided.

Your Reference Committee heard limited, but supportive testimony on the need for AMA action to address distracted driving as directed by the House of Delegates at the A-20 meeting. While we understand that AMA staff have reached out to the Centers for Disease Control and Prevention, Division of Transportation Safety to discuss opportunities for collaboration, we are reaffirming this directive to urge action on this important issue.

H-15.952, "The Dangers of Distraction While Operating Hand-Held Devices"
1. Our American Medical Association encourages physicians to educate their patients regarding the public health risks of text messaging while operating motor vehicles or machinery and will advocate for state legislation prohibiting the use of hand held communication devices to text message while operating motor vehicles or machinery. 2. Our AMA will endorse legislation that would ban the use of hand-held devices while driving. 3. Our AMA: (a) recognizes distracted walking as a preventable hazard and encourages awareness of the hazard by physicians and the public; and (b) encourages research into the severity of distracted walking as a public health hazard as well as ways in which to prevent it. 4. Our AMA supports public education efforts regarding the dangers of distracted driving, particularly activities that take drivers' eyes off the road, and that the use of earbuds or headphones while driving is dangerous and illegal in some states. 5. Our AMA: (a) supports education on the use of earbuds or headphones in both ears during outdoor activities requiring auditory attention, including but not limited to biking, jogging, rollerblading, skateboarding and walking; and (b) supports the use of warning labels on the packaging of hand-held devices utilized with earbuds or headphones, indicating the dangers of using earbuds or headphones in both ears during outdoor activities requiring auditory attention, including but not limited to biking, jogging, rollerblading, skateboarding and walking. 6. Our AMA will: (a) make it a priority to create a national education and advocacy campaign on distracted driving in collaboration with the Centers for Disease Control and Prevention and other interested stakeholders; and (b) explore developing an advertising campaign on distracted driving with report back to the House of Delegates at the 2019 Interim Meeting. Res. 217, I-08Appended: Res. 905, I-09Appended: BOT

Rep. 10, A-13Appended: Res. 416, A-13Modified in lieu of Res. 414, A-15Appended: Res. 425, A-19.

D-15.993, "Distracted Driver Reduction"
1. Our AMA will develop model state legislation to limit cell phone use to hands-free use only while driving. 2. Our AMA will actively lobby for: (a) 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; and (b) federal legislation to require automobile manufacturers to integrate hands-free technology into new automobiles. Res. 220, I-16 Appended: Res. 415, A-19.

(5) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 1 – MANDATORY REPORTING OF DISEASES AND CONDITIONS (RESOLUTION 915-I-18)

RECOMMENDATION A:

The recommendation in Council on Science and Public Health Report 1 be <u>amended by addition</u> to read as follows:

Public Health Surveillance
That our AMA: (1) recognizes public health surveillance as a core public health function that is essential to inform decision making, identify underlying causes and etiologies, and respond to acute, chronic, and emerging health threats; (2) recognizes the important role that physicians play in public health surveillance through reporting diseases and conditions to public health authorities; (3) encourages state legislatures to engage relevant state and national medical specialty societies as well as public health agencies when proposing mandatory reporting requirements to ensure they are based on scientific evidence and meet the needs of population health; (4) recognizes the need for increased federal<u>, state, and local</u> funding to modernize our nation's public health data systems to improve the quality and timeliness of data; (5) supports electronic case reporting, which alleviates the burden of case reporting on physicians through the automatic generation and transmission of case reports from electronic health records to public health agencies for review and action in accordance with applicable health care privacy and public health reporting laws; (6) will share updates with physicians and medical societies on public health surveillance and the progress made toward implementing electronic case reporting. (New HOD Policy)

RECOMMENDATION B:

The recommendation in Council on Science and Public Health Report 1 be <u>adopted as amended</u> and the remainder of the report be <u>filed</u>.

The Council recommends that the following recommendation for new policy be adopted in lieu of Resolution 915-I-18, and the remainder of the report be filed.

Public Health Surveillance
That our AMA: (1) recognizes public health surveillance as a core public health function that is essential to inform decision making, identify underlying causes and etiologies, and respond to acute, chronic, and emerging health threats; (2) recognizes the important role that physicians play in public health surveillance through reporting diseases and conditions to public health authorities; (3) encourages state legislatures to engage relevant state and national medical specialty societies as well as public health agencies when proposing mandatory reporting requirements to ensure they are based on scientific evidence and meet the needs of population health; (4) recognizes the need for increased federal funding to modernize our nation's public health data systems to improve the quality and timeliness of data; (5) supports electronic case reporting, which alleviates the burden of case reporting on physicians through the automatic generation and transmission of case reports from electronic health records to public health agencies for review and action in accordance with applicable health care privacy and public health reporting laws; (6) will share updates with physicians and medical societies on public health surveillance and the progress made toward implementing electronic case reporting. (New HOD Policy)

The Council was commended for its report on mandatory reporting of diseases and conditions. There was strong support for the report's recommendations, which address the importance of public health surveillance as well as the progress being made through electronic case reporting to alleviate the burden that reporting can place on physicians. The recommendations note that state legislatures, when considering reporting requirements, should consult with relevant medical societies and public health agencies. This allows the opportunity for relevant stakeholders to provide input and address concerns. While an amendment was proffered to add federal to this clause, mandatory reporting requirements are made at the state level. Therefore, your Reference Committee did not feel that this amendment was appropriate. Your Reference Committee supported the addition of language to address the need for state and local funding. Therefore, your Reference Committee recommends that Council on Science and Public Health Report 1 be adopted as amended.

(6) RESOLUTION 902 – AMENDING H-490.913, SMOKE-FREE ENVIRONMENTS AND WORKPLACES, AND H-409.907, TOBACCO SMOKE EXPOSURE OF CHILDREN IN MULTI-UNIT HOUSING, TO INCLUDE E-CIGARETTES

RECOMMENDATION A:

The first Resolve of Resolution 902 be amended by addition and deletion to read as follows:

H-490.913, "Smoke-Free and Vape-Free Environments and Workplaces"
On the issue of the health effects of environmental tobacco smoke (ETS), and passive smoke, and vape aerosol exposure in the workplace and other public facilities, our AMA: (1)(a) supports classification of ETS as a known human carcinogen; (b) concludes that passive smoke exposure is associated with increased risk of sudden infant death syndrome and of cardiovascular disease; (c) encourages physicians and medical societies to take a leadership role in defending the health of the public from ETS risks and from political assaults by the tobacco industry; and (d) encourages the concept of establishing smoke-free and vape-free campuses for business, labor, education, and government; (2) (a) honors companies and governmental workplaces that go smoke-free and vape-free; (b) will petition the Occupational Safety and Health Administration (OSHA) to adopt regulations prohibiting smoking and vaping in the workplace, and will use active political means to encourage the Secretary of Labor to swiftly promulgate an OSHA standard to protect American workers from the toxic effects of ETS in the workplace, preferably by banning smoking and vaping in the workplace; (c) encourages state medical societies (in collaboration with other anti-tobacco organizations) to support the introduction of local and state legislation that prohibits smoking and vaping around the public entrances to buildings and in all indoor public places, restaurants, bars, and workplaces; and (d) will update draft model state legislation to prohibit smoking and vaping in public places and businesses, which would include language that would prohibit preemption of stronger local laws. (3) (a) encourages state medical societies to: (i) support legislation for states and counties mandating smoke-free and vape-free schools and eliminating smoking and vaping in public places and businesses and on any public transportation; (ii) enlist the aid of county medical societies in local anti-smoking and anti-vaping campaigns; and (iii) through an advisory to state,

county, and local medical societies, urge county medical societies to join or to increase their commitment to local and state anti-smoking and anti-vaping coalitions and to reach out to local chapters of national voluntary health agencies to participate in the promotion of anti-smoking and anti-vaping control measures; (b) urges all restaurants, particularly fast food restaurants, and convenience stores to immediately create a smoke-free and vape-free environment; (c) strongly encourages the owners of family-oriented theme parks to make their parks smoke-free and vape-free for the greater enjoyment of all guests and to further promote their commitment to a happy, healthy life style for children; (d) encourages state or local legislation or regulations that prohibit smoking and vaping in stadia and encourages other ball clubs to follow the example of banning smoking in the interest of the health and comfort of baseball fans as implemented by the owner and management of the Oakland Athletics and others; (e) urges eliminating cigarette, pipe, and, cigar, ~~and e-cigarette~~ smoking and vaping in any indoor area where children live or play, or where another person's health could be adversely affected through passive smoking inhalation; (f) urges state and county medical societies and local health professionals to be especially prepared to alert communities to the possible role of the tobacco industry whenever a petition to suspend a nonsmoking or non-vaping ordinance is introduced and to become directly involved in community tobacco control activities; and (g) will report annually to its membership about significant anti-smoking and anti-vaping efforts in the prohibition of smoking and vaping in open and closed stadia; (4) calls on corporate headquarters of fast-food franchisers to require that one of the standards of operation of such franchises be a no smoking and no vaping policy for such restaurants, and endorses the passage of laws, ordinances and regulations that prohibit smoking and vaping in fast-food restaurants and other entertainment and food outlets that target children in their marketing efforts; (5) advocates that all American hospitals ban tobacco and supports working toward legislation and policies to promote a ban on smoking, vaping, and use of tobacco products in, or on the campuses of, hospitals, health care institutions, retail health clinics, and educational institutions, including medical schools; (6) will work with the Department of Defense to explore ways to encourage a smoke-free and vape-free environment in the military through the use of mechanisms such as health education, smoking and vaping cessation

programs, and the elimination of discounted prices for tobacco products in military resale facilities; and (7) encourages and supports local and state medical societies and tobacco control coalitions to work with (a) Native American casino and tribal leadership to voluntarily prohibit smoking and vaping in their casinos; and (b) legislators and the gaming industry to support the prohibition of smoking and vaping in all casinos and gaming venues.

RECOMMENDATION B:

The second Resolve of Resolution 902 be amended by addition and deletion to read as follows:

H-490.907, "Tobacco Smoke and Vaping Aerosol Exposure Of Children In Multi-Unit Housing"
Our AMA: (1) encourages federal, state and local housing authorities and governments to adopt policies that protect children and non-smoking or non-vaping adults from tobacco smoke and vaping aerosol exposure by prohibiting smoking and vaping in multi-unit housing; and (2) encourages state and local medical societies, chapters, and other health organizations to support and advocate for changes in existing state and local laws and policies that protect children and non-smoking or non-vaping adults from tobacco smoke and vaping aerosol exposure by prohibiting smoking and vaping in multi-unit housing. (Modify Current HOD Policy)

RECOMMENDATION C:

Resolution 902 be adopted as amended.

RESOLVED, That our American Medical Association (AMA) amend policy H-490.913, "Smoke-Free Environments and Workplaces," by addition and deletion to read as follows:

H-490.913, "Smoke-Free and Vape-Free Environments and Workplaces"
On the issue of the health effects of environmental tobacco smoke (ETS), and passive smoke, and vape exposure in the workplace and other public facilities, our AMA: (1)(a) supports classification of ETS as a known human carcinogen; (b) concludes that passive smoke exposure is associated with increased risk of sudden infant death syndrome and of cardiovascular disease; (c) encourages physicians and medical societies to take a leadership role in defending the health of the public from ETS risks and from political assaults by the tobacco industry; and (d) encourages the concept of establishing smoke-free and vape-free campuses for business, labor, education, and government; (2) (a) honors companies and governmental workplaces that go smoke-free and vape-free; (b) will petition the Occupational Safety and Health Administration (OSHA) to adopt regulations prohibiting smoking and vaping in the workplace, and will use active political means to encourage the Secretary of Labor to swiftly promulgate

an OSHA standard to protect American workers from the toxic effects of ETS in the workplace, preferably by banning smoking and vaping in the workplace; (c) encourages state medical societies (in collaboration with other anti-tobacco organizations) to support the introduction of local and state legislation that prohibits smoking and vaping around the public entrances to buildings and in all indoor public places, restaurants, bars, and workplaces; and (d) will update draft model state legislation to prohibit smoking and vaping in public places and businesses, which would include language that would prohibit preemption of stronger local laws. (3) (a) encourages state medical societies to: (i) support legislation for states and counties mandating smoke-free and vape-free schools and eliminating smoking and vaping in public places and businesses and on any public transportation; (ii) enlist the aid of county medical societies in local anti-smoking and anti-vaping campaigns; and (iii) through an advisory to state, county, and local medical societies, urge county medical societies to join or to increase their commitment to local and state anti-smoking and anti-vaping coalitions and to reach out to local chapters of national voluntary health agencies to participate in the promotion of anti-smoking and anti-vaping control measures; (b) urges all restaurants, particularly fast food restaurants, and convenience stores to immediately create a smoke-free and vape-free environment; (c) strongly encourages the owners of family-oriented theme parks to make their parks smoke-free and vape-free for the greater enjoyment of all guests and to further promote their commitment to a happy, healthy life style for children; (d) encourages state or local legislation or regulations that prohibit smoking and vaping in stadia and encourages other ball clubs to follow the example of banning smoking in the interest of the health and comfort of baseball fans as implemented by the owner and management of the Oakland Athletics and others; (e) urges eliminating cigarette, pipe, cigar, and e-cigarette smoking in any indoor area where children live or play, or where another person's health could be adversely affected through passive smoking inhalation; (f) urges state and county medical societies and local health professionals to be especially prepared to alert communities to the possible role of the tobacco industry whenever a petition to suspend a nonsmoking or non-vaping ordinance is introduced and to become directly involved in community tobacco control activities; and (g) will report annually to its membership about significant anti-smoking and anti-vaping efforts in the prohibition of smoking and vaping in open and closed stadia; (4) calls on corporate headquarters of fast-food franchisers to require that one of the standards of operation of such franchises be a no smoking and no vaping policy for such restaurants, and endorses the passage of laws, ordinances and regulations that prohibit smoking and vaping in fast-food restaurants and other entertainment and food outlets that target children in their marketing efforts; (5) advocates that all American hospitals ban tobacco and supports working toward legislation and policies to promote a ban on smoking, vaping, and use of tobacco products in, or on the campuses of, hospitals, health care institutions, retail health clinics, and educational institutions, including medical schools; (6) will work with the Department of Defense to explore ways to encourage a smoke-free and vape-free environment in the military through the use of mechanisms such as health education, smoking and vaping cessation programs, and the elimination of discounted prices for tobacco products in military resale facilities; and (7) encourages and supports local and state medical societies and tobacco control coalitions to work with (a) Native American casino and tribal leadership to voluntarily prohibit smoking and vaping in their casinos; and (b) legislators and the gaming industry to support the prohibition of smoking and vaping in all casinos and gaming venues.

RESOLVED, That our AMA amend Policy H-490.907, "Tobacco Smoke Exposure of Children in Multi-Unit Housing, to include e-cigarettes and vaping by addition to read as follows:

H-490.907, "Tobacco Smoke and Vaping Exposure Of Children In Multi-Unit Housing" Our AMA: (1) encourages federal, state and local housing authorities and governments to adopt policies that protect children and non-smoking or non-vaping adults from tobacco smoke and vaping exposure by prohibiting smoking and vaping in multi-unit housing; and (2) encourages state and local medical societies, chapters, and other health organizations to support and advocate for changes in existing state and local laws and policies that protect children and non-smoking or non-vaping adults from tobacco smoke and vaping exposure by prohibiting smoking and vaping in multi-unit housing. (Modify Current HOD Policy)

Your Reference Committee heard testimony in strong support of this Resolution. Your Reference Committee made minor amendments to the language to clarify the appropriate terminology regarding exposure to vaping is "vaping aerosol exposure" not "vape exposure." Therefore, your Reference Committee recommends that Resolution 902 be adopted as amended.

(7) RESOLUTION 903 – ENCOURAGING THE DEVELOPMENT OF MULTI-LANGUAGE, CULTURALLY INFORMED MOBILE HEALTH APPLICATIONS

RECOMMENDATION A:

Resolution 903 be amended by addition and deletion to read as follows:

8. Our AMA encourages the development of mobile health applications that employ linguistically appropriate and culturally informed health content ~~catered~~ tailored to linguistically and/or culturally diverse backgrounds, with emphasis on underserved and low-income populations. (Modify Current HOD Policy)

RECOMMENDATION B:

Resolution 903 be adopted as amended.

RESOLVED, That American Medical Association policy D-480.972 be amended by insertion as follows:

D-480.972, "Guidelines for Mobile Medical Applications and Devices"

1. Our AMA will monitor market developments in mobile health (mHealth), including the development and uptake of mHealth apps, in order to identify developing consensus that provides opportunities for AMA involvement.
2. Our AMA will continue to engage with stakeholders to identify relevant guiding principles to promote a vibrant, useful and trustworthy mHealth market.
3. Our AMA will make an effort to educate physicians on mHealth apps that can be used to facilitate patient communication, advice, and clinical decision support, as

well as resources that can assist physicians in becoming familiar with mHealth apps that are clinically useful and evidence-based.

4. Our AMA will develop and publicly disseminate a list of best practices guiding the development and use of mobile medical applications.
5. Our AMA encourages further research integrating mobile devices into clinical care, particularly to address challenges of reducing work burden while maintaining clinical autonomy for residents and fellows.
6. Our AMA will collaborate with the Liaison Committee on Medical Education and Accreditation Council for Graduate Medical Education to develop germane policies, especially with consideration of potential financial burden and personal privacy of trainees, to ensure more uniform regulation for use of mobile devices in medical education and clinical training.
7. Our AMA encourages medical schools and residency programs to educate all trainees on proper hygiene and professional guidelines for using personal mobile devices in clinical environments.
8. Our AMA encourages the development of mobile health applications that employ linguistically appropriate and culturally informed content catered to underserved and low-income populations. (Modify Current HOD Policy)

Your Reference Committee heard supportive testimony, including from your Council on Science and Public Health, related to this Resolution. Testimony noted that the importance of ensuring health equity as innovations via mobile health are introduced. Linguistically and culturally informed versions of mobile health applications were strongly supported as one mechanism to help ensure that these tools do not introduce further health inequities. Additional testimony noted the importance of considering linguistic and diverse backgrounds as well as underserved and low-income populations and your Reference Committee agrees. Therefore, your Reference Committee recommends that Resolution 903 be adopted as amended.

(8) RESOLUTION 904 – AMENDMENT TO H-150.949, HEALTHY FOOD OPTIONS IN HOSPITALS

RECOMMENDATION A:

Resolution 904 be amended by addition and deletion to read as follows.

RESOLVED, That our American Medical Association encourage the availability of healthy, plant-based options at Medical Care Facilities by amending H-150.949, Healthy Food Options in Hospitals to read as follows:

Health~~y~~ful Food Options in ~~Hospitals~~ ~~Medical~~Health Care Facilities, H-150.949

1. **Our AMA encourages health~~y~~ful food options be available, at reasonable prices and easily accessible, on ~~hospital~~ the premises of ~~Medical~~Health Care Facilities.**
2. **Our AMA hereby calls on ~~US hospitals~~ all ~~Medical~~Health Care Facilities ~~and Correctional Facilities~~ to improve the health of patients, staff, and visitors by: (a) providing a variety of healthy food, including plant-based meals, and meals that are low in saturated and trans fat, sodium, and added sugars; (b) eliminating processed meats from menus; and (c) providing and promoting healthy beverages.**
3. **Our AMA hereby calls for ~~hospital~~ ~~Medical~~Health Care Facility cafeterias and inpatient meal menus to publish nutrition information. (Modify Current HOD Policy)**

RECOMMENDATION B:

Resolution 904 be adopted as amended.

RECOMMENDATION C:

Policy D-430.995, "Dietary Intake of Incarcerated Populations" be reaffirmed.

RESOLVED, That our American Medical Association encourage the availability of healthy, plant-based options at Medical Care Facilities by amending H-150.949, Healthy Food Options in Hospitals to read as follows:

Healthy Food Options in ~~Hospitals~~ Medical Care Facilities, H-150.949

1. Our AMA encourages healthy food options be available, at reasonable prices and easily accessible, on ~~hospital~~ the premises of Medical Care Facilities.

2. Our AMA hereby calls on ~~US hospitals~~ all Medical Care Facilities and Correctional Facilities to improve the health of patients, staff, and visitors by: (a) providing a variety of healthy food, including plant-based meals, and meals that are low in fat, sodium, and added sugars; (b) eliminating processed meats from menus; and (c) providing and promoting healthy beverages.
3. Our AMA hereby calls for ~~hospital~~ Medical Care Facility cafeterias and inpatient meal menus to publish nutrition information. (Modify Current HOD Policy)

Your Reference Committee heard testimony largely in favor of this amendment to existing policy. Minor amendments were offered and supported by your Reference Committee. These amendments included use of the term “health care facilities” rather than “medical care facilities” and specifying that “low in fat” that should be clarified to address saturated and trans fats. It was also noted in testimony that existing policy addresses healthy food in correctional facilities. Your Reference Committee agrees that correctional facilities are outside of the scope of this policy. Therefore, your Reference Committee recommends that Resolution 904 be adopted as amended and Policy D-430.995 be reaffirmed.

D-430.995, “Dietary Intake of Incarcerated Populations”
Our AMA: 1) urges the National Commission on Correctional Health Care, the American Correctional Association, and individual states to mandate adherence to the current Dietary Reference Intakes and Dietary Guidelines for Americans (with adjustments, as needed, for special populations) as a criterion for accreditation and/or standards compliance, until national dietary guidelines specific for adolescent and adult incarcerated populations becomes available; and 2) urges the Food and Nutrition Board of the Institute of Medicine to examine the nutrient status and dietary requirements of incarcerated populations and issue guidelines on menu planning for adolescent and adult incarcerated populations. CSAPH Rep. 4, A-11.

(9) RESOLUTION 905 – SUNSCREEN DISPENSERS IN PUBLIC SPACES AS A PUBLIC HEALTH MEASURE

RECOMMENDATION A:

Resolution 905 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association, as part of a successful skin cancer prevention strategy, supports free public sunscreen programs that: (1) provide sunscreen that is SPF 15 or higher and broad spectrum; (2) supply the sunscreen in public spaces where the population would have a high risk of sun exposure.; and (3) protect the product from excessive heat and direct sun. (New HOD Policy)

RECOMMENDATION B:

Resolution 905 be adopted as amended.

RECOMMENDATION C:

Policy H-440.839 be reaffirmed.

RESOLVED, That our American Medical Association support free public sunscreen programs in public spaces where the population would have a high risk of sun exposure. (New HOD Policy)

Your Reference Committee heard generally supportive testimony on Resolution 905. Commenters pointed to the beneficial public health impact that established free public sunscreen programs have demonstrated. It was noted that these programs enable access to sunscreen in high-traffic public areas where there is a higher risk of sun exposure. Testimony referenced the established evidence of sunscreen as a protectant from cancer causing UVA and UVB radiation from the sun. Amendments related to the SPF level and broad spectrum to strengthen the policy were suggested. Several commenters noted that improved education is necessary for the public. The AMA already has policy related to education on sun protective behavior, therefore your Reference Committee recommends reaffirmation of this policy and the adoption of Resolution 905 as amended.

H-440.839, "Protecting the Public from Dangers of Ultraviolet Radiation"
1. Our AMA encourages physicians to counsel their patients on sun-protective behavior. Tanning Parlors: Our AMA supports: (1) educational campaigns on the hazards of tanning parlors, as well as the development of local tanning parlor ordinances to protect our patients and the general public from improper and dangerous exposure to ultraviolet radiation; (2) legislation to strengthen state laws to make the consumer as informed and safe as possible; (3) dissemination of information to physicians and the public about the dangers of ultraviolet light from sun exposure and the possible harmful effects of the ultraviolet light used in commercial tanning centers; (4) collaboration between medical societies and schools to achieve the inclusion of information in the health curricula on the hazards of exposure to tanning rays; (5) the

enactment of federal legislation to: (a) prohibit access to the use of indoor tanning equipment (as defined in 21 CFR 1040.20 [a][9]) by anyone under the age of 18; and (b) require a United States Surgeon General warning be prominently posted, detailing the positive correlation between ultraviolet radiation, the use of indoor tanning equipment, and the incidence of skin cancer; (6) warning the public of the risks of ultraviolet A radiation (UVA) exposure by skin tanning units, particularly the FDA's findings warning Americans that the use of UVA tanning booths and sun beds pose potentially significant health risks to users and should be discouraged; (7) working with the FDA to ensure that state and local authorities implement legislation, rules, and regulations regarding UVA exposure, including posted warnings in commercial tanning salons and spas; (8) an educational campaign in conjunction with various concerned national specialty societies to secure appropriate state regulatory and oversight activities for tanning parlor facilities, to reduce improper and dangerous exposure to ultraviolet light by patients and general public consumers; and (9) intensified efforts to enforce current regulations. Sunscreens. Our AMA supports: (1) the development of sunscreens that will protect the skin from a broad spectrum of ultraviolet radiation, including both UVA and UVB; and (2) the labeling of sunscreen products with a standardized ultraviolet (UV) logo, inclusive of ratings for UVA and UVB, so that consumers will know whether these products protect against both types of UV radiation. Terms such as low, medium, high and very high protection should be defined depending on standardized sun protection factor level. 2. Our AMA supports sun shade structures (such as trees, 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 important of sun protection as a public health measure. Citation: CCB/CLRPD Rep. 3, A-14; Appended: Res. 403, A-14; Appended: Res. 404, A-19.

(10) RESOLUTION 906 – ENSURING THE BEST IN-SCHOOL CARE FOR CHILDREN WITH SICKLE CELL DISEASE

RECOMMENDATION A:

Resolution 906 be <u>amended by the addition of a new resolve</u> to read as follows:

RESOLVED, That our AMA encourage the development of model school policy for best in-school care for children with sickle cell disease. (New HOD Policy);

RECOMMENDATION B:

Resolution 906 be <u>adopted as amended</u>.

RESOLVED, That our American Medical Association support the development of an individualized sickle cell emergency care plan by physicians for in-school use, especially during sickle cell crises (New HOD Policy); and be it further

RESOLVED, That our AMA support the education of teachers and school officials on policies and protocols, encouraging best practices for children with sickle cell disease, such as adequate access to the restroom and water, physical education modifications, seat accommodations during extreme temperature conditions, access to medications, and policies

to support continuity of education during prolonged absences from school, in order to ensure that they receive the best in-school care, and are not discriminated against, based on current federal and state protections. (New HOD Policy)

Your Reference Committee heard testimony largely in favor of this resolution. Testimony emphasized the importance of recognizing the health-risks for students with sickle cell disease and preventing pain crises. However, several commenters suggested that the language should encourage the development of model policy to simplify adoption by school districts and states. Therefore, your Reference Committee recommends that Resolution 906 be adopted as amended.

(11) RESOLUTION 907 – INCREASING ACCESS TO GANG-RELATED LASER TATTOO REMOVAL IN PRISON AND COMMUNITY SETTINGS

RECOMMENDATION A:

Resolution 907 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, That our American Medical Association support increased access to <u>removal of</u> gang-related and <u>human trafficking-related</u> tattoo<u>s</u> ~~removal~~ in ~~prisons~~ <u>correctional facilities</u> and community settings. (New HOD Policy)

RECOMMENDATION B:

Resolution 907 be <u>adopted as amended</u>.

RECOMMENDATION C:

The <u>title</u> of Resolution 907 be <u>changed</u>.

INCREASED ACCESS TO REMOVAL OF GANG-RELATED AND HUMAN TRAFFICKING-RELATED TATTOOS IN CORRECTIONAL AND COMMUNITY SETTINGS

RESOLVED, That our American Medical Association support increased access to gang-related tattoo removal in prison and community settings. (New HOD Policy)

Your Reference Committee heard testimony supportive of this Resolution. It was noted that evidence shows that gang affiliation and activity are associated with poor health outcomes and recidivism. An amendment was offered to broaden the scope of this resolution to include human-trafficking-related tattoos as well as correctional facilities beyond prisons. Your Reference Committee agrees with these recommendations and also offers amendments to clarify the language. Resolution 907 should be adopted as amended with a change in title to reflect the amendments.

(12) RESOLUTION 909 – DECREASING THE USE OF OXIMETRY MONITORS FOR THE PREVENTION OF SUDDEN INFANT DEATH SYNDROME

RECOMMENDATION A:

Resolution 909 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association oppose the sale and use of non-prescription oximetry monitors, to prevent sudden unexplained infant death ~~syndrome~~. (New HOD Policy)

RECOMMENDATION B:

Resolution 909 be adopted as amended.

RECOMMENDATION C:

The title of Resolution 909 be changed.

DECREASING THE USE OF NON-PRESCRIPTION OXIMETRY MONITORS FOR THE PREVENTION OF SUDDEN UNEXPLAINED INFANT DEATH

RESOLVED, That our American Medical Association oppose the sale and use of oximetry monitors to prevent sudden infant death syndrome. (New HOD Policy)

Your Reference Committee heard testimony largely supportive of this resolution. It was noted that consumer pulse oximetry monitors are inconsistent and unreliable and there is no evidence that they prevent sudden unexplained infant death. Reliance on these devices may encourage parents to forgo safe sleep practices. Amendments to clarify that this policy is addressing non-prescription oximetry monitors use were presented. Your Reference Committee agrees with these amendments and recommends that Resolution 909 be adopted as amended.

(13) RESOLUTION 914 – NICOTINE REPLACEMENT THERAPY FOR MINORS

RECOMMENDATION A:

The first Resolve of Resolution 914 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association ~~seek~~ support immediate and thorough study of the use of ~~all forms of nicotine delivery as well as~~ pharmacologic and non-pharmacologic treatment strategies for tobacco use disorder and nicotine dependence resulting from the use of non-combustible and combustible tobacco products, ~~treating nicotine addiction treatment options~~ in populations under the age of 18 (Directive to Take Action); and be it further

RECOMMENDATION B:

The second Resolve of Resolution 914 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA support federal regulation that encourages manufacturers of pharmacologic ~~nicotine addiction treatment~~ therapy for treatment of tobacco use disorder and nicotine dependence approved for adults to examine their products' effects in populations under age 18. (Directive to Take Action)

RECOMMENDATION C:

Resolution 914 be adopted as amended.

RECOMMENDATION D:

The title of Resolution 914 be changed.

STRATEGIES FOR THE TREATMENT OF TOBACCO USE DISORDER AND NICOTINE DEPENDENCE IN POPULATIONS UNDER THE AGE OF 18

RESOLVED, That our American Medical Association seek immediate and thorough study of the use of all forms of nicotine delivery, as well as all nicotine addiction treatment options in populations under the age of 18 (Directive to Take Action); and be it further

RESOLVED, That our AMA support federal regulation that encourages manufacturers of nicotine addiction treatment therapy approved for adults to examine their products' effects in populations under age 18. (Directive to Take Action)

Your Reference Committee heard testimony in strong support for prioritizing research on effective pharmacological and non-pharmacologic treatment therapies for all forms of tobacco use disorder and nicotine dependence as current products have not been studied as a method for vaping cessation and have not been approved by the FDA in populations under the age of 18. Therefore, your Reference Committee recommends that Resolution 914 be adopted as amended.

(14) RESOLUTION 915 – PREVENTING DEATH AND DISABILITY DUE TO PARTICULATE MATTER PRODUCED BY AUTOMOBILES

RECOMMENDATION A:

Resolution 915 be <u>amended by addition</u> to read as follows:

RESOLVED, That our American Medical Association<u>:</u> <u>(1)</u> promote policies at all levels of society and government that educate and encourage policy makers to limit or eliminate disease causing contamination of the environment by gasoline and diesel combustion-powered automobiles, advocating for the development of alternative means for automobile propulsion and public transportation~~.~~<u>; and (2) consider submitting or joining an amicus brief in support of the state of California's legal efforts to retain authority to set vehicle tailpipe emission standards. (</u>New HOD Policy)

RECOMMENDATION B:

Resolution 915 be <u>adopted as amended</u>.

RECOMMENDATION C:

Policy D-135.978 be <u>reaffirmed</u>.

RESOLVED, That our American Medical Association promote policies at all levels of society and government that educate and encourage policy makers to limit or eliminate disease causing contamination of the environment by gasoline and diesel combustion-powered automobiles, advocating for the development of alternative means for automobile propulsion and public transportation. (New HOD Policy)

Your Reference Committee heard testimony that was largely in support of encouraging policy makers to limit the proven negative health impacts of particulate matter created by gasoline and diesel combustion-powered automobiles. Since this issue is actively being debated, testimony was offered requesting an amendment to empower the AMA to be a part of the ongoing efforts and potential judicial advocacy. It was noted that the AMA has existing policy on standards for particulate matter. Therefore, your Reference Committee recommends that Resolution 915 be adopted as amended and Policy D-135.978 be reaffirmed.

D-135.978, "Protective NAAQS Standard for Particulate Matter (PM 2.5 & PM 10)"
At such time as a new EPA Proposed Rule on National Ambient Air Quality Standards for Particulate Matter is published, our AMA will review the proposal and be prepared to offer its support for comments developed by the American Thoracic Society and its sister organizations. BOT action in response to referred for decision Res. 926, I-10

(15) RESOLUTION 916 – SALE OF TOBACCO IN RETAIL PHARMACIES

RECOMMENDATION A:

Resolution 916 be <u>amended by deletion</u> to read as follows:

RESOLVED, That our American Medical Association ~~widely publicize opposition to pharmacies selling tobacco products, especially to minors, and~~ seek active collaboration with other healthcare professionals through their professional organizations, especially pharmacists, but including all healthcare team members, to persuade all retailers of prescription pharmaceuticals to immediately cease selling tobacco products~~, with a report back at the 2020 Annual Meeting~~. (Directive to Take Action)

RECOMMENDATION B:

Resolution 916 be <u>adopted as amended</u>.

RECOMMENDATION C:

<u>Policy D-495.994 be reaffirmed</u>.

RESOLVED, That our American Medical Association widely publicize opposition to pharmacies selling tobacco products, especially to minors, and seek active collaboration with other healthcare professionals through their professional organizations, especially pharmacists, but including all healthcare team members, to persuade all retailers of prescription pharmaceuticals to immediately cease selling tobacco products, with a report back at the 2020 Annual Meeting. (Directive to Take Action)

Your Reference Committee heard testimony that was in favor of prohibition of the sale of tobacco in retail pharmacies. The AMA currently has multiple policies, including a directive to take action, opposing the sale of tobacco products in pharmacies. This policy encourages more active collaboration with stakeholders not included in the existing policy and these actions can be captured in the AMA's annual Tobacco Report being presented to the House of Delegates in 2020. Your Reference Committee therefore recommends adopting Resolution 916 as amended.

D-495.994, "Oppose Sale of Tobacco Products in Pharmacies"
Our AMA: (1) specifically and publicly opposes the sale and marketing of tobacco products, including cigarettes, in pharmacies; (2) will communicate with appropriate

federal agencies, including the Bureau of Alcohol, Tobacco, Firearms and Explosives, many public health groups, various pharmacy trade groups, and media outlets, in seeking their help in removing tobacco products, including cigarettes, from pharmacy shelves; (3) will work to pass legislation at the local, state and federal levels to accomplish the goal of banning tobacco sales in pharmacies nationwide; (4) will work with Federation members and national organizations concerned about tobacco use to develop a recognition program for pharmacies that voluntarily agree to eliminate the sale of tobacco; (5) will work with state and local medical societies to disseminate information on these recognized pharmacies to their membership; and 6) will work through its Advocacy Resource Center to provide that list to organizations interested in preventive healthcare. Sub. Res. 419, A-09; Reaffirmed in lieu of Res. 422, A-10; Reaffirmed in lieu of Res. 426, A-10; Modified in lieu of Res. 405, A-12 and Res. 420, A-12; Reaffirmation I-13

(16) RESOLUTION 918 – BANNING FLAVORS, INCLUDING MENTHOL AND MINT, IN COMBUSTIBLE AND ELECTRONIC CIGARETTES AND OTHER NICOTINE PRODUCTS

RECOMMENDATION A:

The second Resolve in Resolution 918 be <u>deleted</u>.

~~**RESOLVED, That our AMA amend Policy H-495.976, "Opposition to Exempting the Addition of Menthol to Cigarettes," by addition and deletion as follows:**~~

~~**Our AMA: (1) will continue to support a ban on the use and marketing of menthol in cigarettes <u>all tobacco products</u> as a harmful additive; and (2) encourages and will assist its members to seek state bans on the sale of menthol cigarettes, <u>electronic nicotine delivery devices and other tobacco products</u>. (Modify Current HOD Policy)**~~

RECOMMENDATION B:

Resolution 918 be <u>adopted as amended</u>.

RESOLVED, That our American Medical Association amend Policy H-495.971, "Opposition to Addition of Flavors to Tobacco Products," by addition as follows:

Our AMA: (1) supports state and local legislation to prohibit the sale or distribution of <u>all</u> flavored tobacco products, <u>including menthol, mint and wintergreen flavors</u>; (2) urges local and state medical societies and federation members to support state and local legislation to prohibit the sale or distribution of <u>all</u> flavored tobacco products; and (3) encourages the FDA to prohibit the use of <u>all</u> flavoring agents in tobacco products, which includes electronic nicotine delivery systems <u>as well as combustible cigarettes, cigars and smokeless tobacco</u> (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA amend Policy H-495.976, "Opposition to Exempting the Addition of Menthol to Cigarettes," by addition and deletion as follows:

Our AMA: (1) will continue to support a ban on the use and marketing of menthol in ~~cigarettes~~ all tobacco products as a harmful additive; and (2) encourages and will assist its members to seek state bans on the sale of menthol cigarettes, electronic nicotine delivery devices and other tobacco products. (Modify Current HOD Policy)

Your Reference Committee heard testimony that was supportive of this resolution. It was noted that this is already the position of the AMA and that the AMA has been advocating in support of banning all flavored tobacco products, including mint and menthol. Since Policy H-495.971 broadly addresses banning flavors in all tobacco products, your Reference believes that Policy H-495.976 should remained focused on combustible cigarettes. The policy on combustible cigarettes was enacted in 2008 prior to the enactment of the 2009 Family Smoking Prevention and Tobacco Control Act, which banned flavored cigarettes, but exempted menthol. While the FDA expressed its intent to ban menthol in cigarettes in 2018, no further action has occurred, and this remains an important public health issue. Therefore, your Reference Committee recommends that Resolution 918 be adopted as amended.

(17) RESOLUTION 923 – SUPPORT AVAILABILITY OF PUBLIC TRANSIT SYSTEMS

RECOMMENDATION A:

The first Resolve of Resolution 923 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association amend current policy H-135.939, "Green Initiatives and the Health Care Community," by addition and deletion as follows:

Our AMA supports: (1) responsible waste management and clean energy production policies that minimize health risks, including the promotion of appropriate recycling and waste reduction; (2) the use of ecologically sustainable products, foods, and materials when possible; (3) the development of products that are non-toxic, sustainable, and ecologically sound; (4) building practices that help reduce resource utilization and contribute to a healthy environment; ~~and~~ (5) the establishment, expansion, and continued maintenance of affordable, accessible, barrier-free, reliable, and clean-energy public transportation; and (6) community-wide adoption of 'green' initiatives and activities by organizations, businesses, homes, schools, and government and health care entities; and be it further (Modify Current HOD Policy)

RECOMMENDATION B:

The second Resolve of Resolution 923 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association amend current policy H-425.993, "Health Promotion and Disease Prevention," by addition and deletion as follows:

The AMA (1) reaffirms its current policy pertaining to the health hazards of tobacco, alcohol, accidental injuries, unhealthy lifestyles, and all forms of preventable illness; (2) advocates intensified leadership to promote better health through prevention; (3) believes that preventable illness is a major deterrent to good health and accounts for a major portion of our country's total health care expenditures; (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 abuse, particularly that which leads to 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; ~~and~~ (5) advocates that health be considered one of the goals in transportation planning and policy development including but not limited to the establishment, expansion, and continued maintenance of affordable, accessible, barrier-free, reliable, and preferably clean-energy public transportation; and (6) strongly emphasizes the important opportunity for savings in health care expenditures through prevention. (Modify Current HOD Policy)

RECOMMENDATION C:

Resolution 923 be adopted as amended.

RESOLVED, That our American Medical Association amend current policy H-135.939, "Green Initiatives and the Health Care Community," by addition and deletion as follows:

Our AMA supports: (1) responsible waste management and clean energy production policies that minimize health risks, including the promotion of appropriate recycling and waste reduction; (2) the use of ecologically sustainable products, foods, and materials when possible; (3) the development of products that are non-toxic, sustainable, and ecologically sound; (4) building practices that help reduce resource utilization and contribute to a healthy environment; ~~and~~ (5) the establishment, expansion, and continued maintenance of affordable, reliable public transportation; and (6) community-wide adoption of 'green' initiatives and activities by organizations,

businesses, homes, schools, and government and health care entities; and be it further (Modify Current HOD Policy)

RESOLVED, That our American Medical Association amend current policy H-425.993, "Health Promotion and Disease Prevention," by addition and deletion as follows:

The AMA (1) reaffirms its current policy pertaining to the health hazards of tobacco, alcohol, accidental injuries, unhealthy lifestyles, and all forms of preventable illness; (2) advocates intensified leadership to promote better health through prevention; (3) believes that preventable illness is a major deterrent to good health and accounts for a major portion of our country's total health care expenditures; (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 abuse, particularly that which leads to 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; ~~and~~ (5) advocates that health be considered one of the goals in transportation planning and policy development including but not limited to the establishment, expansion, and continued maintenance of affordable, reliable public transportation; and (6) strongly emphasizes the important opportunity for savings in health care expenditures through prevention. (Modify Current HOD Policy)

Your Reference Committee heard unanimous testimony in support of this resolution to add public transportation to existing policy on green initiatives and health promotion. Testimony noted the need for more to be done to highlight transportation barriers and help vulnerable populations. Minor amendments were made to align the changes with existing AMA policy on climate change and note the need for transportation systems to be accessible to those with disabilities. Therefore, your Reference Committee recommends that Resolution 923 be adopted as amended.

(18) RESOLUTION 934 – GUN VIOLENCE AND MENTAL ILLNESS STIGMA IN THE MEDIA

RECOMMENDATION A:

Resolution 934 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association amend Policy H-145.971, "Development and Implementation of Recommendations for Responsible Media Coverage of Mass Shootings," by addition as follows:

Our AMA encourages the Centers for Disease Control and Prevention, in collaboration with other public and private organizations, to develop recommendations and/or best practices for media coverage of mass shootings, ~~including for accurate and sensitive discussion of the purported relationship between mental illness and gun violence.~~ including informed discussion of the limited data on the relationship between mental illness and gun violence, recognizing the potential for exacerbating stigma against individuals with mental illness. (Modify Current HOD Policy)

RECOMMENDATION B:

Resolution 934 be adopted as amended.

RESOLVED, That our American Medical Association amend Policy H-145.971, "Development and Implementation of Recommendations for Responsible Media Coverage of Mass Shootings," by addition as follows:

Our AMA encourages the Centers for Disease Control and Prevention, in collaboration with other public and private organizations, to develop recommendations or best practices for media coverage of mass shootings, including for accurate and sensitive discussion of the purported relationship between mental illness and gun violence. (Modify Current HOD Policy)

Your Reference Committee heard testimony in strong support of the spirit of this resolution and the importance that this issue be addressed. Suicide is a leading cause of preventable death in the United States and firearms are among the most lethal suicide attempt methods. The need for improved mental health services and decreased stigma related to mental health was noted. The conflation of the issues of mass shooting incidents and mental illness, and the resulting propagation of stigma was also discussed. Multiple amendments were offered to more clearly state the intent of the resolution. Your Reference Committee agrees with the amendment to clarify the language and, therefore, recommends that Resolution 934 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(19) RESOLUTION 901 – HEALTH IMPACT OF PER- AND POLYFLUOROALKYL SUBSTANCES (PFAS) CONTAMINATION IN DRINKING WATER

RESOLUTION 922 – UNDERSTANDING THE EFFECTS OF PFAS ON HUMAN HEALTH

RECOMMENDATION:

Alternate resolution 901 be adopted in lieu of Resolutions 901 and 922.

Per- and Polyfluoroalkyl Substances (PFAS) and Human Health
RESOLVED, That our American Medical Association: (1) support continued research on the impact of perfluoroalkyl and polyfluoroalkyl chemicals on human health; (2) support legislation and regulation seeking to address contamination, exposure, classification, and clean-up of PFAS substances; and (3) advocate for states, at minimum, to follow guidelines presented in the Environmental Protection Agency's Drinking Water Health Advisories for perfluorooctanoic acid (PFOA) and perfluorooctane sulfonic acid (PFOS), with consideration of the appropriate use of Minimal Risk Levels (MRLs) presented in the CDC/ATSDR Toxicological Profile for PFAS. (New HOD Policy)

Resolution 901
RESOLVED, That our American Medical Association support legislation and regulation seeking to address contamination, exposure, classification, and clean-up of Per- and Polyfluoroalkyl substances. (New HOD Policy)

Resolution 922
RESOLVED, That our American Medical Association advocate for continued research on the impact of perfluoroalkyl and polyfluoroalkyl chemicals on human health (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for states to minimally follow guidelines regarding levels of perfluoroalkyl and polyfluoroalkyl chemicals recommended by the Centers for Disease Control and Prevention and the Environmental Protection Agency. (Directive to Take Action)

Your Reference Committee heard testimony in strong support of both Resolution 901 and 922. The need for continued research on the human health effects of newer "replacement" PFAS was noted. There was strong support for the language of Resolution 901, which covers legislation and regulation of PFAS, without reference to research or guidelines that may not be inclusive of newer PFAS currently in use. Additional testimony pointed out that given the

long half-lives of PFAS, and their ability to spread in the environment, any current and ongoing contamination may already be difficult to clean up. Therefore, your Reference Committee recommends that an alternate resolution, which is a combination of Resolutions 901 and 922 and inclusive of proposed clarifying amendments, be adopted in lieu of Resolutions 901 and 922.

(20) RESOLUTION 910 – BAN ON ELECTRONIC NICOTINE DELIVERY SYSTEM (ENDS) PRODUCTS

RESOLUTION 925 – SUSPENDING SALES OF VAPING PRODUCTS / ELECTRONIC CIGARETTES UNTIL FDA REVIEW

RESOLUTION 935 – AMA RESPONSE TO NATIONAL VAPING EPIDEMIC

RECOMMENDATION A:

Alternate Resolution 910 be <u>adopted in lieu of Resolutions 910, 925, and 935</u>.

Ban on Electronic Cigarettes and Vaping Products Not Approved by the FDA as Tobacco Cessation Products

RESOLVED, That our American Medical Association (1) urgently advocate for regulatory, legislative, and/or legal action at the federal and/or state levels to ban the sale and distribution of all e-cigarette and vaping products, with the exception of those which may be approved by the FDA for tobacco cessation purposes and made available by prescription only and (2) advocate for research funding to sufficiently study the safety and effectiveness of e-cigarette and vaping products for tobacco cessation purposes. (Directive to Take Action)

Resolution 910
RESOLVED, That our American Medical Association advocate for regulatory, and/or legislative, and/or legal action at the federal and/or state levels to ban all Electronic Nicotine Delivery Systems (ENDS) products. (Directive to Take Action)

Resolution 925
RESOLVED, That our American Medical Association support regulations that would prohibit the sale of any e-cigarette or other vaping product that has not undergone U.S. Food and Drug Administration (FDA) pre-market review until the FDA completes its review and allows the products to be sold. (New HOD Policy)

Resolution 935
RESOLVED, That our American Medical Association adopt an immediate AMA declaration that the vaping epidemic has escalated, leading to life-threatening illnesses and if unchecked will become an epidemic of epic proportions, labeling it now as a National Public Health Emergency Crisis (Directive to Take Action); and be it further

RESOLVED, That our AMA, having declared vaping a Public Health Emergency Crisis, advocate for an immediate legislative ban on vaping at the national level, with a minimal duration of one year and which emulates shorter bans already in place in several states (Directive to Take Action); and be it further

RESOLVED, That during any ban on vaping, our AMA advocate for emergency government research funding, under the direction of the Centers for Disease Control and Prevention, at a level sufficient to study and combat both the nicotine addiction and the direct pulmonary toxicity from the use of electronic nicotine delivery systems (Directive to Take Action); and be it further

RESOLVED, That our AMA direct the Public Education Programs of the AMA to disseminate its own teaching materials (or those of sister organizations) to warn of the dangers of vaping. Such materials would be tailored for specific age group blocks, beginning with the late primary school age group (Directive to Take Action); and be it further

RESOLVED, That our AMA adopt an immediate declaration and advocate for legislative action that requires the vaping industry to follow the same restrictions as the tobacco industry in direct-to-consumer advertising/marketing of their products (Directive to Take Action)

Your Reference Committee heard testimony in strong support of banning e-cigarettes and vaping products. Some supported taking the products off the market until the FDA has completed their review and approval of products through the pre-market tobacco application process. Others noted that the AMA declared the use of e-cigarettes and vaping a public health epidemic a year ago and has repeatedly urged the FDA to act. However, little has been done and we cannot keep waiting on FDA to exercise their authority.

Your References Committee believes that the dramatic rise in the youth use of e-cigarettes threatens to put another generation at risk of nicotine dependence. Others cautioned that banning e-cigarettes and vaping products may lead to a rise in the use of combustible tobacco products. Your Reference Committee believes that if e-cigarettes are effective at helping people quit smoking, manufacturers should pursue FDA approval as a tobacco cessation product available by prescription. Otherwise, their risks outweigh the potential benefits.

Your Reference Committee appreciates the urgency of this issue as articulated in Resolution 935, but believes that declaring this epidemic a “national public health emergency crisis” is inappropriate. Therefore, your Reference Committee recommends that alternative Resolution 910 be adopted in lieu of Resolutions 925 and 935.

(21) RESOLUTION 913 – PUBLIC HEALTH IMPACTS AND UNINTENDED CONSEQUENCES OF LEGALIZATION AND DECRIMINALIZATION OF CANNABIS FOR MEDICINAL AND RECREATIONAL USE

RESOLUTION 919 – RAISING AWARENESS OF THE HEALTH IMPACT OF CANNABIS

RECOMMENDATION:

Alternate Resolution 913 be adopted in lieu of Resolutions 913 and 919.

Raising Awareness of the Public Health Impact of Cannabis

RESOLVED, That our AMA encourage research on the impact of legalization and decriminalization of cannabis in an effort to promote public health and public safety (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage dissemination of information on the public health impact of legalization and decriminalization of cannabis (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for stronger public health messaging on the health effects of cannabis and cannabinoid inhalation and ingestion (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association coordinate with other health organizations to develop resources on the impact of cannabis on human health and on methods for counseling and educating patients on the use cannabis and cannabinoids (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for urgent regulatory changes necessary to fund and perform research related to cannabis and cannabinoids (Directive to Take Action).

Resolution 913
RESOLVED, That our American Medical Association work with interested organizations to collate existing worldwide data on the public health impacts, societal impacts, and unintended consequences of legalization and/or decriminalization of cannabis for recreational and medicinal use, with a report back at the 2020 Interim Meeting (Directive to Take Action); and be it further

RESOLVED, That our AMA continue to encourage research on the unintended consequences of legalization and decriminalization of cannabis for recreational and medicinal use in an effort to promote public health and public safety (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage dissemination of information on the public health impacts of legalization and decriminalization of cannabis for recreational and medicinal use, with consideration of making links to that information available on the AMA website (Directive to Take Action); and be it further

RESOLVED, That our AMA work with interested organizations to lobby Congress to allow more sites to conduct research on the risks and benefits of cannabinoid products. (Directive to Take Action)

Resolution 919

RESOLVED, That our American Medical Association coordinate with other health organizations to develop medical resources on the known and anticipated impact of cannabis on human health and on methods for counseling and educating patients who use cannabis and cannabinoids (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for stronger public health messaging on the negative effects of cannabis and cannabinoid inhalation and ingestion (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for urgent regulatory changes necessary to fund and perform research related to cannabis and cannabinoids (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for minimum purchasing age for cannabis products of at least 21 years old (Directive to Take Action); and be it further

RESOLVED, That our AMA continue to use the term “cannabis” in our policies when referencing cannabis plants, and “cannabis derivatives” or “cannabinoids” when referencing their natural chemical derivatives, but will include the term “marijuana” in physician and public education messaging and materials to improve health literacy (Directive to Take Action); and be it further

RESOLVED, That our AMA amend policy H-95.924, “Cannabis Legalization for Recreational Use,” by addition and deletion to read as follows:

Cannabis Legalization for Recreational Use H-95.924

Our AMA: (1) ~~believes~~ warns that cannabis and cannabinoids can be a threat to health when inhaled or ingested; (2) advocates that cannabis and cannabinoids are ~~is a dangerous drug and as such is~~ a serious public health concern; (~~2~~3) ~~believes that~~ warns against the legalized use and sale of cannabis and cannabinoids for recreational ~~use should not be legalized~~ purposes, due to their negative impact on human health; (~~3~~4) ~~discourages~~ warns against cannabis and cannabinoid use for recreational purposes, especially by ~~persons vulnerable to the drug's effects and in high-risk populations such as youth,~~ children and young adults, pregnant women, and women who are breastfeeding; (~~4~~5) ~~believes~~ strongly advocates that states that have already legalized cannabis (for medical or recreational use or both) should be required to take

steps to regulate ~~the product~~ cannabis and cannabinoids effectively in order to protect public health and safety and that laws and regulations related to legalized cannabis use should consistently be evaluated to determine their effectiveness; (~~5~~6) strongly encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis and cannabinoid use; and (~~6~~7) supports public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis or cannabinoids for personal use. (Modify Current HOD Policy)

Your Reference Committee heard testimony that was supportive of these resolutions and encourage action on these issues now due to the rapidly changing legal landscape across the country and the need for guidance. The Council on Science and Public Health testified that they are currently working on an updated report on cannabis for the presentation to the HOD at the A-20 meeting. Given this pending report, your Reference Committee believes that an additional report at I-20 is unnecessary. The Council supported referral of these resolutions for inclusion in their report. Your Reference Committee agreed that referral was appropriate, but wanted to provide policy for advocacy purposes in the meantime. Your Reference Committee recommends that this alternate resolution be adopted in lieu of Resolutions 913 and 919.

(22) RESOLUTION 930 – ORIGIN OF PRESCRIPTION MEDICATION PRODUCTION TRANSPARENCY

RESOLUTION 932 – SOURCE AND QUALITY OF MEDICATIONS CRITICAL TO NATIONAL HEALTH AND SECURITY

RECOMMENDATION:

Resolution 932 be adopted in lieu of Resolution 930.

Resolution 930
RESOLVED, that our American Medical Association advocate to Congress to support national legislation to make it a requirement that the identity of the manufacturer(s) and the country (countries) of origin of the components of prescription medications be included on the label of the container dispensed to a patient, including generic medications. (New HOD Policy)

Resolution 932
RESOLVED, that our American Medical Association (AMA) support studies that identify the extent to which the United States is dependent on foreign supplied pharmaceuticals and chemical substrates (New HOD Policy); and be it further

RESOLVED, that our AMA support legislative and regulatory initiatives that help to ensure proper domestic capacity, production and quality of pharmaceutical and chemical substrates as a matter of public well-being and national security (New HOD Policy); and be it further

RESOLVED, that our AMA encourage the development and enforcement of standards that make the sources of pharmaceuticals and their chemical substrates used in the United States of America transparent to prescribers and the general public. (New HOD Policy)

Your Reference Committee heard testimony largely in support of the intent of these Resolutions. Significant testimony also noted frustration with transparency related to the drug supply chain. Many commenters noted their support for the language of Resolution 932 and noted the urgency associated with this problem. It was also stated that legislation is currently being deliberated related to the issues in Resolution 932 and the adoption of this policy should empower the AMA to be engaged in the deliberations. Your Reference Committee therefore recommends that Resolution 932 be adopted in lieu of Resolution 930.

RECOMMENDED FOR REFERRAL FOR DECISION

(23) RESOLUTION 926 – SCHOOL RESOURCE OFFICER QUALIFICATIONS AND TRAINING

RECOMMENDATION A:

The first Resolve of Resolution 926 be adopted.

RECOMMENDATION B:

The second Resolve of Resolution 926 be adopted.

RECOMMENDATION C:

The third Resolve of Resolution 926 be referred for decision.

RESOLVED, That our American Medical Association (AMA) encourage an evaluation of existing national standards (and legislation, if necessary) to have qualifications by virtue of training and certification that includes child psychology and development, restorative justice, conflict resolution, crime awareness, implicit/explicit biases, diversity inclusion, cultural humility, and individual and institutional safety and others deemed necessary for school resource officers (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage the development of policies that foster the best environment for learning through protecting the health and safety of those in school, including students, teachers, staff and visitors (New HOD Policy); and be it further

RESOLVED, That our AMA encourage mandatory reporting of de-escalation procedures by school resource officers and tracking of student demographics of those reprimanded to identify areas of implicit bias. (Directive to Take Action)

Testimony was supportive of the concepts noted in this resolution and the need for training of school resource officers. There was confusion regarding the intent of the third Resolve, asking for mandatory reporting of de-escalation procedures by school resource officers. It is unclear who is required to report and to whom. Therefore, your Reference Committee recommends that Resolves one and two be adopted and Resolve three be referred for decision.

RECOMMENDED FOR NOT ADOPTION

(24) RESOLUTION 908 – REQUEST FOR BENZODIAZEPINE-SPECIFIC PRESCRIBING GUIDELINES FOR PHYSICIANS

RECOMMENDATION:

Resolution 908 be <u>not be adopted</u>.

RESOLVED, That our American Medical Association support the creation of national benzodiazepine-specific prescribing guidelines for physicians. (New HOD Policy)

Your Reference Committee heard mixed and passionate testimony on this resolution. Those in support noted the importance of the issue and the lack of guidance for physicians and other health care providers. Those opposed noted the possibility of unintended consequences that could arise from national guidelines similar to those that have emerged after the release of national opioid prescribing guidelines. Additional testimony noted the need for educational resources for physicians related to safe and effective prescribing of benzodiazepines. The nuance of prescribing these medications for a large variety of reasons was passionately discussed; many noted that prescribing benzodiazepines is very patient-specific, the patient-physician relationship is of paramount importance, and any national guideline could not adequately outline the details necessary for every medical specialty. Some testimony called for referral for the AMA to develop guidelines. The Council on Science and Public Health noted that writing of guidelines is outside of their scope and the scope of the AMA. The Council also commented that referral will not accomplish the intended goal of the resolution because national guidelines are not feasible or practical. For all of these reasons, your Reference Committee recommends that Resolution 908 not be adopted.

(25) RESOLUTION 917 – SUPPORTING RESEARCH INTO THE THERAPEUTIC POTENTIAL OF PSYCHEDELICS

RESOLUTION 933 – SUPPORTING RESEARCH INTO THE THERAPEUTIC POTENTIAL OF PSYCHEDELICS

RECOMMENDATION:

Resolutions 917 and 933 <u>not be adopted</u>.

Resolution 917
RESOLVED, That our American Medical Association call for the status of psychedelics as Schedule I substances be reclassified into a lower schedule class with the goal of facilitating clinical research and developing psychedelic-based medicines (Directive to Take Action); and be it further

RESOLVED, That our AMA explicitly support and promote research into the therapeutic potential of psychedelics to help make a more conducive environment for research, given the high regulatory and cultural barriers (Directive to Take Action); and be it further

RESOLVED, That our AMA support and promote research to determine the benefits and adverse effects of long-term psychedelic use. (Directive to Take Action)

Resolution 933
RESOLVED, That our American Medical Association work to establish a waiver process for psychedelics as Schedule 1 substances with the goal of facilitating clinical research. (Directive to Take Action)

Your Reference Committee largely heard testimony opposing the rescheduling of psychedelic drugs. Testimony noted that a drug must have an accepted medical use in the United States to be placed into a schedule other than Schedule I. To change the schedule of these drugs before medical use is established is pre-mature and dangerous. Testimony in support of this resolve emphasized the need for research on the therapeutic potential of psychedelics. The Council on Science and Public Health noted in testimony that research can, in fact, be conducted on Schedule I drugs and psychedelic compounds has been, and continues to be, an active and robust area of pharmaceutical research. As of December 2017, more than 590 researchers were registered with DEA to study Schedule I substances. Every researcher who has submitted a valid research proposal has been approved. Additionally, several commenters noted that the category of "psychedelics" is too vague and is not a category specifically mentioned in the Controlled Substances Act. Given that research on psychedelics is already enabled with Schedule I classification, your Reference committee therefore recommends that Resolutions 917 and 933 not be adopted.

(26) RESOLUTION 920 – MAINTAINING PUBLIC FOCUS ON LEADING CAUSES OF NICOTINE-RELATED DEATH

RECOMMENDATION:

Resolution 920 not be adopted.

RESOLVED, That in public statements on nicotine issues, and in discussions with government officials, our AMA seek every reasonable opportunity to remind the American public about (1) the massive ongoing death toll from combustible cigarettes; (2) the large and solidly demonstrated death toll from environmental tobacco smoke; and (3) the ongoing need for every smoker to find the best possible way to achieve and maintain abstinence from combustible cigarettes. (Directive to Take Action)

Your Reference Committee heard testimony that was mostly in opposition to this resolution. While smoking is the leading cause of preventable death, adopting a policy calling on the AMA to reference combustible products in any public statements or government meetings on nicotine products is unnecessary and could limit the AMA's ability to effectively advocate and communicate on e-cigarettes, vaping, or other nicotine products. Both the Council on Science and Public Health and the Council on Legislation testified in opposition to this resolution. In addition, the AMA has existing policy addressing smoking as a major health hazard. Your Reference Committee recommends that Resolution 920 not be adopted.

H-490.917, "Physician Responsibilities for Tobacco Cessation"
Cigarette smoking is a major health hazard and a preventable factor in physicians' actions to maintain the health of the public and reduce the high cost of health care. Our AMA takes a strong stand against smoking and favors aggressively pursuing all avenues of educating the general public on the hazards of using tobacco products and the continuing high costs of this serious but preventable problem. Additionally, our AMA supports and advocates for appropriate surveillance approaches to measure changes in tobacco consumption, changes in tobacco-related morbidity and mortality,

youth uptake of tobacco use, and use of alternative nicotine delivery systems. In view of the continuing and urgent need to assist individuals in smoking cessation, physicians, through their professional associations, should assume a leadership role in establishing national policy on this topic and assume the primary task of educating the public and their patients about the danger of tobacco use (especially cigarette smoking). Accordingly, our AMA: (1) encourages physicians to refrain from engaging directly in the commercial production or sale of tobacco products; (2) supports (a) development of an anti-smoking package program for medical societies; (b) making patient educational and motivational materials and programs on smoking cessation available to physicians; and (c) development and promotion of a consumer health-awareness smoking cessation kit for all segments of society, but especially for youth; (3) encourages physicians to use practice guidelines for the treatment of patients with nicotine dependence and will cooperate with the Agency for Health Research and Quality (AHRQ) in disseminating and implementing evidence-based clinical practice guidelines on smoking cessation, and on other matters related to tobacco and health; (4) (a) encourages physicians to use smoking cessation activities in their practices including (i) quitting smoking and urging their colleagues to quit; (ii) inquiring of all patients at every visit about their smoking habits (and their use of smokeless tobacco as well); (iii) at every visit, counseling those who smoke to quit smoking and eliminate the use of tobacco in all forms; (iv) prohibiting all smoking in the office by patients, physicians, and office staff; and discouraging smoking in hospitals where they work (v) providing smoking cessation pamphlets in the waiting room; (vi) becoming aware of smoking cessation programs in the community and of their success rates and, where possible, referring patients to those programs; (b) supports the concept of smoking cessation programs for hospital inpatients conducted by appropriately trained personnel under the supervision of a physician; (5) (a) supports efforts to identify gaps, if any, in existing materials and programs designed to train physicians and medical students in the behavior modification skills necessary to successfully counsel patients to stop smoking; (b) supports the production of materials and programs which would fill gaps, if any, in materials and programs to train physicians and medical students in the behavior modification skills necessary to successfully counsel patients to stop smoking; (c) supports national, state, and local efforts to help physicians and medical students develop skills necessary to counsel patients to quit smoking; (d) encourages state and county medical societies to sponsor, support, and promote efforts that will help physicians and medical students more effectively counsel patients to stop smoking; (e) encourages physicians to participate in education programs to enhance their ability to help patients quit smoking; (f) encourages physicians to speak to community groups about tobacco use and its consequences; and (g) supports providing assistance in the promulgation of information on the effectiveness of smoking cessation programs; (6) (a) supports the concept that physician offices, clinics, hospitals, health departments, health plans, and voluntary health associations should become primary sites for education of the public about the harmful effects of tobacco and encourages physicians and other health care workers to introduce and support healthy lifestyle practices as the core of preventive programs in these sites; and (b) encourages the development of smoking cessation programs implemented jointly by the local medical society, health department, and pharmacists; and (7) (a) believes that collaborative approaches to tobacco treatment across all points of contact within the medical system will maximize opportunities to address tobacco use among all of our patients, and the likelihood for successful intervention; and (b) supports efforts by any appropriately licensed health care professional to identify and treat tobacco dependence in any individual, in the various clinical contexts in which

they are encountered, recognizing that care provided in one context needs to take into account other potential sources of treatment for tobacco use and dependence. CSA Rep. 3, A-04Appended: Res. 444, A-05Reaffirmed: BOT Rep. 8, A-08Reaffirmed in lieu of Res. 912, I-12Reaffirmed: CSAPH Rep. 05, A-18.

(27) RESOLUTION 921 – VAPING IN NEW YORK STATE AND NATIONALLY

RECOMMENDATION:

Resolution 921 not be adopted.

RESOLVED, That our American Medical Association cooperate with the Medical Society of the State of New York (MSSNY) to express our gratitude to New York Governor Andrew Cuomo and Commissioner of the Department of Health Howard Zucker, MD for their prompt action to protect patients by banning the sale of flavored e cigarettes; and be it further

RESOLVED, That our AMA cooperate with MSSNY to express our gratitude to Governor Cuomo and Health Commissioner Zucker for their advice to consumers to avoid vaporization of medical marijuana available under the New York State medical marijuana program; and be it further

RESOLVED, That our AMA cooperate with MSSNY to recommend to Governor Cuomo, Commissioner Zucker, and New York State Legislators, and in conjunction with other State Medical Societies other State Executives, Health Commissioners and Legislatures to take further action to protect consumers from exposure to vaporized products with a moratorium on dispensing of vaporized products to new certificate holders for medical marijuana until data on the long term safety

RESOLVED, That our AMA cooperate with MSSNY to recommend that state and federal representatives work to reschedule marijuana and its' component substances to Schedule II controlled substance to reduce barriers to further study on the efficacy and harms of various marijuana products. (Directive to Take Action)

Your Reference Committee heard limited testimony on this resolution. It was noted that the AMA has already taken action to address several of the asks included in this resolution. For example, the AMA sent a letter to the Governor of New York, as well as other Governors, applauding their efforts to ban flavored e-cigarettes. In terms of the asks addressing cannabis, it should be noted that the Council on Science and Public Health is working on a report on this issue due back to the House of Delegates at A-20. Amended language from the authors that significantly departed from the proposed resolution was offered with minimal opportunity for review. Your Reference Committee recommends that if the authors feel strongly about the substitute language they should resubmit a resolution at Annual 2020. Therefore, your Reference Committee recommends that Resolution 921 not be adopted.

(28) RESOLUTION 924 – UPDATE SCHEDULED MEDICATION CLASSIFICATION

RECOMMENDATION:

Resolution 924 not be adopted.

RESOLVED, That our American Medical Association amend current policy D-120.979, "DEA Regulations and the Ability of Physicians to Prescribe Controlled Medication Rationally, Safely, and Without Undue Threat of Prosecution," by addition as follows:

Our AMA supports ongoing constructive dialogue between the DEA and clinicians, including physicians, regarding: (1) a proper balance between the needs of patients for treatment and the needs of the government to provide oversight and regulation to minimize risks to public health and safety and (2) potential changes to the controlled substances schedules to make it easier to differentiate opioid containing controlled substances from non-opioid controlled substances within each schedule. (Modify Current HOD Policy)

Your Reference Committee heard very limited testimony on this resolution, and most of it was in opposition. The Council on Science and Public Health noted that two drug schedules currently distinguish narcotics (opioids) from non-narcotic drugs, Schedule II/IIN and Schedule III/IIIN. The "N" designation indicates a non-narcotic drug. Since the ask of this resolution is already a part of the Controlled Substances Act and DEA drug classification, your Reference Committee recommends that Resolution 924 not be adopted.

(29) RESOLUTION 929 – REGULATING MARKETING AND DISTRIBUTION OF TOBACCO PRODUCTS AND VAPING-RELATED PRODUCTS

RECOMMENDATION:

Resolution 929 not be adopted.

RESOLVED, That our American Medical Association (AMA) support strict marketing standards to prevent all nicotine-related products from being marketed to, or attractive to, children, adolescents, and young adults, including but not limited to the following measures:

- Banning print advertising except in adult-only publications or media (adults are >85% of audience).
- Banning advertising and/or sponsorship at stadiums, concerts, sporting or other public events that are not primarily targeted to adults.
- Banning offers of any school or college scholarships by any company selling tobacco products.
- Banning television advertising of any tobacco products, including any vapor products.
- Banning advertising, marketing and sale of tobacco products that:
    - Uses the terms "candy" or "candies" or variants in spelling, such as "kandy" or "kandeez," "bubble gum," "cotton candy," and "gummi bear", and "milkshake."
    - Uses the terms "cake" or "cakes" or variants such as "cupcake.

- Uses packaging, trade dress or trademarks that imitate those of food or other products primarily targeted to minors such as candy, cookies, juice boxes or soft drinks.
- Uses packaging that contains images of food products primarily targeted to minors such as juice boxes, soft drinks, soda pop, cereal, candy, or desserts.
- Imitates a consumer product designed or intended primarily for minors
- Uses cartoons or cartoon characters.
- Uses images or references to superheroes.
- Uses any likeness to images, characters, or phrases that are known to appeal primarily to minors, such as "unicorn".
- Uses a video game, movie, video, or animated television show known to appeal primarily to minors.

- Banning advertising and marketing of tobacco products, including vapor products, that:
  - Does not accurately represent the ingredients contained in the products.
  - Uses contracted spokespeople or individuals that do not appear to be at least 25 years of age.
- Banning advertising on outdoor billboards near schools and playgrounds.
- Requiring labels to include warnings protecting youth such as "Sales to Minors Prohibited" or "Underage Sales Prohibited" and/or "Keep Out of Reach of Children".
- Requiring all advertising to be accurate and not misleading (New HOD Policy); and be it further

RESOLVED, That our AMA support the use of the most up-to-date and effective technology for verifying the age of would-be purchasers of tobacco products and vaping-related products, both online and in bricks-and-mortar retail outlets (New HOD Policy); and be it further

RESOLVED, That our AMA oppose sales of tobacco products or vaping-related products on any third-party marketplace such as Alibaba, Amazon, eBay, et al, where the third-party marketplace does not take full responsibility for verifying age; blocking unregulated cannabis and THC products; identifying and prohibiting all counterfeit products; and forbidding packaging and other materials that allow illicit sales of any tobacco product (New HOD Policy); and be it further

RESOLVED, That our AMA support licensing and frequent inspections of all retail outlets selling any tobacco products or vaping-related products, with loss of license for repeated violations (e.g., three violations in a three year period) (New HOD Policy); and be it further

RESOLVED, That our AMA support limitations on the concentration, chemical form, and vehicle chemistry of all nicotine-related products, with special attention to the European product standards which seem to lead to much lower addictiveness than many of the ENDS products sold in the USA (New HOD Policy); and be it further

RESOLVED, That our AMA support a ban on all self-service displays of tobacco products, which would require all tobacco products and vaping-related products to be behind a counter or in a locked display and accessible only to a store employee (New HOD Policy); and be it further

RESOLVED, That our AMA support a ban on sales of all tobacco products and vaping-related products except in stores that display signage indicating that (a) "Unaccompanied Minors Are Not Allowed on Premises" or (b) "Products are Not for Sale to Minors" or (c) "Underage Sale Prohibited", and that enforce these rules consistently (New HOD Policy); and be it further

RESOLVED, That our AMA support a ban on “straw man” sellers, which would make it illegal for any person who is not a licensed tobacco product dealer or vaping-related product dealer to sell, barter for, or exchange any tobacco product or vaping-related products (New HOD Policy); and be it further

RESOLVED, That our AMA support legislation that would discourage “straw man” distribution by prohibiting the retail sale of quantities likely intended for more than one consumer, such as the retail sale to one customer of (a) more than two electronic-cigarette or vape devices; (b) more than five standard packages of e-liquids; (c) more than 20 packs of cigarettes; or (d) similarly determined quantities of other tobacco products and/or vaping-related products. (New HOD Policy)

Testimony noted that the AMA already has existing policy addressing both the advertising and marketing of e-cigarette products as well as their sale and distribution. Both the Council on Science and Public Health and the Council on Legislation testified in opposition to this resolution as it would limit the AMA’s advocacy efforts and, in some instances, would weaken our existing policies (i.e., internet sales and nicotine standards). A substitute was offered that dramatically altered the original resolution. Given the limited opportunity to review and discuss the newly proposed language, your Reference Committee believes the most appropriate course of action is to not adopt Resolution 929.

H-495.984, “Tobacco Advertising and Media”
Our AMA: (1) in keeping with its long-standing objective of protecting the health of the public, strongly supports a statutory ban on all advertising and promotion of tobacco products; (2) as an interim step toward a complete ban on tobacco advertising, supports the restriction of tobacco advertising to a "generic" style, which allows only black-and-white advertisements in a standard typeface without cartoons, logos, illustrations, photographs, graphics or other colors; (3) (a) recognizes and condemns the targeting of advertisements for cigarettes and other tobacco products toward children, minorities, and women as representing a serious health hazard; (b) calls for the curtailment of such marketing tactics; and (c) advocates comprehensive legislation to prevent tobacco companies or other companies promoting look-alike products designed to appeal to children from targeting the youth of America with their strategic marketing programs; (4) supports the concept of free advertising space for anti-tobacco public service advertisements and the use of counter-advertising approved by the health community on government-owned property where tobacco ads are posted; (5) (a) supports petitioning appropriate government agencies to exercise their regulatory authority to prohibit advertising that falsely promotes the alleged benefits and pleasures of smoking as well worth the risks to health and life; and (b) supports restrictions on the format and content of tobacco advertising substantially comparable to those that apply by law to prescription drug advertising; (6) publicly commends those publications that have refused to accept cigarette advertisements and supports publishing annually, via JAMA and other appropriate publications, a list of those magazines that have voluntarily chosen to decline tobacco ads, and circulation of a list of those publications to every AMA member; (7) urges physicians to mark the covers of magazines in the waiting area that contain tobacco advertising with a

disclaimer saying that the physician does not support the use of any tobacco products and encourages physicians to substitute magazines without tobacco ads for those with tobacco ads in their office reception areas; (8) urges state, county, and specialty societies to discontinue selling or providing mailing lists of their members to magazine subscription companies that offer magazines containing tobacco advertising; (9) encourages state and county medical societies to recognize and express appreciation to any broadcasting company in their area that voluntarily declines to accept tobacco advertising of any kind; (10) urges the 100 most widely circulating newspapers and the 100 most widely circulating magazines in the country that have not already done so to refuse to accept tobacco product advertisements, and continues to support efforts by physicians and the public, including the use of written correspondence, to persuade those media that accept tobacco product advertising to refuse such advertising; (11) (a) supports efforts to ensure that sports promoters stop accepting tobacco companies as sponsors; (b) opposes the practice of using athletes to endorse tobacco products and encourages voluntary cessation of this practice; and (c) opposes the practice of tobacco companies using the names and distinctive hallmarks of well-known organizations and celebrities, such as fashion designers, in marketing their products; (12) will communicate to the organizations that represent professional and amateur sports figures that the use of all tobacco products while performing or coaching in a public athletic event is unacceptable. Tobacco use by role models sabotages the work of physicians, educators, and public health experts who have striven to control the epidemic of tobacco-related disease; (13) (a) encourages the entertainment industry, including movies, videos, and professional sporting events, to stop portraying the use of tobacco products as glamorous and sophisticated and to continue to de-emphasize the role of smoking on television and in the movies; (b) will aggressively lobby appropriate entertainment, sports, and fashion industry executives, the media and related trade associations to cease the use of tobacco products, trademarks and logos in their activities, productions, advertisements, and media accessible to minors; and (c) advocates comprehensive legislation to prevent tobacco companies from targeting the youth of America with their strategic marketing programs; and (14) encourages the motion picture industry to apply an "R" rating to all new films depicting cigarette smoking and other tobacco use. CSA Rep. 3, A-04; Appended: Res. 427, A-04; Reaffirmation A-05; Reaffirmation A-14

H-495.986, “Sales and Distribution of Tobacco Products and Electronic Nicotine Delivery Systems (ENDS) and E-cigarettes”
Our AMA: (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; (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, and urges strict enforcement of laws prohibiting the sale of tobacco products to minors; (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"); and (f) requiring tobacco purchasers and vendors to be of legal smoking age; (4) requests that states adequately fund the enforcement of the laws related to tobacco sales to minors; (5) opposes the use of vending machines to distribute tobacco products and supports ordinances and legislation to ban the use of vending machines for distribution of tobacco products; (6) seeks a ban on the production, distribution, and sale of candy products that depict or resemble tobacco products; (7) opposes the distribution of free tobacco products by any means and supports the enactment of legislation prohibiting the disbursement of samples of tobacco and tobacco products by mail; (8) (a) publicly commends (and so urges local medical societies) pharmacies and pharmacy owners who have chosen not to sell tobacco products, and asks its members to encourage patients to seek out and patronize pharmacies that do not sell tobacco products; (b) encourages other pharmacists and pharmacy owners individually and through their professional associations to remove such products from their stores; (c) urges the American Pharmacists Association, the National Association of Retail Druggists, and other pharmaceutical associations to adopt a position calling for their members to remove tobacco products from their stores; and (d) encourages state medical associations to develop lists of pharmacies that have voluntarily banned the sale of tobacco for distribution to their members; and (9) opposes the sale of tobacco at any facility where health services are provided; and (10) supports that the sale of tobacco products be restricted to tobacco specialty stores. CSA Rep. 3, A-04; Appended: Res. 413, A-04; Reaffirmation A-07; Amended: Res. 817, I-07; Reaffirmation A-08; Reaffirmation I-08; Reaffirmation A-09; Reaffirmation I-13; Reaffirmation A-14; Reaffirmation I-14; Reaffirmation A-15; Modified in lieu of Res. 421, A-15; Modified in lieu of Res. 424, A-15; Reaffirmation I-16; Appended: Res. 926, I-18

H-495.988, “FDA Regulation of Tobacco Products”
1. Our AMA: (A) acknowledges that all tobacco products (including but not limited to, cigarettes, smokeless tobacco, chewing tobacco, and hookah/water pipe tobacco) are harmful to health, and that there is no such thing as a safe cigarette; (B) recognizes that currently available evidence from short-term studies points to electronic cigarettes as containing fewer toxicants than combustible cigarettes, but the use of electronic cigarettes is not harmless and increases youth risk of using combustible tobacco cigarettes; (C) encourages long-term studies of vaping (the use of electronic nicotine delivery systems) and recognizes that complete cessation of the use of tobacco and nicotine-related products is the goal; (D) asserts that tobacco is a raw form of the drug nicotine and that tobacco products are delivery devices for an addictive substance; (E) reaffirms its position that the Food and Drug Administration (FDA) does, and should continue to have, authority to regulate tobacco products, including their manufacture, sale, distribution, and marketing; (F) strongly supports the substance of the August 1996 FDA regulations intended to reduce use of tobacco by children and adolescents as sound public health policy and opposes any federal legislative proposal that would weaken the proposed FDA regulations; (G) urges Congress to pass legislation to phase in the production of reduced nicotine content tobacco products and to authorize the FDA have broad-based powers to regulate tobacco products; (H) encourages the FDA and other appropriate agencies to conduct or fund research on how tobacco products might be modified to facilitate cessation of use, including elimination of nicotine and elimination of additives (e.g., ammonia) that enhance addictiveness; and (I) strongly opposes legislation which would undermine the FDA's authority to regulate tobacco products and encourages state medical associations to contact their state

delegations to oppose legislation which would undermine the FDA's authority to regulate tobacco products. 2. Our AMA: (A) supports the US Food and Drug Administration (FDA) as it takes an important first step in establishing basic regulations of all tobacco products; (B) strongly opposes any FDA rule that exempts any tobacco or nicotine-containing product, including all cigars, from FDA regulation; and (C) will join with physician and public health organizations in submitting comments on FDA proposed rule to regulate all tobacco products. 3. Our AMA: (A) will continue to monitor the FDA’s progress towards establishing a low nicotine product standard for tobacco products and will submit comments on the proposed rule that are in line with the current scientific evidence and (B) recognizes that rigorous and 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. CSA Rep. 3, A-04; Reaffirmed: BOT Rep. 8, A-08; Appended: Res. 234, A-12; Reaffirmation A-13; Modified: Res. 402, A-13; Modified: Speakers Rep., A-14; Appended: Res. 420, A-14; Reaffirmation A-15; Modified: CSAPH Rep. 05, A-18; Reaffirmed in lieu of: Res. 412, A-19; Modified: CSAPH Rep. 03, A-19

Madam Speaker, this concludes the report of Reference Committee K. I would like to thank Ankush K. Bansal, MD, Joanna T. Bisgrove, MD, Patricia A. Kolowich, MD, Damani Mcintosh-Clarke, Thomas Vidic, MD, Sophia Yang, MD; our AMA staff Amy B.Cadwallader, PhD, Andrea Garcia, JD, MPH, Andrea Houlihan, and Jennifer Byrne; and all those who testified before the Committee.

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