

Reference Committee K (advocacy related to science and public health)		
Item of Business	Recommendation(s)/Resolve Clause(s)	Consensus Position
CSAPH Report 01: Mandatory Reporting of Diseases and Conditions	<p>Public Health Surveillance</p> <p>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)</p> <p>Fiscal Note: less than \$1,000.</p>	Support

<p>CSAPH Report 02: Real-World Data and Real-World Evidence in Medical Product Decision Making</p>	<p>The Council on Science and Public Health recommends that the following be adopted and the remainder of the report be filed:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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) 	<p>Support</p>
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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, real-world data (RWD) fit for regulatory purpose, 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.

(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)

Fiscal Note: \$50,000

<p>CSAPH Report 03: Patient Use of Non-FDA Approved Cannabis and Cannabinoid Products in Hospitals</p>	<p>The Council recommends that the following recommendation be adopted in lieu of Resolution 414-A-19, and the remainder of the report be filed.</p> <p>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)</p> <p>Fiscal Note: less than \$500</p>	<p>Support</p>
<p>Resolution 901: Health Impact of Per- and Polyfluoroalkyl Substances (PFAS) Contamination in Drinking Water (MSS)</p>	<p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Support</p>
<p>Resolution 902: Amending H-490.913, "Smoke-Free Environments and Workplaces," and H 490.907, "Tobacco Smoke Exposure of Children in Multi-Unit Housing," to Include E-Cigarettes (MSS)</p>	<p>RESOLVED, That our American Medical Association amend policy H-490.913, "Smoke-Free Environments and Workplaces," by addition and deletion to read as follows:</p> <p>Smoke-Free <u>and Vape-Free</u> Environments and Workplaces, H-490.913 On the issue of the health effects of environmental tobacco smoke (ETS), and passive smoke, <u>and vape</u> 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 <u>and vape-free</u> campuses for business, labor, education, and government; (2) (a) honors companies and governmental workplaces that go smoke-free <u>and vape-free</u>; (b) will petition the Occupational Safety and Health Administration (OSHA) to adopt regulations prohibiting smoking and <u>vaping</u> 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</p>	<p>Active Support</p>

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 (Modify Current HOD Policy); and be it further

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:

Tobacco Smoke and Vaping Exposure of Children in Multi-Unit Housing, H 490.907

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)

Fiscal Note: Minimal - less than \$1,000

<p>Resolution 903: Encouraging the Development of Multi-Language, Culturally Informed Mobile Health Applications (MSS)</p>	<p>RESOLVED, That AMA amend policy D-480.972 by addition to read as follows:</p> <p>Guidelines for Mobile Medical Applications and Devices, D-480.972</p> <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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. <u>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)</u> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Support</p>
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<p>Resolution 904: Amendment to AMA Policy H-150.949, “Healthy Food Options in Hospitals” (MSS)</p>	<p>RESOLVED, That our AMA encourage the availability of healthy, plant-based options at medical care facilities by amending AMA Policy H-150.949, “Healthy Food Options in Hospitals,” by addition and deletion to read as follows:</p> <p>Healthy Food Options in Hospitals Medical Care Facilities, H-150.949</p> <p>1. Our AMA encourages healthy food options be available, at reasonable prices and easily accessible, on hospital <u>the premises of Medical Care Facilities.</u></p> <p>2. Our AMA hereby calls on US hospitals <u>all Medical Care Facilities</u> 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.</p> <p>3. Our AMA hereby calls for hospital <u>Medical Care Facility</u> cafeterias and inpatient meal menus to publish nutrition information. (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Support</p>
<p>Resolution 905: Sunscreen Dispensers in Public Spaces as a Public Health Measure (MSS)</p>	<p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Monitor</p>

Resolution 906: Ensuring the Best In-School Care for Children with Sick Cell Disease (MSS)	<p>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</p> <p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Support
Resolution 907: Increasing Access to Gang-Related Laser Tattoo Removal in Prison and Community Settings (MSS)	<p>RESOLVED, That our American Medical Association support increased access to gang-related tattoo removal in prison and community settings. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Support
Resolution 908: Request for Benzodiazepine-Specific Prescribing Guidelines for Physicians (MSS)	<p>RESOLVED, That our American Medical Association support the creation of national benzodiazepine-specific prescribing guidelines for physicians. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Active Support with Amendment
Resolution 909: Decreasing the Use of Oximetry Monitors for the Prevention of Sudden Infant Death Syndrome (RFS)	<p>RESOLVED, That our American Medical Association oppose the sale and use of oximetry monitors to prevent sudden infant death syndrome. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Support
Resolution 910: Ban on Electronic Nicotine Delivery System (ENDS) Products (MAS)	<p>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)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	Support

Resolution 911: Basic Courses in Nutrition (YPS) <i>(Recommended for Reaffirmation)</i>	<p>RESOLVED, That our American Medical Association amend Policy H-150.995, “Basic Courses in Nutrition,” by addition to read as follows:</p> <p>Basic Courses in Nutrition H-150.995</p> <p><u>1. Our AMA encourages effective education in nutrition at the undergraduate, graduate, and postgraduate levels.</u></p> <p><u>2. Our AMA encourages collaboration with appropriate entities to develop and promote relevant nutrition education to enhance patient care and medical trainee education and wellbeing.</u></p> <p><u>3. Our AMA encourages alignment with evidence-based dietary guidelines for food served in medical trainings and medical conferences.</u> (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Active Support
Resolution 912: Improved Emergency Response Planning for Infectious Disease Outbreaks (YPS) <i>(Recommended for Reaffirmation)</i>	<p>RESOLVED, That our American Medical Association encourage hospitals and other entities that collect patient encounter data to report syndromic (i.e., symptoms that appear together and characterize a disease or medical condition) data to public health departments in order to facilitate syndromic surveillance, assess risks of local populations for disease, and develop comprehensive plans with stakeholders to enact actions for mitigation, preparedness, response, and recovery (Directive to Take Action); and be it further</p> <p>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</p> <p>RESOLVED, That our AMA encourage health departments to develop public health messaging to provide education on unexpected infectious disease. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Active Support

Resolution 913: Public Health Impacts and Unintended Consequences of Legalization and Decriminalization of Cannabis for Medicinal and Recreational Use (YPS)	<p>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</p> <p>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</p> <p>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</p> <p>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)</p> <p>Fiscal Note: Modest – between \$1,000 - \$5,000.</p>	Active Support
Resolution 914: Nicotine Replacement Therapy for Minors (Indiana)	<p>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</p> <p>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)</p> <p>Fiscal Note: Modest – between \$1,000 - \$5,000.</p>	Active Support

Resolution 915: Preventing Death and Disability Due to Particulate Matter Produced by Automobiles (ACC)	<p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Support
Resolution 916: Sale of Tobacco in Retail Pharmacies (ACC)	<p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Support
Resolution 917: Supporting Research into the Therapeutic Potential of Psychedelics (MSS)	<p>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</p> <p>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</p> <p>RESOLVED, That our AMA support and promote research to determine the benefits and adverse effects of long-term psychedelic use. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Monitor

<p>Resolution 918: Banning Flavors, including Menthol and Mint, in Combustible and Electronic Cigarettes and Other Nicotine Products (New England)</p>	<p>RESOLVED, That our American Medical Association amend Policy H-495.971, "Opposition to Addition of Flavors to Tobacco Products," by addition as follows:</p> <p>Our AMA: (1) supports state and local legislation to prohibit the sale or distribution of all 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 as well <u>as combustible cigarettes, cigars and smokeless tobacco</u> (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, That our AMA amend Policy H-495.976, "Opposition to Exempting the Addition of Menthol to Cigarettes," by addition and deletion as follows:</p> <p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Support</p>
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<p>Resolution 919: Raising Awareness of the Health Impact of Cannabis (ATS)</p>	<p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>RESOLVED, That our AMA amend policy H-95.924, “Cannabis Legalization for Recreational Use,” by addition and deletion to read as follows:</p>	<p>Support</p>
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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; (23) ~~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; (34) ~~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; (45) ~~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; (56) 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 (67) supports public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis or cannabinoids for personal use. (Modify Current HOD Policy)

Fiscal Note: Modest - between \$1,000 - \$5,000

Resolution 920: Maintaining Public Health Focus on Leading Causes of Nicotine-Related Death (AAPHP)

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)

Fiscal Note: Minimal - less than \$1,000

Monitor

<p>Resolution 921: Vaping in New York State and Nationally (Madejski)</p>	<p>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 (Directive to Take Action); and be it further</p> <p>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 (Directive to Take Action); and be it further</p> <p>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 of vaporized marijuana is available (Directive to Take Action); and be it further</p> <p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Oppose</p>
<p>Resolution 922: Understanding the Effects of PFAS on Human Health (Michigan)</p>	<p>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</p> <p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Support</p>

<p>Resolution 923: Support Availability of Public Transit Systems (Michigan)</p>	<p>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:</p> <p>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) <u>the establishment, expansion, and continued maintenance of affordable, reliable public transportation;</u> and (6) community-wide adoption of 'green' initiatives and activities by organizations, businesses, homes, schools, and government and health care entities (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA amend current policy H-425.993, "Health Promotion and Disease Prevention," by addition and deletion as follows:</p> <p>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:</p> <p>(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) <u>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;</u> and (6) strongly emphasizes the important opportunity for savings in health care expenditures through prevention. (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Support</p>
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<p>Resolution 924: Update Scheduled Medication Classification (Michigan)</p>	<p>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:</p> <p>Our AMA supports ongoing constructive dialogue between the DEA and clinicians, including physicians, regarding: <u>(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.</u> (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Monitor</p>
<p>*Resolution 925: Suspending Sales of Vaping Products / Electronic Cigarettes Until FDA Review</p>	<p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Monitor</p>

<p>*Resolution 927: Climate Change</p>	<p>RESOLVED, That our American Medical Association acknowledge that:</p> <ol style="list-style-type: none"> 1. Climate change is a critical public health issue. 2. Potential effects of climate change on human health include higher rates of respiratory and heat-related illness, increased prevalence of vector-borne and waterborne diseases, food and water insecurity, and malnutrition. Persons who are elderly, sick, or poor are especially vulnerable to these potential consequences. 3. We support educating the medical community on the potential adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies. 4. We recognize the importance of physician involvement in policymaking at the state, national, and global level and support efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and recognize that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes. 5. We encourage physicians to adopt programs for environmental sustainability in their practices, share these concepts with their patients and their communities. and to serve as role models for promoting environmental sustainability. 6. We encourage physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently. 7. We support epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment. (New HOD Policy) <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Support</p>
<p>*Resolution 928: CBD Oil and Supplement Use in Treatment</p>	<p>RESOLVED, That our American Medical Association actively support and promote private and publicly funded research to support future evidence-based policymaking on Cannabidiol (CBD) products. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Oppose</p>

<p>*Resolution 929: Regulating Marketing and Distribution of Tobacco Products and Vaping-Related Products</p>	<p>RESOLVED, That our American Medical Association 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:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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 - 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: <ul style="list-style-type: none"> - Does not accurately represent the ingredients contained in the products. - Uses contracted spokespersons 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 	<p>Monitor</p>
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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

	<p>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</p> <p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	
<p>**Resolution 930: Origin of Prescription Medication Production Transparency Georgia</p>	<p>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. (Directive to Take Action)</p> <p>Fiscal Note: Not yet determined</p>	Monitor
<p>**Resolution 931: Vaping Ban for Under 21 and Additional Regulations Georgia</p>	<p>RESOLVED, That our American Medical Association reaffirm policy on tobacco sales and flavoring and renew efforts to advocate to make these policies universal in all the states in the Union. (Directive to Take Action)</p>	Support

<p>**Resolution 932: Source and Quality of Medications Critical to National Health and Security Pennsylvania</p>	<p>RESOLVED, That our American Medical Association 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</p> <p>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</p> <p>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)</p> <p>Fiscal Note: Not yet determined</p>	<p>Monitor</p>
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^~ AMA-YPS Authored Resolution

* - Handbook Addendum

** - Sunday Tote