

# REPORT OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH

CSAPH Report 1, June 2020

Subject: CSAPH Sunset Review of 2010 House of Delegates Policies

Presented by: Michael M. Miller, MD, Chair

Referred to: Reference Committee F and Amendments to Constitution and Bylaws  
(Ann R. Stroink, MD, Chair)

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1 At its 1984 Interim Meeting, the American Medical Association (AMA) House of Delegates  
2 (HOD) established a sunset mechanism for House policies (Policy G-600.110, “Sunset Mechanism  
3 for AMA Policy”). Under this mechanism, a policy established by the HOD ceases to be viable  
4 after 10 years unless action is taken by the HOD to retain it.

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6 The objective of the sunset mechanism is to help ensure that the AMA Policy Database is current,  
7 coherent, and relevant. By eliminating outmoded, duplicative, and inconsistent policies, the sunset  
8 mechanism contributes to the ability of the AMA to communicate and promote its policy positions.  
9 It also contributes to the efficiency and effectiveness of HOD deliberations.

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11 At its 2012 Annual Meeting, the HOD modified Policy G-600.110 to change the process through  
12 which the policy sunset review is conducted. The process now includes the following:

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14 (1) As the House of Delegates adopts policies, a maximum ten-year time horizon shall exist. A  
15 policy will typically sunset after ten years unless action is taken by the House of Delegates to  
16 retain it. Any action of our AMA House that reaffirms or amends an existing policy position  
17 shall reset the sunset “clock,” making the reaffirmed or amended policy viable for another 10  
18 years. (2) In the implementation and ongoing operation of our AMA policy sunset mechanism,  
19 the following procedures shall be followed: (a) Each year, the Speakers shall provide a list of  
20 policies that are subject to review under the policy sunset mechanism; (b) Such policies shall  
21 be assigned to the appropriate AMA Councils for review; (c) Each AMA council that has been  
22 asked to review policies shall develop and submit a report to the House of Delegates  
23 identifying policies that are scheduled to sunset. (d) For each policy under review, the  
24 reviewing council can recommend one of the following actions: (i) Retain the policy; (ii) Sunset  
25 the policy; (iii) Retain part of the policy; or (iv) Reconcile the policy with more recent and like  
26 policy; (e) For each recommendation that it makes to retain a policy in any fashion, the  
27 reviewing Council shall provide a succinct, but cogent justification. (f) The Speakers shall  
28 determine the best way for the House of Delegates to handle the sunset reports. (3) Nothing in  
29 this policy shall prohibit a report to the HOD or resolution to sunset a policy earlier than its 10-  
30 year horizon if it is no longer relevant, has been superseded by a more current policy, or has  
31 been accomplished. (4) The AMA Councils and the House of Delegates should conform to the  
32 following guidelines for sunset: (a) when a policy is no longer relevant or necessary; (b) when  
33 a policy or directive has been accomplished; or (c) when the policy or directive is part of an  
34 established AMA practice that is transparent to the House and codified elsewhere such as the  
35 AMA Bylaws or the AMA House of Delegates Reference Manual: Procedures, Policies and  
36 Practices. (5) The most recent policy shall be deemed to supersede contradictory past AMA  
37 policies. (6) Sunset policies will be retained in the AMA historical archives.

1 In this report, the Council on Science and Public Health (CSAPH) presents its recommendations on  
2 the disposition of the HOD policies from 2010 that were assigned to it. The CSAPH's  
3 recommendations on policies are presented in the Appendix to this report.

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5 RECOMMENDATION

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7 The Council on Science and Public Health recommends that the House of Delegates policies listed  
8 in the Appendix to this report be acted upon in the manner indicated and the remainder of the  
9 report be filed. (Directive to Take Action)

Fiscal Note: Less than \$500

APPENDIX: Recommended Actions on 2010 House Policies and Directives

Number	Title	Recommended Action and Rationale
D-100.976	Restriction of Non-Veterinary Antimicrobials in Commercial Livestock to Reduce Antibiotic Resistance	Retain. Still relevant.
D-100.997	Use of Antimicrobials in Consumer Products	Retain in part to read as follows and change to an H-policy: Our AMA will: (1) <del>encourage the Food and Drug Administration (FDA) to expedite their regulation of the use in consumer products of antimicrobials for which acquired resistance has been demonstrated;</del> (2) <u>continue to monitor the impact progress of the current FDA evaluation and final guidance related to</u> <del>of</del> the safety and effectiveness of antimicrobials for consumer use in over-the-counter (OTC) hand and body washes; and (3) <del>encourage</del> encourage continued research on the use of common antimicrobials as ingredients in consumer products and its impact on the major public health problem of antimicrobial resistance.
D-130.967	Helicopter Emergency Medical Services (HEMS) Medical Provider and Patient Safety	Retain in part to read as follows and change to an H-policy: Our AMA: (1) <del>will educate its members about</del> <u>supports</u> the Federal Aviation Administration's (FAA) <u>Helicopter Air Ambulance Operations guidelines Medical Service Operations and Safety Alert for Operators SAFO 06001</u> and its role as a critical component of Helicopter Emergency Medical Services in assuring the safety of patients and medical providers; and (2) advocates that its members contract with or implement a Helicopter Emergency Medical Service that is compliant with risk reduction systems/programs established in standards set forth <del>in by the FAA Federal Aviation Administration's Helicopter Medical Service Operations and Safety Alert for Operators.</del>
D-140.961	The Decade of Pain Control and Research	Rescind. The AMA has more recent policy that disagrees with some of the underpinnings of this initiative. Policy D-450.956 Pain as the Fifth Vital Sign advocates for removal of pain as a vital sign from Joint Commission standards. More recent policies support pain control and research based on current scientific evidence.
D-245.994	Infant Mortality	Retain. Still relevant.
D-365.999	Prophylaxis for Medical Students Exposed to Bloodborne Pathogens	Rescind. Accomplished. Bloodborne pathogens and trainees also addressed in CME/CSAPH report 1-A-19 updated policy.

Number	Title	Recommended Action and Rationale
D-370.996	Xenotransplantation: Scientific Implications	Rescind. The Secretary's Advisory Committee on Xenotransplantation (SACX) was disbanded in 2006. Also addressed in H-370.972.
D-370.997	The Physician's Role in Organ Donation	Retain. Still relevant.
D-40.999	Medical Care for Persian Gulf War Veterans	Retain. Still relevant.
D-430.999	Preventing Assault and Rape Of Inmates By Custodial Staff	Retain and change to an H policy
D-460.976	Genomic and Molecular-based Personalized Health Care	Retain. Still relevant.
D-95.980	Opioid Treatment and Prescription Drug Monitoring Programs	Retain. Still relevant.
H-10.998	Impact-Resistant Lens	Retain. Still relevant.
H-100.959	Mandatory Electrophysiologic Testing for Patients Taking Vigabatrin (Sabril)	Rescind. Accomplished. On July 21, 2016, the REMS for vigabatrin were modified to be less prescriptive for prescribers.
H-100.963	Essential Medicines for the Developing World	Retain. Still relevant.
H-100.968	Improving the Quality of Geriatric Pharmacotherapy	Retain. Still relevant.
H-100.981	United States Pharmacopoeial Convention Meetings	Retain. Still relevant.
H-100.986	Ethical Concerns and Development of New Medications	Retain. Still relevant.
H-100.995	Support of American Drug Industry	Retain. Still relevant.
H-100.997	Drugs of Choice	Retain. Still relevant.
H-115.980	Distinctive Labeling of Vials and Ampules, Prefilled Syringes, Ophthalmic Solutions and Related Liquid Medications	Retain. Still relevant.
H-115.996	Generic Labeling for Drugs Crossing International Borders	Retain. Still relevant.
H-120.958	Supporting Safe Medical Products as a Priority Public Health Initiative	Retain in part to read as follows: Our AMA will: (1) work through the United States Adopted Names (USAN) Council to adopt methodology to help prevent "look alike-sound alike" errors in giving new drugs generic names; (2) continue participation <del>ion</del> the National Patient Safety Foundation's efforts to advance the science of safety in the medication use process and likewise work with the National Coordinating Council for Medication Error Reporting and Prevention; (3) support the FDA's Medwatch program by working to improve physicians' knowledge and

Number	Title	Recommended Action and Rationale
		<p>awareness of the program and encouraging proper reporting of adverse events;</p> <p>(4) vigorously work to support and encourage efforts to create and expeditiously implement a national <del>machine readable</del> coding system for prescription medicine packaging in an effort to improve patient safety; <u>and</u></p> <p>(5) <del>participate in and report on the work of the Healthy People 2010 initiative in the area of safe medical products especially as it relates to existing AMA policy; and</del></p> <p>(6) seek opportunities to work collaboratively <u>with other stakeholders within the Medicine Public Health initiative</u> (H-440.991) and with the Food and Drug Administration (FDA), National Institutes of Health (NIH), United States Pharmacopoeia (USP) and Centers for Disease Control and Prevention (CDC) the Agency for Health Care Policy and Research (AHCPR) and the Centers for Medicare &amp; Medicaid Services (CMS) to provide information to individual physicians and state medical societies on the need for public health infrastructure and local consortiums to work on problems related to medical product safety.</p>
H-120.997	Child-Protective Containers for Medications	Retain. Still relevant.
H-130.949	Organized Medicine's Role in the National Response to Terrorism	Retain. Still relevant.
H-130.971	Emerging Toxic Challenge	Retain with a change in title: <u>Emerging Toxic Challenge Poison Information Programs</u>
H-130.998	Special Amateur Radio Bands for Medical Emergencies	Retain. Still relevant.
H-135.935	OSHA Standards for Lead	Retain. 50 ug/m <sup>3</sup> is still the permissible exposure limit.
H-135.968	Support for the Improvement of the Health Environment in Developing Countries	Retain. Still relevant.
H-135.969	Environmental Health Programs	Retain. Still relevant.
H-135.971	Low-Level Radioactive Waste Disposal Facility	Retain. Still relevant.
H-135.972	Environmental Preservation	Retain. Still relevant.
H-135.976	Electromagnetic Pulse (EMP) and its Effects	Retain. Still relevant.
H-135.993	Transportation and Storage of Hazardous Materials	Retain. Still relevant.

Number	Title	Recommended Action and Rationale
H-135.996	Pollution Control and Environmental Health	Retain. Still relevant.
H-15.970	Trucks and Highway Safety	<p>Retain in part to read as follows:</p> <p>The AMA (1) reaffirms its recommendation in Report I (I-82) to establish a reduction in highway injuries and deaths as a national goal; special attention should be given to this goal by the governmental, business, engineering, legal, and medical sectors;</p> <p>(2) urges vehicle manufacturers to improve the safety of trucks and truck cabs;</p> <p>(3) <del>encourages adoption of</del> <u>supports the</u> strict standards on drug and alcohol use <u>set in the Omnibus Transportation Employee Testing Act, requiring DOT agencies to implement drug and alcohol testing of safety-sensitive transportation employees similar to those for locomotive engineers, for truck drivers;</u> and</p> <p>(4) encourages regulators and truck fleet supervisors to give greater attention to drivers' performances and crash records, and to remove drivers with poor records from the highway.</p>
H-15.972	Licensing People to Drive	<p>Retain in part to read as follows:</p> <p><del>It is the policy of the</del> <u>The AMA encourages</u> (1) <del>to encourage</del> research into the many components <del>and activities of the driving task</del> and into the development of more accurate testing devices;</p> <p>(2) <del>that</del> physicians <u>to</u> continue to warn patients about the possibility of untoward side effects from medications, particularly those that might impair driving;</p> <p>(3) <del>that the</del> physicians <u>to attempt to</u> give competent advice about the wisdom of the patient's driving, while keeping in mind the obligation to protect the community and obey the law; and</p> <p>(4) <del>that the</del> physicians, if uncertain about the patient's ability to drive, consider recommending that the state licensing agency arrange a driving test.</p> <p>Citation: (BOT Rep. L, A-90; Reaffirmed: Sunset Report, I-00; Reaffirmed: CSAPH Rep. 1, A-10)</p>
H-15.982	Mandatory Seat Belt Utilization Laws	Retain. Still relevant.
H-15.995	Medical Advisory Boards in Driver Licensing	Retain. Still relevant.
H-150.936	Support for Uniform, Evidence-Based Nutritional Rating System	Retain. Still relevant.
H-150.938	Healthy Food Options for Shift Workers	Retain. Still relevant.

Number	Title	Recommended Action and Rationale
H-150.939	Accurate Reporting of Fats on Nutritional Labels	Retain. Still relevant.
H-150.940	Update on the Food and Drug Administration's Efforts to Improve Food Safety	Retain. Still relevant.
H-170.993	Health Education	Retain. Still relevant.
H-170.996	Establishing Active Liaison with Schools and Colleges	Retain. Still relevant.
H-20.918	Maternal HIV Screening and Treatment to Reduce the Risk of Perinatal HIV Transmission	Retain. Still relevant.
H-20.920	HIV Testing	<p>Retain in part to read as follows:</p> <p>... (4) HIV Testing Procedures</p> <p>a) Appropriate medical organizations should establish rigorous proficiency testing and quality control procedures for HIV testing laboratories on a frequent and regular basis;</p> <p>b) Physicians and laboratories should review their procedures to assure that HIV testing conforms to standards that will produce the highest level of accuracy;</p> <p><del>c) Appropriate medical organizations should establish a standard that a second blood sample be taken and tested on all persons found to be seropositive or indeterminate for HIV antibodies on the first blood sample. This practice is also advised for any unexpected negative result;</del></p> <p>d) Appropriate medical organizations should establish a policy that results from a single unconfirmed positive ELISA test never be reported to the patient as a valid indication of HIV infection;</p> <p><del>e) Appropriate medical organizations should establish a policy that laboratories specify the HIV tests performed and the criteria used for positive, negative, and indeterminate test results <u>Western blots or other confirmatory procedures</u>;</del></p> <p>e) Our AMA recommends that training for HIV blood test counselors encourage patients with an indeterminate Western blot to be advised that three-to-six-month follow-up specimens may need to be submitted to resolve their immune status. Because of the uncertain status of their contagiousness, it is prudent to counsel such patients as though they were seropositive until such time as the findings can be resolved.</p> <p>(5) Routine HIV Testing</p> <p>a) Routine HIV testing should include appropriately <del>modified</del> informed consent and <del>modified</del> pre-test and post-test counseling procedures;</p>

Number	Title	Recommended Action and Rationale
		<p>b) Hospitals, clinics and physicians may adopt routine HIV testing based on their local circumstances. Such a program is not a substitute for universal precautions. Local considerations may include (i) the likelihood that knowledge of a patient's serostatus will improve patient care and reduce HIV transmission risk; (ii) the prevalence of HIV in patients undergoing invasive procedures; (iii) the costs, liabilities and benefits; and (iv) alternative methods of patient care and staff protection available to the patient;</p> <p><del>b</del>e) State medical associations should review and seek modification of work to create state laws that restrict the ability of <u>encourage</u> hospitals and other medical facilities to initiate routine HIV testing programs;</p> <p><del>(d)</del> Encourages a review of the evidence for routine HIV testing by the US Preventive Services Task Force; and</p> <p><del>d</del>e) Supports coverage of and appropriate reimbursement for routine HIV testing by all public and private payers.</p> <p>(6) Voluntary HIV Testing</p> <p>a) Voluntary HIV testing should be provided with informed consent for individuals who may have come into contact with the blood, semen, or vaginal secretions of an infected person in a manner that has been shown to transmit HIV infection. Such testing should be encouraged for patients for whom the physician's knowledge of the patient's serostatus would improve treatment. Voluntary HIV testing should be regularly provided for the following types of individuals who give an informed consent: (i) <del>patients at sexually transmissible disease clinics;</del> (ii) <del>patients at drug abuse clinics;</del> (iii) <del>individuals who are from areas with a high incidence of AIDS or who engage in high risk behavior and are seeking family planning services;</del> and (iv) <del>patients who are from areas with a high incidence of AIDS or who engage in high risk behavior requiring surgical or other invasive procedures;</del></p> <p><del>b) The prevalence of HIV infection in the community should be considered in determining the likelihood of infection. If voluntary HIV testing is not sufficiently accepted, the hospital and medical staff may consider requiring HIV testing.</del></p> <p>(7) Mandatory HIV Testing</p> <p>a) Our AMA opposes mandatory HIV testing of the general population;</p>



Number	Title	Recommended Action and Rationale
		<p>b) Mandatory testing for HIV infection is recommended for (i) all entrants into federal and state prisons; (ii) military personnel; (iii) donors of blood and blood fractions; breast milk; organs and other tissues intended for transplantation; and semen or ova for artificial conception;</p> <p>c) Our AMA will review its policy on mandatory testing periodically to incorporate information from studies of the unintended consequences or unexpected benefits of HIV testing in special settings and circumstances.</p> <p>(8) HIV Test Counseling</p> <p>a) Pre-test and post-test voluntary counseling should be considered an integral and essential component of HIV testing. Full pre-test and post-test counseling procedures must be utilized for patients when HIV is the focus of the medical attention, when an individual presents to a physician with concerns about possible exposure to HIV, or when a history of high-risk behavior is present;</p> <p>b) Post-test information and interpretation must be given for negative HIV test results. All negative results should be provided in a confidential manner accompanied by information in the form of a simple verbal or written report on the meaning of the results and the offer, directly or by referral, of <u>appropriate counseling and potentially pre-exposure prophylaxis treatment</u>;</p> <p>c) Post-test counseling is required when HIV test results are positive. All positive results should be provided in a confidential face-to-face session by a professional properly trained in HIV post-test counseling and with sufficient time to address the patient's concerns about medical, social, and other consequences of HIV infection.</p> <p>(9) HIV Testing of Health Care Workers</p> <p>a) Our AMA supports <u>routine voluntary HIV testing</u> of physicians, health care workers, and students in appropriate situations;</p> <p>b) Employers of health care workers should provide, at the employer's expense, serologic testing for HIV infection to all health care workers who have documented occupational exposure to HIV;</p> <p>c) Our AMA opposes HIV testing as a condition of hospital medical staff privileges;</p> <p>d) Physicians and other health care workers who perform exposure-prone patient care procedures <u>should know their immune or infection status with respect to HIV that pose a significant risk of transmission of HIV infection should voluntarily</u></p>

Number	Title	Recommended Action and Rationale
		<p>determine their serostatus at intervals appropriate to risk and/or act as if their serostatus were positive. The periodicity will vary according to locale and circumstances of the individual and the judgment should be made at the local level. Health care workers who test negative for HIV should voluntarily redetermine their HIV serostatus at an appropriate period of time after any significant occupational or personal exposure to HIV. Follow-up tests should occur after a time interval exceeding the length of the "antibody window."</p> <p>(10) Counseling and Testing of Pregnant Women for HIV</p> <p>Our AMA supports the position that there should be universal HIV testing of all pregnant women, with patient notification of the right of refusal, as a routine component of perinatal care, and that such testing should be accompanied by basic counseling and awareness of appropriate treatment, if necessary. Patient notification should be consistent with the principles of informed consent.</p> <p>(11) HIV Home Test Kits</p> <p>a) Our AMA opposes Food and Drug Administration approval of HIV home test kits. However, our AMA does not oppose approval of HIV home collection test kits that are linked with proper laboratory testing and counseling services, provided their use does not impede public health efforts to control HIV disease;</p> <p>b) Standardized data should be collected by HIV home collection test kit manufacturers and reported to public health agencies;</p> <p>e) A national study of HIV home collection test kit users should be performed to evaluate their experience with telephone counseling;</p> <p>d) A national interagency task force should be established, consisting of members from government agencies and the medical and public health communities, to monitor the marketing and use of HIV home collection test kits.</p> <p>(12) College Students</p> <p>Our AMA encourages undergraduate campuses to conduct confidential, free HIV testing with qualified staff and counselors.</p>
H-215.972	Use of Wireless Radio-Frequency Devices in Hospitals	Retain. Still relevant.
H-215.983	Distribution of Drug Samples in the in-Hospital Setting	Retain. Still relevant.

Number	Title	Recommended Action and Rationale
H-220.962	Selection of Medical Staff Officers and Clinical Department Chairs	Retain. Still relevant.
H-220.998	Education and Control of Therapeutic and Diagnostic Drug Usage	Retain. Still relevant.
H-245.988	Cardiopulmonary Resuscitation Training for Expectant and New Parents	Retain. Still relevant.
H-245.989	Adequate Funding of the WIC Program	Retain. Still relevant.
H-245.990	Infant Walkers	Retain. Still relevant.
H-245.992	Perinatal and Infant Mortality Reviews	Retain. Still relevant.
H-245.999	Centralized Community and Regionalized Perinatal Intensive Care	Retain. Still relevant.
H-25.992	Senior Suicide	Retain. Still relevant.
H-25.993	Senior Care	Retain. Still relevant.
H-260.963	Standardization of Testosterone Assays	Retain. Still relevant.
H-260.982	Regulation of Clinical Laboratories	Retain. Still relevant.
H-260.983	Repeal of Assignment of Physician-Office Laboratory Services	Retain. Still relevant.
H-260.984	Quality of Cytotechnology	Retain. Still relevant.
H-275.964	Impaired Physicians Practice Act	Rescind. Addressed in Educating Physicians About Physician Health Programs and Advocating for Standards D-405.990.
H-280.961	Use of Restraints for Patients in Nursing Homes	Retain. Still relevant.
H-30.972	Alcohol Abuse and the War on Drugs	Retain in part to read as follows with change in title: <u>Harmful Alcohol Use Abuse and Concomitant Substance Misuse</u> <del>the War on Drugs</del> Our AMA (1) supports documenting the strong correlation between <u>harmful</u> alcohol <del>ab</del> use and other substance <del>ab</del> misuse; (2) reaffirms the concept that alcohol is an addictive drug and its abuse is one of the nation's leading drug problems; and (3) encourages state medical societies to work actively with drug task forces and study committees in their respective states to assure that their scope of study includes recognition of the strong correlation between <u>harmful</u> alcohol <del>ab</del> use and other substance <del>ab</del> misuse and recommendations to decrease the immense number of health, safety, and social problems associated with <u>harmful</u> alcohol <del>ab</del> use.

Number	Title	Recommended Action and Rationale
H-30.998	Recommendations for AMA Involvement in Alcoholism Activities	<p>Retain in part to read as follows with change in title: Recommendations for AMA Involvement in <del>Alcoholism</del> Activities <u>Related to Alcohol Use Disorder</u></p> <p>To further emphasize the seriousness of <u>alcohol use disorder</u> <del>alcoholism</del> and the importance of the physician's role in prevention and treatment of this disease, our AMA: (1) encourages relevant medical specialty societies to inform their membership about opportunities for treatment and early intervention, especially among women <u>with alcohol use disorder</u> <del>alcoholics</del> and children of <u>those with alcohol use disorder</u> <del>alcoholics</del>; (2) encourages the broadcasting industry and appropriate advertising agencies to formulate a sustained public service campaign on the medical and social hazards of excessive alcohol use; (3) reaffirms that effective and comprehensive treatment for <del>alcoholic</del> persons <u>with alcohol use disorder</u> requires the involvement of a physician; and (4) urges that quality of treatment not be sacrificed to cost considerations.</p>
H-345.998	Reaffirmation of Position Regarding Diagnosis and Treatment of Mental Disorder	Retain. Still relevant.
H-35.990	Non-Physician Measurement of Body Functions	Retain. Still relevant.
H-350.966	Health Initiatives on Asian-Americans and Pacific Islanders	Retain. Still relevant.
H-365.987	Revising "Guides to the Evaluation of Permanent Impairment"	Retain. The 6 <sup>th</sup> Edition of the Guidelines was released in 2008, after not being updated for 18 years. It is safe to assume there will be a need for future updated versions.
H-365.988	Integration of Occupational Medicine, Environmental Health, and Injury Prevention Programs into Public Health Agencies	Retain. Still relevant.
H-365.998	Confidentiality of Occupational Medical Records	Retain. Still relevant.
H-370.972	Xenotransplantation: Scientific Implications	Retain. Still relevant.
H-370.973	Methadone Maintenance and Transplantation	Retain. Still relevant.
H-370.985	Insurance Coverage for Immunosuppression in Transplant Patients	Retain. Still relevant.
H-410.954	Support an Independent Clinical Practice Guideline Development Process	Retain. Still relevant.

Number	Title	Recommended Action and Rationale
H-410.964	Education Programs for Performance Improvement Activities in Physician Offices	Retain. Still relevant.
H-410.974	Development of Practice Parameters by Non-Physician Organizations	Retain. Still relevant.
H-410.995	Participation in the Development of Practice Guidelines by Individuals Experienced in the Care of Minority and Indigent Patients	Retain. Still relevant.
H-420.956	Stillbirth Awareness	Retain. Still relevant.
H-420.968	Universal Hepatitis B Virus (HBV) Antigen Screening for Pregnant Women	Retain. Still relevant.
H-420.970	Treatment Versus Criminalization - Physician Role in Drug Addiction During Pregnancy	Retain. Still relevant.
H-420.973	Adoption	Retain. Still relevant.
H-420.995	Medical Care for Indigent and Culturally Displaced Obstetrical Patients and Their Newborns	Retain. Still relevant.
H-420.998	Obstetrical Delivery in the Home or Outpatient Facility	Retain. Still relevant.
H-425.980	Screening and Early Detection of Prostate Cancer	<p>Because of the possibility of age change for testing and the next review for this policy in 10 years, the recommendation is to remove the portion referring to specific ages and for the policy to remain broadly relevant. Therefore, retain in part to read as follows: Screening and Early Detection of Prostate Cancer H-425.980</p> <p>Our AMA believes that:</p> <p>(1) All men who would be candidates for and interested in active treatment for prostate cancer should be provided with information regarding their risk of prostate cancer and the potential benefits and harms of prostate cancer screening, sufficient to support well-informed decision making.</p> <p>(2) Prostate cancer screening, if elected by the informed patient, should include both prostate-specific antigen testing and digital rectal examination.</p> <p><del>(3) Men most likely to benefit from tests for early detection of prostate cancer should have a life expectancy of at least 10 years and include: (a) Men 40 years of age or older of African American descent; (b) Men 40 years of age or older with an</del></p>

Number	Title	Recommended Action and Rationale
		affected first degree relative; and (c) Men 50 years of age or older.
H-425.989	Encouraging Health Activism by Physicians	Retain. Still relevant.
H-425.998	Pharmacist in Hypertension Screening	Retain. Still relevant.
H-440.907	Hand Washing	Retain. Still relevant.
H-440.952	Routine Immunization Against Measles in Children	Retain. Still relevant.
H-440.955	Federal Funding to Eliminate Tuberculosis as a Public Health Problem	Retain. Still relevant.
H-440.956	Measles Vaccine	Retain. Still relevant.
H-440.960	The IOM Report (The Future of Public Health) and Public Health	<p>Retain in part to read as follows with change in title: <del>The IOM Report (The Future of Public Health)</del> <u>Organized Medicine and Public Health Collaboration</u> H-440.960</p> <p>Our AMA (1) encourages medical societies to establish liaison committees through which physicians in private practice and officials in public health can explore issues and mutual concerns involving public health activities and private practice;</p> <p>(2) seeks increased dialogue, interchange, and cooperation among national organizations representing public health professionals and those representing physicians in private practice or academic medicine;</p> <p>(3) actively supports promoting and contributing to increased attention to public health issues in its programs in medical science and education;</p> <p>(4) continues to support the providing of medical care to poor and indigent persons through the private sector and the financing of this care through an improved Medicaid program;</p> <p>(5) encourages public health agencies, <del>as the IOM report suggests,</del> to focus on assessment of problems, assurance of healthy living conditions, policy development, and <u>other related activities such as those mentioned in the "Model Standards"</u>;</p> <p>(6) <del>encourages physicians and others interested in public health programs to apply the messages and injunctions of the IOM report as these fit their own situations and communities;</del> and</p> <p>(7) encourages physicians in private practice and those in public health to work cooperatively, striving to ensure better health for each person and an improved community as enjoined in the Principles of Medical Ethics.</p>

Number	Title	Recommended Action and Rationale
H-440.964	Elimination of Tuberculosis	Retain. Still relevant.
H-440.979	Control of Sexually Transmitted Infections	Retain. Still relevant.
H-440.988	Pneumococcal, Influenza and Hepatitis-B Vaccines	Rescind. The AMA has more recent policy addressing each of these vaccines and vaccine financing.
H-440.992	National Immunization Program	Retain. Still relevant.
H-440.993	Smallpox Vaccination Policy	Retain. Still relevant.
H-440.995	Complete and Prompt Reporting of Measles (Rubeola)	Retain. Still relevant.
H-440.996	Sexually Transmitted Disease Control	<p>Retain in part to read as follows with change in title: Sexually Transmitted <u>Infection</u> <del>Disease</del> Control H-440.996</p> <p>Our AMA (1) supports continued action to assert appropriate leadership in a concerted program to control sexually transmitted <u>infection</u> <del>disease</del>; (2) urges physicians to take all appropriate measures to reverse the rise in sexually transmitted <u>infection</u> <del>disease</del> and bring it under control; (3) encourages constituent and component societies to support and initiate efforts to gain public support for increased appropriations for public health departments to fund research in development of practical methods for prevention and detection of sexually transmitted <u>infection</u> <del>disease</del>, with particular emphasis on control of gonorrhea; and (4) in those states where state consent laws have not been modified, encourages the constituent associations to support enactment of statutes that permit physicians and their co-workers to treat and search for sexually transmitted <u>infection</u> <del>disease</del> in minors legally without the necessity of obtaining parental consent.</p>
H-445.994	Corporate Visitation Program	Retain. Still relevant.
H-450.949	Update on Patient Safety	Retain. Still relevant.
H-450.970	Quality Management Principles	Retain. Still relevant.
H-450.979	Impact of Quality of Care Analysis	Retain. Still relevant.
H-455.983	Radiographic Contrast Media	Retain. Still relevant.
H-455.984	Health Effects of Radon Exposure	Retain. Still relevant.
H-455.996	Nuclear Regulatory Commission Licensure Requirements for Physicians	Retain. Still relevant.
H-455.997	Human Use of Byproduct Material	Rescind. No longer relevant.
H-460.916	Protection of Human Subjects in Research	Retain. Still relevant.

Number	Title	Recommended Action and Rationale
H-460.921	Support for Institutional Review Boards	Retain. Still relevant.
H-460.926	Funding of Biomedical, Translational, and Clinical Research	Retain. Still relevant.
H-460.933	Clinical Research and the AMA	Retain. Still relevant.
H-460.956	The Need for Increased Research and Development in Nuclear Fusion to Reduce Environmental Pollution	Retain. Still relevant.
H-460.959	Health Services Research Training	Retain. Still relevant.
H-460.962	National Human Genome Research Institute	Retain. Still relevant.
H-460.964	Use of Animals in Research	Retain. Still relevant.
H-460.986	Financial Protection for Clinical Research	Rescind. Addressed in H-460.926, H-460.943, and H-460.998.
H-460.996	Basic Research	Retain. Still relevant.
H-480.952	Prevent Mistaken Medical Tubing Connections	Retain. Still relevant.
H-480.960	Preventing Needlestick Injuries in Health Care Settings	Retain. Still relevant.
H-480.973	Unconventional Medical Care in the United States	Retain in part to read as follows: Our AMA: (1) encourages the <u>National Center for Complementary and Integrative Health (NCCIH) Office of Alternative Medicine</u> of the National Institutes of Health (NIH) to determine by objective scientific evaluation the efficacy and safety of practices and procedures of unconventional medicine; and encourages its members to become better informed regarding the practices and techniques of such practices; and (2) utilizes the <del>National Institutes of Health's National Center for Complementary and Alternative Medicine's</del> classification system of alternative medicine <u>set forth by the NCCIH at the NIH</u> , "Major Domains of Complementary and Alternative Medicine," in order to promote future discussion and research about the efficacy, safety, and use of alternative medicine.
H-480.986	Registry of Implantable Devices	Retain. Still relevant.
H-490.908	Tobacco-Free School Environment	Retain. Still relevant.
H-50.985	Nationwide Reporting of Elevated Blood Lead Levels	Retain. Still relevant.
H-50.996	Blood for Medical Use	Retain. Still relevant.
H-515.988	Repeal of Religious Exemptions in Child Abuse and Medical Practice Statutes	Retain. Still relevant.
H-520.992	Chemical and Biologic Weapons	Retain. Still relevant.



Number	Title	Recommended Action and Rationale
H-55.986	Home Chemotherapy and Antibiotic Infusions	Retain. Still relevant.
H-55.998	Staging of Cancer	Retain. Still relevant
H-55.999	Symptomatic and Supportive Care for Patients with Cancer	Retain. Still relevant.
H-60.952	AMA Support for the United Nations Convention on The Rights of the Child	Retain. Still relevant.
H-60.998	Ipecac as Household Poison Emetic	Rescind. New evidence shows syrup of ipecac is no longer recommended for treating poisoning and that it can be misused.
H-75.986	Drug Interactions Between Oral Contraceptives and Antibiotics	Retain. Still relevant.
H-80.994	Use of all Appropriate Medical Forensic Techniques in the Criminal Justice System	Retain. Still relevant.
H-85.981	Improving the Accuracy of Death Certificates	Retain. Still relevant.
H-90.998	Excluding Handicapped from Contact Sports	Retain. Still relevant.
H-90.999	Access to Public Buildings for Handicapped Persons	Retain. Still relevant.
H-95.957	Methadone Maintenance in Private Practice	Retain. Still relevant.
H-95.967	Drug Abuse	<p>Retain in part with a change in title to read as follows:  <u>Harmful Substance <del>Drug Abuse</del> Use</u>                      Our AMA encourages every physician to make a commitment to join his/her community in attempting to reduce <u>harmful substance <del>drug abuse</del></u> and that said commitment encourage involvement in at least one of the following roles:                      (1) donation of time to talk to local civic groups, schools, religious institutions, and other appropriate groups about <u>harmful substance <del>drug abuse</del></u>;                      (2) join or organize local groups dedicated to <del>drug abuse</del> <u>the prevention of harmful substance use</u>;                      (3) talk to youth groups about brain damage and other deleterious effects of <u>harmful substance <del>drug abuse</del></u>; and                      (4) educate and support legislators, office holders and local leaders <del>toward</del> <u>about ways to ending harmful substance <del>drug abuse</del> erisis and providing adequate treatment to patients with substance use disorder.</u></p>

Number	Title	Recommended Action and Rationale
H-95.973	Increased Funding for Drug Treatment	<p>Retain in part to read as follows:                      Increased Funding for <u>Substance Use Disorder</u> <del>Drug</del> Treatment                      Our AMA (1) urges Congress to substantially increase its funding for <u>substance use disorder</u> <del>drug</del> treatment programs; (2) urges Congress to increase funding for the expansion and creation of new staff training programs; and (3) urges state medical societies to press for greater commitment of funds by state and local government to expand the quantity and improve the quality of the <u>substance use disorder</u> <del>drug</del> treatment system.</p>
H-95.977	Medical Direction of Methadone Treatment	Retain. Still relevant.
H-95.991	Referral of Patients to Chemical Dependency Programs	<p>Retain in part to read as follows:                      Referral of Patients to <u>Substance Use Disorder Treatment Programs</u> <del>Chemical Dependency</del>                      Our AMA urges its members to acquaint themselves with the various <u>substance use disorder treatment</u> <del>chemical dependency</del> programs available for the medical treatment of alcohol and drug use and, where appropriate, to refer their patients to them promptly.</p>