

## REPORT OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH

CSAPH Report 1-JUN-21

Subject: Council on Science and Public Health Sunset Review of 2011 House Policies

Presented by: Kira A. Geraci-Ciardullo, MD, MPH, Chair

Referred to: Reference Committee D

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- 1 Policy G-600.110, “Sunset Mechanism for AMA Policy,” calls for the decennial review of  
2 American Medical Association policies to ensure that our AMA’s policy database is current,  
3 coherent, and relevant. This policy reads as follows, laying out the parameters for review and  
4 specifying the needed procedures:  
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- 6 1. As the House of Delegates adopts policies, a maximum ten-year time horizon shall exist. A  
7 policy will typically sunset after ten years unless action is taken by the House of Delegates to  
8 retain it. Any action of our AMA House that reaffirms or amends an existing policy position  
9 shall reset the sunset “clock,” making the reaffirmed or amended policy viable for another 10  
10 years.  
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  - 12 2. In the implementation and ongoing operation of our AMA policy sunset mechanism, the  
13 following procedures shall be followed: (a) Each year, the Speakers shall provide a list of  
14 policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be  
15 assigned to the appropriate AMA councils for review; (c) Each AMA council that has been  
16 asked to review policies shall develop and submit a report to the House of Delegates identifying  
17 policies that are scheduled to sunset; (d) For each policy under review, the reviewing council  
18 can recommend one of the following actions: (i) retain the policy; (ii) sunset the policy; (iii)  
19 retain part of the policy; or (iv) reconcile the policy with more recent and like policy; (e) For  
20 each recommendation that it makes to retain a policy in any fashion, the reviewing council shall  
21 provide a succinct, but cogent justification (f) The Speakers shall determine the best way for the  
22 House of Delegates to handle the sunset reports.  
23
  - 24 3. Nothing in this policy shall prohibit a report to the HOD or resolution to sunset a policy earlier  
25 than its 10-year horizon if it is no longer relevant, has been superseded by a more current policy,  
26 or has been accomplished.  
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  - 28 4. The AMA councils and the House of Delegates should conform to the following guidelines for  
29 sunset: (a) when a policy is no longer relevant or necessary; (b) when a policy or directive has  
30 been accomplished; or (c) when the policy or directive is part of an established AMA practice  
31 that is transparent to the House and codified elsewhere such as the AMA Bylaws or the AMA  
32 House of Delegates Reference Manual: Procedures, Policies and Practices.  
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  - 34 5. The most recent policy shall be deemed to supersede contradictory past AMA policies.  
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  - 36 6. Sunset policies will be retained in the AMA historical archives.

1 RECOMMENDATION

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

Fiscal Note: \$1,000.

## APPENDIX: RECOMMENDED ACTIONS

Policy Number	Title	Text	Recommendation
<a href="#">D-100.977</a>	Pharmaceutical Quality Control for Foreign Medications	Our AMA will call upon Congress to provide the US Food and Drug Administration with the necessary authority and resources to ensure that imported drugs are safe for American consumers and patients. Citation: Res. 508, A-08;	Retain; still relevant
<a href="#">D-100.978</a>	FDA Drug Safety Policies	Our AMA will monitor and respond, as appropriate, to the implementation of the drug safety provisions of the Food and Drug Administration Amendments Act of 2007 (FDAAA; P.L. 110-85) so that the Food and Drug Administration can more effectively ensure the safety of drug products for our patients. Citation: Sub. Res. 505, A-08;	Retain; still relevant.
<a href="#">D-115.989</a>	Consumer Friendly Medication Identification	Our AMA: 1) strongly recommends to drug manufacturers worldwide that they put a consumer-friendly, unique identifier on the solid dosage form itself; and 2) recommends to the publishers of comprehensive lists of medications (such as PDR, Epocrates) that they include in their publications a list of these abbreviations. Citation: Res. 519, A-11;	Retain; still relevant.
<a href="#">D-120.952</a>	Measuring Medication Dosages	Our AMA supports the development of guidelines to eliminate medication dosing inconsistencies. Citation: Res. 505, A-11;	Retain; remains relevant and in alignment with AMA's work as a founding member of the National Coordinating Council for Medication Error Prevention (NCCMERP).
<a href="#">D-120.984</a>	Streamlining the Process for Prescription Refills	Our AMA will work with the American Pharmacists Association, the National Community Pharmacists Association, and the National Association of Chain Drug Stores to streamline the process for prescription refills in order to reduce administrative burdens on physicians and pharmacists and to improve patient safety. Citation: (Sub Res. 522, A-03; Reaffirmed: BOT Rep. 8, A-11)	Retain; still relevant.
<a href="#">D-135.979</a>	Prevalence of Nickel Sensitization in the USA	Our AMA: 1) <del>recognizes</del> <del>encourages</del> <del>appropriate</del> <del>federal agencies to issue an advisory on the</del> growing prevalence of nickel sensitization, and <del>need to promote measures which</del> protect patients, consumers, and workers from the health risks of nickel sensitization; and 2) encourages the <del>appropriate organization</del> <u>Consumer Product Safety Commission</u> to issue <u>guidelines</u> <del>a directive</del> limiting maximum allowable release of nickel from products with prolonged skin contact.	Retain in part as amended; change to H-policy. The <a href="#">Nickel Institute</a> has developed myriad resources about nickel, safe use, risks, and sensitization and the issue is well-

		Citation: (Res. 522, A-11)	documented in literature. However, no organization has issued guidelines for maximum allowable nickel release.
<a href="#">D-135.989</a>	NAAQS Standard for Ozone	<p>1. Our AMA <del>will sign on or endorse comments submitted by the ATS and American Lung Association supporting</del> a tightening of the NAAQS for ozone to include an ozone NAAQS of 0.060 ppm for the 8-hour standard.</p> <p>2. Our AMA <del>will submit comments to President Obama expressing opposition to his decision to delay updating the EPA ozone standard and send a letter to President Obama noting that delayed setting and enforcement of a stricter ozone standard will result in more adverse health effects including asthma and COPD exacerbations, emergency room visits, hospitalizations and death.</del></p> <p>Citation: (BOT Action in response to referred for decision Res. 416, A-07 and Res. 438, A-07; Reaffirmed in lieu of Res. 507, A-09; Reaffirmation I-09; Appended: Res. 929, I-11)</p>	<p>Retain in part as amended; change to H-policy.</p> <p>On October 1, 2015, EPA strengthened the ground-level ozone standard to 0.070 ppm (from 0.075 ppm), averaged over an 8-hour period.</p>
<a href="#">D-150.977</a>	Encouraging Healthy Eating Behaviors in Children Through Corporate Responsibility	<p>Our AMA: 1) will work with appropriate agencies, organizations, and corporations to educate health professionals and the public about healthy food choices in fast food restaurants; and 2) supports personal and parental responsibility to encourage healthy childhood behaviors, including the consumption of healthy food.</p> <p>Citation: (Sub. Res. 402, A-11)</p>	Retain; still relevant.
<a href="#">D-20.988</a>	HIV Education in Minority Populations	<p>Our AMA will: 1) increase its efforts to educate minority populations regarding the risk of HIV infection across all age groups, socioeconomic class, and sexual orientation thereby preventing the spread of infection, increase early testing, and decrease the spread of this epidemic; and 2) partner with public and private organizations dedicated to public health education and preventive medicine to decrease the incidence of HIV infection and increase early intervention efforts.</p> <p>Citation: (Res. 405, A-11)</p>	Retain; still relevant.
<a href="#">D-20.995</a>	Universal, Routine Screening of Pregnant Women for HIV Infection	<p>Our AMA will support the recommendations of the Institute of Medicine's report on perinatal HIV transmission, "Reducing the Odds: Preventing Perinatal Transmission of HIV in the United States."</p> <p>Citation: (CSA Rep. 1, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	Rescind. Addressed by Policy <a href="#">H-20.918</a> , "Maternal HIV Screening and Treatment to Reduce the Risk of Perinatal HIV Transmission"
<a href="#">D-30.998</a>	Prevention of Repeat Driving Under the Influence (DUI) Offenses: The	<p>Our AMA encourages: (1) physicians and their state medical societies to work to create statutes that are designed to treat patients, protect the community and families, and grant immunity to physicians for good faith reporting of drug or</p>	Retain; still relevant.

	Issues of Diversion and Treatment and Vehicle Incapacitation	alcohol impaired drivers for both permitted or mandated reporting; and (2) further research into and professional discussion about the issues of reporting medical information that could result in punishment or criminal prosecution. Citation: (BOT Rep. 17, A-01; Reaffirmed: CSAPH Rep. 1, A-11)	
<a href="#">D-425.996</a>	Implementing the Guidelines to Community Preventive Services	Our AMA will : (1) commend the Centers for Disease Control and Prevention (CDC) and the Task Force on Community Preventive Services for their work in developing the Guides to Community Preventive Services;  (2) review the recommendations and conclusions of the Task Force on Community Preventive Services and recommend to the House of Delegates the appropriate actions as per AMA policy;  <del>(3) express to the Director of CDC AMA's interest in having a liaison and alternate on the Task Force on Community Preventive Services; and</del>  (4) promote the visibility of the recommendations of the Guides to Community Preventive Services as they become available, provided those recommendations comport with AMA policies and standards. Citation: (CSA Rep. 6, I-01; Modified: CSAPH Rep. 1, A-11)	Retain in part. The AMA is engaged with the Community Preventive Services Task Force and has a primary and alternate liaison.
<a href="#">D-440.956</a>	Expanding the Vaccines for Children Program	Our AMA will work with its immunization partners to examine methods to improve financing mechanisms for vaccines, including the expansion of the Vaccine for Children program. Citation: (Res. 534, A-06; Reaffirmation A-07; Reaffirmation I-10; Reaffirmed in lieu of Res. 422, A-11: BOT action in response to referred for decision Res. 422, A-11)	Retain; still relevant.
<a href="#">D-490.976</a>	Tobacco Settlement Fund	Our AMA supports state and local medical societies in their efforts to formally request that local and state lawmakers allocate at least the Centers for Disease Control and Prevention-recommended minimum amount of the state's Tobacco Settlement Fund award annually to smoking cessation and health care related programs, and encourages society members and the public to demand this of their elected officials. Citation: (Res. 431, A-07; Reaffirmation I-11)	Rescind. Covered by <a href="#">H-495.983</a> , "Tobacco Litigation Settlements," which reads: Our AMA:(1) strongly supports the position that all monies paid to the states in the Master Settlement Agreement and other agreements be utilized for research, education, prevention and treatment of nicotine addiction, especially in children and adolescents, and

		<p>for treatment of diseases related to nicotine addiction and tobacco use; (2) supports efforts to ensure that a substantial portion of any local, state or national tobacco litigation settlement proceeds be directed towards preventing children from using tobacco in any form, helping current tobacco users quit, and protecting nonsmokers from environmental tobacco smoke, and that any tobacco settlement funds not supplant but augment health program funding; (3) strongly supports efforts to direct tobacco settlement monies that are not directed to other specific tobacco control activities to enhance patient access to medical services; (4) strongly supports legislation codifying the position that all monies paid to the states through the various tobacco settlements remain with the states; and that none be reimbursed to the Federal government on the basis of each individual state's Federal Medicaid match; and (5) opposes any provision of tort reform legislation that would grant exclusion from liability or special protection to tobacco</p>
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			companies or tobacco products. Citation: (CSA Rep. 3, A-04; Reaffirmation I-11)
<a href="#">D-490.978</a>	Tobacco Usage	Our AMA will: (1) advocate for the use of the tobacco settlement funds for informational public service campaigns related to smoking cessation, especially as related to young people; and (2) send a formal letter to the appropriate authority in each state and territory that was party to the tobacco settlement for an accounting of past and projected future expenditures related to smoking cessation, especially as related to young people. Citation: (Res. 408, A-06; Reaffirmation I-11)	Rescind. Covered by <a href="#">H-495.983</a> , "Tobacco Litigation Settlements" (see above)
<a href="#">D-490.984</a>	AMA Opposition to Securitization of Tobacco Settlement Payments	Our AMA will work in concert with state medical societies to protect the settlement funds, including issuing statements condemning the use of settlement funds as a way to remedy state budget crises. Citation: (BOT Rep. 3, I-03; Reaffirmation I-11)	Retain; still relevant.
<a href="#">D-490.997</a>	Continued Action on States' Allocation of Tobacco Settlement Monies for Smoking Prevention, Cessation and Health Services	Our AMA will: (1) translate that commitment into action through aggressive lobbying activities to encourage and work with state and specialty societies to vigorously lobby state legislatures to: (a) assure that a significant percentage (depending on the objectively determined needs of the state) of the tobacco settlement monies be set aside first for tobacco control, nicotine addiction prevention, cessation and disease treatment for tobacco control and related public health purposes and medical services; (b) assemble an appointed state level task force, when needed, that includes experts in public health, smoking cessation and tobacco prevention programs to ensure that funds are spent on activities supported by the Centers for Disease Control and Prevention guidelines. Citation: (Res. 428, A-99; Modified and Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmation I-11)	Rescind. Covered by <a href="#">H-495.983</a> , "Tobacco Litigation Settlements" (see above)
<a href="#">D-60.994</a>	Sexually Transmitted Infections Among Adolescents, Including Incarcerated Juveniles	Our AMA will increase its efforts to work with the National Commission on Correctional Health Care to ensure that juveniles in correctional facilities receive comprehensive screening and treatment for sexually transmitted infections and sexual abuse. Citation: (Res. 401, A-01; Modified: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">D-95.979</a>	Banning Synthetic Drugs Referred to as "Bath Salts"	Our AMA supports national legislation banning synthetic drugs referred to as "bath salts," containing methylenedioxypyrovalerone (MDPV), mephedrone, and related substances. Citation: (Res. 507, A-11; Reaffirmation I-11)	Rescind. Remains relevant, but because bath salts are new psychoactive substances, the issue is addressed in Policy <a href="#">H-95.940</a> , "Addressing Emerging Trends in Illicit Drug Use,"

		<p>which reads: Our AMA: (1) recognizes that emerging drugs of abuse, especially new psychoactive substances (NPS), are a public health threat; (2) supports ongoing efforts of the National Institute on Drug Abuse, the Drug Enforcement Administration, the Centers for Disease Control and Prevention, the Department of Justice, the Department of Homeland Security, state departments of health, and poison control centers to assess and monitor emerging trends in illicit drug use, and to develop and disseminate fact sheets, other educational materials, and public awareness campaigns; (3) supports a collaborative, multiagency approach to addressing emerging drugs of abuse, including information and data sharing, increased epidemiological surveillance, early warning systems informed by laboratories and epidemiologic surveillance tools, and population driven real-time social media resulting in actionable information to reach stakeholders; (4)</p>
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			encourages adequate federal and state funding of agencies tasked with addressing the emerging drugs of abuse health threat; (5) encourages the development of continuing medical education on emerging trends in illicit drug use; and (6) supports efforts by federal, state, and local government agencies to identify new drugs of abuse and to institute the necessary administrative or legislative actions to deem such drugs illegal in an expedited manner.
<a href="#">H-10.983</a>	Swimming Safety	Our AMA (1) strongly supports barrier fencing and pool covers for residential pools, early water safety, and water awareness programs and (2) encourages swimming pool manufacturers and pool chemical suppliers to distribute educational materials that promote swimming and water safety. Citation: (Res. 72, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-10.984</a>	Farm-Related Injuries	Our AMA (1) emphasizes the need for more complete data on farm-related and other types of traumatic and occupational injuries;  (2) reaffirms its support of regional medical facilities and programs having well-trained medical personnel and emergency care facilities capable of responding effectively to farm-related and other types of injuries. Physicians in rural areas should assume leadership roles in developing these facilities;  (3) advises manufacturers to improve machinery and farm implements so they are less likely to injure operators and others. Safety instructions should accompany each sale of a machine such as a power auger or tractor. Hazard warnings should be part of each power implement;  (4) encourages parents, teachers, physicians, agricultural extension agencies, voluntary farm groups, manufacturers, and other sectors of society to inform children and others about the risks of	Retain; still relevant.

		<p>agricultural injuries and about approaches to their prevention;</p> <p>(5) endorses the concept of making injury surveillance and prevention programs ongoing activities of state and local departments of public health; and</p> <p>(6) encourages the inclusion of farm-related injury issues as part of the training program for medical students and residents involved in a rural health experience.</p> <p>Citation: (BOT Rep. U, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	
<a href="#">H-115.968</a>	Decreasing Epinephrine Auto-Injector Accidents and Misuse	<p>Our AMA: 1) encourages physicians to review standard epinephrine auto-injector administration protocol with patients upon initial prescription and on follow-up visits; and 2) encourages improved product design and labeling of epinephrine auto-injectors.</p> <p>Citation: (Res. 513, A-11)</p>	Retain; still relevant.
<a href="#">H-115.969</a>	Consumer Medication Information	<p>Our AMA supports the following basic principles for supplying written prescription drug information to patients: That (1) our AMA supports the pursuit of a single document for the provision of written consumer medication information (CMI), replacing the current framework of patient package inserts, pharmacy generated prescription drug leaflets, and Medication Guides; (2) the FDA collaboratively develop, test, and implement a single-document CMI process based on rigorously defined, essential information needed by patients to safely and effectively use medications; (3) the FDA validate CMI prototypes in actual use studies; (4) CMI should be provided in electronic formats on a publicly accessible Web site so that prescribers have access to these tools for improving patient adherence; and (5) CMI should stand on its own and not be an integral component of pharmacy marketing activities.</p> <p>Citation: (CSAPH Rep. 3, A-11)</p>	Retain; still relevant.
<a href="#">H-115.979</a>	Policy to Reduce Waste from Pharmaceutical Sample Packaging	<p>Our AMA: (1) supports reducing waste from pharmaceutical sample packaging by making sample containers as small as possible and by using biodegradable and recycled materials whenever possible; and (2) supports the modification of any federal rules or regulations that may be in conflict with this policy.</p> <p>Citation: (Res. 508, I-91; Modified: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)</p>	Retain; still relevant.
<a href="#">H-115.984</a>	Product Identification of Solid Dosage Forms	<p>Our AMA supports working with the appropriate organizations to: (1) develop a coding system for the identification of all solid medication forms; (2) encourage imprinting each tablet, capsule or other solid dosage form of a prescription drug with its unique code and the name or other distinctive mark</p>	Rescind. <a href="#">CFR Title 21, Volume 4</a> requires that “a code imprint that, in conjunction with the product's size, shape,

		<p>identifying the manufacturer; and (3) encourage compilation of this coding system into a reference and disseminate it to physicians, pharmacists and law enforcement agencies in an appropriate manner.</p> <p>Citation: (Res. 44, A-87; Reaffirmed: Sunset Report, I-97; Reaffirmed: CSAPH Rep. 3, A-07; Modified: Res. 519, A-11)</p>	<p>and color, permits the unique identification of the drug product and the manufacturer or distributor of the product.” Many compilations of the coding system exist on the Internet, free to access.</p>
<a href="#">H-120.940</a>	<p>Mail Order Pharmacies and Interface with Current Pharmacy Hubs</p>	<p>Our AMA will: (1) work with mail order pharmacies to make sure that such pharmacies adopt interfaces with current pharmacy hubs and physician electronic prescribing systems at no cost to physicians; and (2) advocate for penalties and/or incentives for mail order pharmacies to encourage the adoption of a functional system to automate the prescribing process through interfaces with physicians electronic prescribing systems.</p> <p>Citation: (Res. 708, A-10; Reaffirmed: BOT Rep. 8, A-11)</p>	<p>Retain; still relevant.</p>
<a href="#">H-120.967</a>	<p>Dispensing of Computer-Generated Drug Information</p>	<p>1. Our AMA continues to cooperate with the National Council on Patient Information and Education (NCPIE), USP, the FDA and others to establish standards for patient information.</p> <p><del>2. Our AMA continues to participate on the NCPIE to foster better medication use through improved communication between physicians and their patients, and the AMA encourages state and specialty medical societies to become members of NCPIE.</del></p> <p>3. Our AMA will monitor the ongoing re-evaluation of how consumer medication information is designed and provided in the US and provide input to ensure that such documents are clinically useful, written at the appropriate literacy level, and promote patient adherence.</p> <p>Citation: (Res. 512, A-95; Appended: Sub. Res. 508, A-10; Reaffirmed: CSAPH Rep. 3, A-11)</p>	<p>Retain in part. AMA is no longer a member of NCPIE, as they merged with a new organization and are funded, in part, by pharmaceutical companies.</p>
<a href="#">H-120.987</a>	<p>American Pharmacists Association</p>	<p>The AMA advocates (1) continued surveillance of mail-order prescriptions; (2) notification by the American Pharmacists Association (APhA) of its members that prescriptions should be refilled only on the physician's order; and (3) that the APhA advise its members to discontinue the practice of assuming a prescription may be refilled unless a form is returned stating that the prescription may not be refilled.</p> <p>Citation: (Res. 147, A-88; Reaffirmed: Sunset Report, I-98; Modified and Reaffirmed: CSAPH Rep. 2, A-08; Reaffirmed: BOT Rep. 8, A-11)</p>	<p>Retain; still relevant.</p>
<a href="#">H-120.989</a>	<p>Mail Service Pharmacy</p>	<p>The AMA believes that: (1) MSP is an established alternative method of distributing drugs in the</p>	<p>Retain; still relevant.</p>

		<p>United States. (2) Controlled studies in the 1970s support the fact that MSPs are less vulnerable to drug diversion than retail pharmacies. Although numerous concerns about lack of safety and drug diversion have been expressed in trade publications and newsletters, documented controlled data regarding these concerns are minimal. There is no evidence of lack of safety in the peer-reviewed controlled-study literature. Presently, the practice of obtaining drugs from mail service pharmacies appears to be relatively safe. (3) Mail service pharmacy for prescription drugs is probably most appropriate for patients who have a well-established diagnosis, who have long-term chronic illnesses, whose disease is relatively stable and in whom the dose and dosage schedule is well regulated, who are isolated because of geographic or personal reasons, who have a drug history profile on record, who have been adequately informed about their medication, and who continue to see their physician regularly. Certainly, MSP is not best utilized for medications that are to be used acutely. Further, there must be assurance that generic substitution occur only by order of the prescribing physician. (4) Any purported price savings from the use of MSP is difficult to assess, since studies are generally limited to regional and limited patient populations. (5) Physicians have the responsibility to prescribe reasonable amounts of prescription medications based on the diagnosis and needs of their patients. Physicians must not be influenced by purely economic reasons, but they must take into account the patient's ability to pay and be aware of the guidelines recommended by particular health benefit programs for drugs.                  Citation: (BOT Rep. I, I-87; Reaffirmed: Sunset Report, I-97; Reaffirmed: CSAPH Rep. 3, A-07; Reaffirmed: BOT Rep. 8, A-11)</p>	
<p><a href="#">H-130.956</a></p>	<p>Screening for Alcohol and Other Drug Use in Trauma Patients</p>	<p>Our AMA (1) encourages hospital medical staffs to promote the performance of blood alcohol concentration (BAC) tests and urine drug screens on hospitalized trauma patients; and (2) urges physicians responsible for the care of hospitalized trauma patients to implement appropriate evaluation and treatment when there is a positive BAC, other positive drug screen result, or other source of suspicion of a potential substance misuse or substance use disorder.                  Citation: (BOT Rep. J, I-91; Reaffirmed: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)</p>	<p>Retain in part to eliminate stigmatizing language. Remains relevant</p>
<p><a href="#">H-130.987</a></p>	<p>Emergency Medical Identification Aids</p>	<p>Our AMA (1) urges worldwide use of the Emergency Medical Identification Symbol (Symbol); (2) urges that persons with special health problems wear a readily evident durable metal or plastic alerting device and that all persons carry a universal medical information card identifying</p>	<p>Retain; still relevant.</p>

		<p>family, friends and personal physicians; (3) urges that the Symbol be imprinted on alerting devices, on medical identification cards, and on emergency medical care educational material; (4) encourages physicians to work individually with their patients in selecting an appropriate signal device and identification card; and (5) recognizes the need for patients to have the option to enroll in portable medical identification alert systems that current technologies support, such as virtual medical identification alert systems and smart cards which can offer emergency responders immediate access to pertinent health information and family contact information.</p> <p>Citation: (BOT Rep. U, A-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed by CSA Rep. 10, A-97; Reaffirmed: CSAPH Rep. 3, A-07; Appended: Res. 815, I-11)</p>	
<a href="#">H-135.933</a>	Bisphenol A	<p>Our AMA: 1) supports a <del>shift to a more</del> robust, science-based, and transparent federal regulatory framework for oversight of bisphenol A (BPA); <del>and 2) encourages ongoing industry actions to stop producing BPA-containing baby bottles and infant feeding cups, support bans on the sale of such products, and urge the development and use of safe, nonharmful alternatives to BPA for the linings of infant formula cans and other food can linings; and 3) recognizes BPA as an endocrine-disrupting agent and urges that BPA-containing products with the potential to increase human exposure to BPA be clearly identified.</del></p> <p>Citation: (CSAPH Rep. 5, A-11)</p>	Retain in part. In July 2012, FDA amended its regulations to no longer provide for the use of BPA-based resins in baby bottles, sippy cups, and packaging coatings for infant formula because these specified uses have been permanently and completely abandoned.
<a href="#">H-135.947</a>	Guidance for Worldwide Conservation of Potable Water	<p>Our AMA favors scientific and cultural development of a plan for worldwide potable water conservation, especially in countries affected by natural disasters or other events that disrupt the potable water supply.</p> <p>Citation: (Res. 406, A-04; Modified in lieu of Res. 906, I-11)</p>	Retain; still relevant.
<a href="#">H-135.950</a>	Support the Health Based Provisions of the Clean Air Act	<p>Our AMA <del>(1) opposes changes to the New Source Review program of the Clean Air Act; (2) urges the Administration, through the Environmental Protection Agency, to withdraw the proposed New Source Review regulations promulgated on December 31, 2002; and (3) opposes further legislation to weaken the existing provisions of the Clean Air Act.</del></p> <p>Citation: (Res. 417, A-03; Reaffirmation A-05; Reaffirmation I-11)</p>	Retain in part. The New Source Review (NSR) program is complex, has a long history of rulemakings, guidance, applicability determinations and litigation that have NSR applicability. Given the many changes over the years, it is not clear what specifically this policy supports.

<a href="#">H-135.963</a>	Recyclable and Reusable Utensils	Our AMA makes a commitment to use only reusable and recyclable utensils to the extent possible and encourages its constituent societies to do likewise. Citation: (Res. 608, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-135.966</a>	Low-Level Radioactive Wastes	Our AMA (1) reiterates its endorsement of the process now in place for dealing with the disposal of low-level radioactive wastes, which involves the formation of compacts among the 50 states and the construction of regional facilities, and (2) encourages physicians to support and assist state agencies and others responsible for planning the safe disposal of low-level radioactive wastes. Citation: (BOT Rep. O, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Rescind; superseded by <a href="#">H-135.989</a> , "Low Level Radioactive Waste Disposal," which reads: "The AMA (1) believes that each state should be responsible for providing capacity within or outside the state for disposal of commercial, non-military low level radioactive waste generated within its border; and (2) urges Environmental Protection Agency action to ensure capacity for disposal of low-level radioactive waste.
<a href="#">H-135.992</a>	Acid Precipitation	Our AMA encourages further scientific studies to determine the effects of acid precipitation on the population of the U.S. and Canada in order that the maximum impact of health professionals may be brought to bear toward the solution of this problem. Citation: (Res. 66, I-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-145.989</a>	Safety of Nonpowder (Gas-Loaded/Spring-Loaded) Guns	It is the policy of the AMA to encourage the development of appropriate educational materials designed to enhance physician and general public awareness of the safe use of as well as the dangers inherent in the unsafe use of nonpowder (gas-loaded/spring-loaded) guns. Citation: (Res. 423, I-91; Modified: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-15.962</a>	Air Bags and Preventing Crash Injuries	Our AMA (1) encourages the U.S. Department of Transportation to expand efforts to determine the efficacy of air bags in preventing serious injuries and the efficacy and safety of the air bag combined with the lap-shoulder belt in preventing such injuries;  (2) encourages motor vehicle manufacturers to continue efforts to improve the safety of vehicles, focusing especially on active and passive restraints and strengthening passenger compartments; and	Retain; still relevant.

		<p>(3) encourages physicians to take an active role in encouraging the use of automobile active and passive restraints among the general public, including infants and children.                  Citation: (BOT Rep. H, I-92; Reaffirmation I-01; Modified: CSAPH Rep. 1, A-11)</p>	
<a href="#">H-15.967</a>	Injuries Resulting from Pickup Trucks	<p>Our AMA supports prohibiting any person from riding in the back of a pickup truck without the use of appropriate restraint devices and protection when the pickup truck is traveling on public roads.                  Citation: (Sub. Res. 15, A-91; Reaffirmed: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)</p>	<p>Rescind; superseded by Policy <a href="#">H-15.961</a>, "Safety for Passengers in the Back of Pickup Trucks," which states that the AMA supports legislation that would prohibit passengers from riding in the cargo bed of a pickup truck.</p>
<a href="#">H-15.968</a>	School Bus Safety and Braking and Steering Systems	<p>Our AMA encourages (1) manufacturers of school buses to exceed the braking and steering system requirements of the U.S. Department of Transportation, making these systems as safe and easy to use as possible; (2) school bus manufacturers and federal agencies to continue their efforts to improve the safety of school buses and of school bus transportation programs, including driver education programs; and (3) physicians with an interest in children's problems, primary and secondary school education programs, or public health to evaluate pupil transportation systems in their own communities.                  Citation: (BOT Rep. N, A-91; Modified: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	<p>Retain; still relevant.</p>
<a href="#">H-15.992</a>	Motor Vehicle Accidents	<p>Our AMA (1) recognizes motor vehicle-related trauma as a major public health problem, the resolution of which requires a leadership role by physicians in concert with safety experts; and (2) strongly encourages other medical and health care organizations, as well as departments of health and transportation, to endorse the concept of motor vehicle related trauma as a public health problem, thereby lending its treatment to traditional public health measures.                  Citation: (BOT Rep. LL, I-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	<p>Retain; still relevant.</p>
<a href="#">H-15.993</a>	Child Passenger Safety	<p>Our AMA (1) urges all physicians and health care professionals to consider ways to encourage the protection of children in motor vehicles through the use of appropriate child passenger restraining devices and safety belts and (2) endorses and supports the efforts of other appropriate organizations to motivate and assist physicians and health care professionals and hospitals to inform parents of the importance of protecting children in</p>	<p>Retain; still relevant.</p>

		<p>motor vehicles with appropriate restraining systems.                      Citation: (Res. 27, A-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmation and Modified: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)</p>	
<a href="#">H-150.934</a>	Competitive Eating	<p>Our AMA recognizes competitive speed eating as an unhealthy eating practice with potential adverse consequences.                      Citation: (Res. 418, A-11)</p>	Retain; still relevant.
<a href="#">H-150.967</a>	Food Safety - Federal Inspection Programs	<p>Our AMA encourages the FDA and the U.S. Department of Agriculture to continue their efforts to assure the safety of the food supply. Inspection of meat, poultry, and seafood should be viewed as one component of an overall program for improving food safety.                      Citation: (CSA Rep. L, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	Retain; still relevant.
<a href="#">H-150.969</a>	Commercial Weight-Loss Systems and Programs	<p>It is the policy of the AMA to (1) continue to cooperate with appropriate state and/or federal agencies in their investigation and regulation of weight-loss systems and programs that are engaged in the illegal practice of medicine and/or that pose a health hazard to persons to whom they sell their services; (2) continue to provide scientific information to physicians and the public to assist them in evaluating weight-reduction practices and/or programs; and (3) encourage review of hospital-based weight-loss programs by medical staff.                      Citation: (CSA Rep. A, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	Retain; still relevant.
<a href="#">H-150.990</a>	Sodium in Processed Foods	<p>Our AMA (1) encourages physicians to reinforce the profession's public education programs when counseling their patients; and (2) supports the efforts of food industries to achieve useful reductions in the sodium content of processed food, without compromising their safety or nutritive values.                      Citation: (CSA Rep. G, A-82; Amended: CLRPD Rep. A, I-92; Reaffirmed: Res. 408, A-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	<p>Rescind. While still relevant, this policy is superseded by Policy <a href="#">H-150.929</a>, "Promotion of Healthy Lifestyles I: Reducing the Population Burden of Cardiovascular Disease by Reducing Sodium Intake," which states: Our AMA will:                      (1) Call for a step-wise, minimum 50% reduction in sodium in processed foods, fast food products, and restaurant meals to be achieved over the next decade. Food manufacturers and restaurants should review their product lines and</p>



			<p>reduce sodium levels to the greatest extent possible (without increasing levels of other unhealthy ingredients). Gradual but steady reductions over several years may be the most effective way to minimize sodium levels.</p> <p>(2) To assist in achieving the Healthy People 2010 goal for sodium consumption, will work with the FDA, the National Heart Lung Blood Institute, the Centers for Disease Control and Prevention, the American Heart Association, and other interested partners to educate consumers about the benefits of long-term, moderate reductions in sodium intake.</p> <p>(3) Recommend that the FDA consider all options to promote reductions in the sodium content of processed foods.</p>
<p><a href="#">H-150.997</a></p>	<p>Excess Sodium in the Diet</p>	<p>Our AMA supports continued use of its publications to inform the public of foods containing high sodium levels, and the relationship of sodium intake to the potential development and control of hypertension.</p> <p>Citation: (Sub. Res. 22, A-77; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: Res. 408, A-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	<p>Rescind. While still relevant, this policy is superseded by Policy <a href="#">H-150.929</a>, “Promotion of Healthy Lifestyles I: Reducing the Population Burden of Cardiovascular Disease by Reducing Sodium Intake” (see above)</p>
<p><a href="#">H-160.963</a></p>	<p>Community-Based Treatment Centers</p>	<p>Our AMA supports the use of community-based treatment centers for substance abuse disorders, <del>emotional</del> <u>mental health</u> disorders and developmental disabilities.</p> <p>Citation: (BOT Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)</p>	<p>Retain in part to eliminate stigmatizing language. Remains relevant.</p>

<a href="#">H-170.992</a>	Alcohol and Drug Abuse Use and Addiction Education	Our AMA: (1) supports continued encouragement for increased educational programs relating to use of and <del>addiction involving abuse of</del> alcohol, <del>cannabis marijuana</del> and controlled substances; (2) supports the implementation of alcohol and <del>marijuana</del> <u>cannabis</u> education in comprehensive health education curricula, kindergarten through grade twelve; and (3) encourages state medical societies to work with the appropriate agencies to develop a state-funded educational campaign to counteract pressures on young people to use <u>alcohol, cannabis products, and controlled substances</u> . Citation: (Sub. Res. 63, I-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmation and Reaffirmed: Sunset Report, I-00; Appended: Res. 415, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain in part to eliminate stigmatizing language. Remains relevant.
<a href="#">H-175.998</a>	Evaluation of Iridology	Our AMA believes that iridology, the study of the iris of the human eye, has not yet been established as having any merit as a diagnostic technique. Citation: (CSA Rep. F, A-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-185.969</a>	Insurance Coverage for Immunizations	Our AMA endorses laws requiring insurance companies to provide coverage for immunization schedules endorsed by the Advisory Committee on Immunization Practices, American Academy of Family Physicians, and American Academy of Pediatrics, with no co-pays or deductibles. Citation: (Res. 430, A-97; Reaffirmation A-01; Reaffirmation A-08; Reaffirmation A-11)	Retain, still relevant.
<a href="#">H-210.995</a>	Home Health Care	The AMA (1) supports the concept of home health care as an alternative to hospital, nursing home, or other institutional care and as part of a total medical care plan; and (2) believes that home health care is an effective benefit to many patients. Citation: (BOT Rep. HH, I-86; Reaffirmed: Sunset Report, I-96; Reaffirmed: CSAPH Rep. 3, A-06; Reaffirmation A-11)\	Retain, still relevant.
<a href="#">H-30.960</a>	Physician Ingestion of Alcohol and Patient Care	Our AMA, believing that the possibility, or even the perception, of any alcohol-induced impairment of patient care activities is inconsistent with the professional image of the physician, (1) urges that physicians engaging in patient care have no significant body content of alcohol and (2) urges that all physicians, prior to being available for patient care, refrain from ingesting an amount of alcohol that has the potential to cause impairment of performance or create a "hangover" effect. Citation: (BOT Rep. Y, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain, still relevant.
<a href="#">H-30.961</a>	Student Life Styles	Our AMA (1) supports educational programs for students that deal with <del>the problem of</del> alcoholism and drugs, and (2) encourages educational institutions to continue or institute efforts to eliminate the illegal and inappropriate use of	Retain in part to eliminate stigmatizing phrasing. Remains relevant.

		alcohol and other drugs on their premises or at their functions. Citation: (Res. 159, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	
<a href="#">H-345.996</a>	Physicians, Psychotherapy and Mental Health Care	Our AMA supports efforts to inform physicians, the public and third party payers that physicians in the private sector are at the forefront of mental health care in their office practices and provide significant amounts of direct and preventive mental health services to the public. Citation: (Res. 17, I-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain, still relevant.
<a href="#">H-370.989</a>	State Regulation and Licensing of Human Tissue Banks	Our AMA encourages states to require licensing of human tissue banks in a manner consistent with the Food and Drug Administration's federal regulatory requirements. Citation: (Res. 68, I-87; Reaffirmed: Sunset Report, I-97; Modified: CSA Rep. 5, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Rescind. While still relevant, superseded by Policy <a href="#">H-370.988</a> , "Regulation of Tissue Banking," which states: Our AMA: (1) supports the Food and Drug Administration's (FDA) proposed regulatory agenda for tissue banking organizations, and urges the FDA to continue working with nationally-recognized tissue banking organizations and other appropriate groups to implement the proposed oversight system; (2) promotes the adoption of the standards for tissue retrieval and processing established by nationally recognized tissue banking organizations that would mandate adherence to specific standards as a condition of licensure and certification for tissues banks; (3) supports FDA registration of all tissue banks; and (4) supports the continued

			involvement of the medical community in the further effort to ensure the safety and efficacy of the nation's supply of tissues.
<a href="#">H-420.955</a>	Nutrition Counseling for Pregnant and Recent Post-Partum Patients	Our AMA: 1) supports physician referrals of pregnant and post-partum patients for nutrition counseling, and 2) will advocate for the extension of health insurance coverage for nutrition counseling for all pregnant and recent post-partum patients. Citation: (Res. 409, A-11)	Retain; still relevant.
<a href="#">H-420.964</a>	Fetal Alcohol Syndrome Educational Program	Our AMA supports informing physicians about Fetal Alcohol Syndrome and the referral and treatment of alcohol abuse by pregnant women or women at risk of becoming pregnant. Citation: (Res. 122, A-91; Reaffirmed: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-420.965</a>	Carrier Screening for Cystic Fibrosis	Our AMA: (1) supports the concept that participation in pilot studies or in any subsequent population screening program for <u>cystic fibrosis (CF)</u> be on a voluntary basis, with informed consent for all who wish to be tested; (2) encourages physicians to become more knowledgeable regarding genetic tests such as the one for CF, the interpretation of these tests, and genetic counseling; and (3) encourages physicians to become involved in educating the public about the nature of carrier screening for CF. Citation: (CSA Rep. C, A-91; Modified: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)	Retain as amended for clarity.
<a href="#">H-420.972</a>	Prenatal Services to Prevent Low Birthweight Infants	Our AMA encourages all state medical associations and specialty societies to become involved in the promotion of public and private programs that provide education, outreach services, and funding directed at prenatal services for pregnant women, particularly women at risk for delivering low birthweight infants. Citation: (Res. 231, A-90; Reaffirmed: Sunset Report, I-00; Reaffirmation A-07; Reaffirmation I-07; Reaffirmed: Res. 227, A-11)	Retain, still relevant.
<a href="#">H-420.992</a>	Genetic Counseling and Prevention of Birth Defects	Our AMA believes that: (1) Adequate genetic counseling must be incorporated into any prenatal screening program established for the detection of birth defects and should be available both before and after the test is performed. (2) States should enhance their laboratory capability through broader utilization of those laboratories performing genetic screening, <del>perhaps through regionalization of facilities so that karyotyping of amniotic fluid cell cultures and their biochemical analysis can be more widely available.</del>	Retain as amended for clarity.

		<p>(3) Specialty societies should enhance their efforts to train physicians in the newer techniques of ante-natal diagnosis.</p> <p><del>(4) Although the case for widespread carrier screening for common heterozygous abnormalities is far from established, pilot studies should be encouraged which will explore the cost-effective level of pre-natal testing in each locality.</del></p> <p>Citation: (CSA Rep. B, I-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)</p>	
<a href="#">H-440.882</a>	Secure National Vaccine Policy	<p>Our AMA advocates for and supports programs that ensure the production, quality assurance and timely distribution of sufficient quantities of those vaccines recommended by the Centers for Disease Control and Prevention to the US population at risk.</p> <p>Citation: (Res. 709, I-04; Reaffirmation A-05; Reaffirmed in lieu of Res. 422, A-11: BOT action in response to referred for decision Res. 422, A-11)</p>	Retain, still relevant.
<a href="#">H-440.891</a>	Support of a the National Laboratory Response Network	<p>Our AMA supports <del>the efforts of the Centers for Disease Control and Prevention's in establishing a</del> national <u>Laboratory Response Network</u> for communicating, coordinating, and collaborating with physicians and laboratory professionals on public health concerns.</p> <p>Citation: (Res. 516, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	Retain as amended for clarity.
<a href="#">H-440.894</a>	Support of Four Principles of Hand Awareness	<p>Our AMA: (1) endorses the Four Principles of Hand Awareness: (a) Wash your hands when they are dirty and before eating, (b) Do not cough into your hands, (c) Do not sneeze into your hands, and (d) Above all, do not put your fingers into your eyes, nose or mouth; and (2) encourages physicians to "adopt a school" in their communities and promote the Four Principles of Hand Awareness.</p> <p>Citation: (Res. 404, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	Retain; still relevant.
<a href="#">H-440.950</a>	Premarital Testing	<p>Our AMA encourages individual states to review and reassess the need for mandatory premarital testing for infectious diseases for their respective populations and to determine whether there is a favorable cost/benefit ratio for the specific disease in question. In the absence of a favorable ratio, states should consider abandoning mandatory premarital testing for an infectious disease.</p> <p>Citation: (BOT Rep. Z, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	Retain; still relevant.
<a href="#">H-440.972</a>	Water Fluoridation	<p>Our AMA: (1) urges state health departments to consider the value of requiring statewide fluoridation (preferably a comprehensive program of fluoridation of all public water supplies, where these are fluoride deficient), and to initiate such action as deemed appropriate; and (2) supports the 2011 proposed fluoridation standards as</p>	Retain; still relevant.

		promulgated by the US Department of Health and Human Services and the Environmental Protection Agency. Citation: (Sub. Res. 9, I-86; Reaffirmed: Sunset Report, I-96; Reaffirmed: CSAPH Rep. 3, A-06; Appended: Res 406, A-11)	
<a href="#">H-440.989</a>	Continuation of the Commissioned Corps	Our AMA strongly supports the continuation of the Commissioned Corps of the US Public Health Service. Citation: (Res. 5, A-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-455.988</a>	Public Education on the Danger of Radiation Exposure	<del>1. Our AMA encourages the appropriate federal agency to develop a nationwide public education program on the effects of radiation exposure.</del>  2. Our AMA supports public initiatives, such as the "Image Wisely" and "Image Gently" campaigns, which aim to increase awareness of radiation in the medical setting and reduce exposure. Citation: (Res. 121, A-86; Reaffirmed: Sunset Report, I-96; Reaffirmed: CSAPH Rep. 3, A-06; Appended: Res. 921, I-11)\	Retain in part. The Health Resources and Services Administration (HRSA) developed the Radiation Exposure Screening & Education Program (RESEP).
<a href="#">H-455.993</a>	Treatment of Radiation Accident Victims	Our AMA (1) encourages all acute care facilities, through their medical staffs, to review and become familiar with radiation accident contingency plans required by the JCAHO, particularly those facilities in areas where major radiation-emitting equipment is located; and (2) supports the development of guidelines for training and preparedness of medical staffs, proper treatment regimens and the maintenance and use of decontamination equipment for use at the time of radiation accidents. Citation: (Res. 36, I-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-460.907</a>	Encouraging Research Into the Impact of Long-Term Administration of Hormone Replacement Therapy in Transgender Patients	Our AMA encourages research into the impact of long-term administration of hormone replacement therapy in transgender patients. Citation: (Res. 512, A-11)	Retain; still relevant.
<a href="#">H-470.985</a>	Goalie Face Masks in Hockey	Our AMA endorses the mandatory use of an adequate cage-type face mask for goalies in all amateur, high school and college hockey programs in the nation. Citation: (Res. 4, I-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain; still relevant.

<a href="#">H-470.986</a>	Helmets for Hockey Referees	Our AMA endorses the use of hockey helmets for all referees in amateur, high school and college hockey programs in the US. Citation: (Res. 123, A-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-470.991</a>	Promotion of Exercise	1. Our AMA: (A) supports the promotion of exercise, particularly exercise of significant cardiovascular benefit; and (B) encourages physicians to prescribe exercise to their patients and to shape programs to meet each patient's capabilities and level of interest.  2. Our AMA supports National Bike to Work Day and encourages active transportation whenever possible. Citation: (Res. 83, parts 1 and 2, I-77; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: CSAPH Rep. 1, A-10; Appended: Res. 604, A-11)	Retain; still relevant.
<a href="#">H-480.951</a>	Fingerstick And Single-Use Point-of-Care Blood Testing Devices Should Not Be Used For More Than One Person	Our AMA encourages improved labeling of fingerstick and point-of-care blood testing devices such that it is clear that multiple-use fingerstick devices made for single patients are intended for use only on single patients. Citation: (Res. 515, A-11)	Retain; still relevant.
<a href="#">H-480.981</a>	Cryotherapy, Therapeutic Ultrasound and Diathermy	Our AMA recognizes that the application of heat or cold is a therapeutic modality used by a variety of practitioners. When these modalities are used and are expected to cause tissue destruction, the AMA recommends that those using the modality be appropriately trained, licensed physicians or be individuals appropriately trained and under the supervision of a physician. Citation: (BOT Rep. P, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-490.916</a>	Health Insurance and Reimbursement for Tobacco Cessation and Counseling	Our AMA:  (1) (a) continues to support development of an infrastructure for tobacco dependence treatment; (b) will work with the U.S. Public Health Service, particularly the Agency for Health Research and Quality, health insurers, and others to develop recommendations for third party payment for the treatment of nicotine addiction; (c) urges third party payers and governmental agencies involved in medical care to regard and treat nicotine addiction counseling and/or treatment by physicians as an important and legitimate medical service; and (d) supports the ready availability of health insurance coverage and reimbursement for pharmacologic and behavioral treatment of nicotine dependence and smoking cessation efforts;  (2) (a) requests Congress to provide matching	Retain, still relevant.

		<p>funds for Medicaid coverage for evidence-based programs and Food and Drug Administration (FDA)-approved products that lead to smoking cessation; and (b) seeks the requirement that state Medicaid programs, prepaid health plans, and insurance companies provide evidence-based approaches for smoking cessation and nicotine withdrawal, including FDA-approved pharmacotherapy, as part of their standard benefit packages.</p> <p>Citation: (CSA Rep. 3, A-04; Reaffirmed: BOT Rep. 8, A-08; Reaffirmation A-11)</p>	
<a href="#">H-495.983</a>	Tobacco Litigation Settlements	<p>Our AMA:</p> <p>(1) strongly supports the position that all monies paid to the states in the Master Settlement Agreement and other agreements be utilized for research, education, prevention and treatment of nicotine addiction, especially in children and adolescents, and for treatment of diseases related to nicotine addiction and tobacco use;</p> <p>(2) supports efforts to ensure that a substantial portion of any local, state or national tobacco litigation settlement proceeds be directed towards preventing children from using tobacco in any form, helping current tobacco users quit, and protecting nonsmokers from environmental tobacco smoke, and that any tobacco settlement funds not supplant but augment health program funding;</p> <p>(3) strongly supports efforts to direct tobacco settlement monies that are not directed to other specific tobacco control activities to enhance patient access to medical services;</p> <p>(4) strongly supports legislation codifying the position that all monies paid to the states through the various tobacco settlements remain with the states; and that none be reimbursed to the Federal government on the basis of each individual state's Federal Medicaid match; and</p> <p>(5) opposes any provision of tort reform legislation that would grant exclusion from liability or special protection to tobacco companies or tobacco products.</p> <p>Citation: (CSA Rep. 3, A-04; Reaffirmation I-11)</p>	Retain, still relevant.
<a href="#">H-50.995</a>	Voluntary Donations of Blood and Blood Banking	<p>Our AMA reaffirms its policy on voluntary blood donations (C-63); and directs attention to the need for adequate donor selection and post-transfusion follow-up procedures. Our AMA (1) endorses the FDA's existing blood policy as the best approach to assure the safety and adequacy of the nation's blood supply;</p>	Retain; still relevant.



		<p>(2) supports current federal regulations and legislation governing the safety of all blood and blood products provided they are based on sound science;</p> <p>(3) encourages the FDA to continue aggressive surveillance and inspection of foreign establishments seeking or possessing United States licensure for the importation of blood and blood products into the United States; and</p> <p>(4) urges regulatory agencies and collection agencies to balance the implementation of new safety efforts with the need to maintain adequate quantities of blood to meet transfusion needs in this country.</p> <p>Citation: (BOT Rep. V, A-71; Reaffirmed: CLRPD Rep. C, A-89; Appended: Res. 507, A-98; Appended: CSA Rep. 4, I-98; Reaffirmed: CSA Rep. 1, A-99; Amended &amp; Appended: Res. 519, A-01; Modified: CSAPH Rep. 1, A-11)</p>	
<a href="#">H-525.985</a>	Safety and Performance Standards for Mammography	<p>Our AMA actively encourages the development of new activities, and supports the coordination of ongoing activities, to ensure the following: (1) that the techniques used in performing mammograms and in interpreting mammograms meet high quality standards of performance, including evidence of appropriate training and competence for professionals carrying out these tasks;</p> <p>(2) that the equipment used in mammography is specifically designed and dedicated. The performance of mammography imaging systems is assessed on a regular basis by trained professionals;</p> <p>(3) that the American College of Radiology Breast Imaging Reporting and Database System is widely used throughout the United States and that mammography outcome data in this database are used to regularly assess the effectiveness of mammography screening and diagnostic services as they are provided for women in the United States; and</p> <p>(4) regular breast physical examination by a physician and regular breast self-examination should be performed in addition to screening mammography.</p> <p>Citation: (BOT Rep. JJ, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	Retain; still relevant.
<a href="#">H-525.986</a>	Guidelines and Medicare Coverage for Screening Mammography	<p>Our AMA: (1) supports continuing to work with interested groups to facilitate the participation of all women eligible under Medicare in regular screening mammography; (2) supports the coordination of ongoing programs and encourages the development of new activities in quality assurance for mammography; and (3) supports monitoring studies addressing the issue of the appropriate interval for screening mammography in women over 64 years of age.</p>	Retain, still relevant.

		Citation: (BOT Rep. CC, A-91; Modified: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)	
<a href="#">H-60.928</a>	Body Image and Advertising to Youth	Our AMA encourages advertising associations to work with public and private sector organizations concerned with child and adolescent health to develop guidelines for advertisements, especially those appearing in teen-oriented publications, that would discourage the altering of photographs in a manner that could promote unrealistic expectations of appropriate body image. Citation: (Res. 413, A-11)	Retain; still relevant.
<a href="#">H-60.929</a>	National Child Traumatic Stress Network	Our AMA: 1) recognizes the importance of and support the widespread integration of evidence-based pediatric trauma services with appropriate post-traumatic mental and physical care, such as those developed and implemented by the National Child Traumatic Stress Initiative; and 2) will work with mental health organizations and relevant health care organizations to support full funding of the National Child Traumatic Stress Initiative <del>at FY 2011 levels at minimum and to maintain the full mission of the National Child Traumatic Stress Network.</del> Citation: (Res. 419, A-11)	Retain in part, the FY 2011 level mentioned is outdated and should be deleted.
<a href="#">H-60.955</a>	Screening Pediatric and Adolescent Injury Victims for Drugs and Alcohol	Our AMA: (1) supports drug and alcohol screening as an appropriate component of a comprehensive medical evaluation for pediatric and adolescent injury victims when clinically indicated; and (2) encourages physicians to actively pursue appropriate referral and treatment when clinically indicated for all pediatric and adolescent injury patients who test positive for the presence of drugs or alcohol. Citation: (Res. 408, I-94; Reaffirmation I-01; Reaffirmed: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-60.971</a>	Removal of High Alcohol Content from Medications Targeted for Use by Children and Youth	Our AMA encourages pharmaceutical companies to limit the alcohol content of their medications to the minimum amount necessary as determined solely by the physical and chemical characteristics of the medication. Citation: (Sub. Res. 507, I-91; Reaffirmed: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)	Retain; still relevant.
<a href="#">H-60.974</a>	Children and Youth With Disabilities	It is the policy of the AMA: (1) to inform physicians of the special health care needs of children and youth with disabilities; (2) to encourage physicians to pay special attention during the preschool physical examination to identify physical, emotional, or developmental disabilities that have not been previously noted; (3) to encourage physicians to provide services to children and youth with disabilities that are family-centered, community-based, and coordinated among the various individual providers and programs serving the child; (4) to encourage physicians to provide schools with medical information to ensure that children and	Retain; still relevant.

		<p>youth with disabilities receive appropriate school health services;</p> <p>(5) to encourage physicians to establish formal transition programs or activities that help adolescents with disabilities and their families to plan and make the transition to the adult medical care system;</p> <p>(6) to inform physicians of available educational and other local resources, as well as various manuals that would help prepare them to provide family-centered health care; and</p> <p>(7) to encourage physicians to make their offices accessible to patients with disabilities, especially when doing office construction and renovations.</p> <p>Citation: (CSA Rep. J, I-91; Modified: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)</p>	
<a href="#">H-60.976</a>	Genetic and Medical History of the Adopted	<p>It is the policy of the AMA (1) to assist the appropriate bodies to develop a medical and genetic history form which would become, and remain, protected information and part of an adopted individual's permanent record on their entry into the fostercare/adoption system; and (2) to draft model state legislation which clearly mandates all appropriate agencies to furnish to the adoptive parents, when possible, the appropriate medical and genetic family history furnished by birth parents, with a mechanism to protect the confidentiality of all parties.</p> <p>Citation: (Res. 512, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	<p>Rescind. Medical and genetic history forms exist and are now readily available on many websites discussing adoption, including the <a href="#">CDC website</a>.</p> <p>Additionally, the AMA developed model state legislation "To Require the Provision of the Genetic and Medical History of The Adopted to Adoptive Parents."</p>
<a href="#">H-75.990</a>	Development and Approval of New Contraceptives	<p>Our AMA (1) supports <del>congressional</del> efforts to increase public funding of contraception and fertility research;</p> <p>(2) urges the FDA to consider the special health care needs of Americans who are not adequately served by existing contraceptive products when considering the safety, effectiveness, risk and benefits of new contraception drugs and devices; and</p> <p>(3) encourages contraceptive manufacturers to conduct post-marketing surveillance studies of contraceptive products to document the latter's long-term safety, effectiveness and acceptance, and to share that information with the FDA.</p> <p>Citation: (BOT Rep. O, I-91; Reaffirmed: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11)</p>	Retain in part.
<a href="#">H-75.992</a>	Family Planning Clinic Funds	<p>Our AMA supports the concept of adequate funding for family planning programs.</p> <p>Citation: (Res. 102, A-90; Reaffirmed: Sunset Report, I-00; Reaffirmed: CSAPH Rep. 1, A-10; Reaffirmed: Res. 227, A-11)</p>	Retain; still relevant.

<p><a href="#">H-90.996</a></p>	<p>Education of <u>Children with Disabilities Handicapped Children</u></p>	<p>Our AMA supports efforts to ensure an appropriate role for physicians in the development of special education programs for <del>handicapped</del> <u>children with disabilities</u>. Citation: (BOT Rep. I, A-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	<p>Retain as amended to eliminate stigmatizing term.</p>
<p><a href="#">H-95.963</a></p>	<p>Standardization of Collection and Custody Procedures of Body Fluid Specimens</p>	<p><del>It is the policy of t</del><u>The Our AMA to seek to have supports the use of</u> standardized procedures, containers and forms <del>developed that will to</del> satisfy the requirements of all requesting entities <del>which will reduce the hassle which currently exists in for</del> processing specimens <u>of body fluids</u> for drug <del>testing screens</del> and for insurance applications. Citation: (Res. 501, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	<p>Retain as amended as standardized procedures have been outlined.</p>
<p><a href="#">H-95.965</a></p>	<p>Residential Treatment for <del>Drug Addicted Women with Substance Use Disorder</del></p>	<p>Our AMA encourages state medical societies to support an exemption in public aid rules that would allow for the coverage of residential drug treatment programs for women with child-bearing potential. Citation: (Res. 405, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	<p>Retain as amended to eliminate stigmatizing term.</p>
<p><a href="#">H-95.978</a></p>	<p><u>Harmful Drug Abuse</u> Use in the United States - Strategies for Prevention</p>	<p>Our AMA: (1) Urges the Substance Abuse and Mental Health Administration to support research into special risks and vulnerabilities, behavioral and biochemical assessments and intervention methodologies most useful in identifying persons at special risk and the behavioral and biochemical strategies that are most effective in ameliorating risk factors.</p> <p>(2) Urges the Center for Substance Abuse Prevention to continue to support community-based prevention strategies which include: (a) Special attention to children and adolescents, particularly in schools, beginning at the pre-kindergarten level. (b) Changes in the social climate (i.e., attitudes of community leaders and the public), to reflect support of <u>harmful</u> drug and alcohol <del>abuse</del> prevention and treatment, eliminating past imbalances in allocation of resources to supply and demand reduction. (c) Development of innovative programs that train and involve parents, educators, physicians, and other community leaders in "state of the art" prevention approaches and skills.</p> <p>(3) Urges major media programming and advertising agencies to encourage the development of more accurate and prevention-oriented messages about the effects of <u>harmful</u> drug and alcohol <del>abuse</del>.</p> <p>(4) Supports the development of advanced educational programs to produce qualified</p>	<p>Retain in part to eliminate stigmatizing language. Remains relevant.</p>

	<p>prevention specialists, particularly those who relate well to the needs of economically disadvantaged, ethnic, racial, and other special populations.</p> <p>(5) Supports investigating the feasibility of developing a knowledge base of comprehensive, timely and accurate concepts and information as the "core curriculum" in support of prevention activities.</p> <p>(6) Urges federal, state, and local government agencies and private sector organizations to accelerate their collaborative efforts to develop a national consensus on prevention and eradication of <u>harmful</u> alcohol and drug <del>ab</del>use.</p> <p>Citation: (BOT Rep. H, A-89; Reaffirmed: CSA Rep. 12, A-99; Reaffirmation I-01; Reaffirmed: CSAPH Rep. 1, A-11)</p>	
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