

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2022 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-22)

Report of Reference Committee K

Robert H. Emmick Jr., MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:
2

3 **RECOMMENDED FOR ADOPTION**

- 4
5 1. Council on Science and Public Health Report 1 – Drug Shortages: 2022 Update
6 2. Resolution 904 - Immigration Status Is a Public Health Issue
7 3. Resolution 918 - Opposition to Alcohol Industry Marketing Self-Regulation
8 4. Resolution 926 - Limit the Pornography Viewing by Minors Over the Internet
9

10 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 11
12 5. Council on Science and Public Health Report 2 – Climate Change and Human
13 Health
14 6. Resolution 902 - Reducing the Burden of Incarceration on Public Health
15 7. Resolution 905 - Minimal Age of Juvenile Justice Jurisdiction in the United States
16 8. Resolution 907 - A National Strategy for Collaborative Engagement, Study, and
17 Solutions to Reduce the Role of Illegal Firearms in Firearm Related Injury
18 9. Resolution 908 - Older Adults and the 988 Suicide and Crisis Lifeline
19 10. Resolution 909 - Decreasing Gun Violence and Suicide in Seniors
20 11. Resolution 910 - Gonad Shields: Regulatory and Legislation Advocacy to Oppose
21 Routine Use
22 12. Resolution 915 - Pulse Oximetry in Patients with Pigmented Skin
23 13. Resolution 916 - Non-Cervical HPV Associated Cancer Prevention
24 14. Resolution 919 - Decreasing Youth Access to E-cigarettes
25 15. Resolution 921 - Firearm Injury and Death Research and Prevention
26 16. Resolution 924 - Domestic Production of Personal Protective Equipment
27 17. Resolution 928 - Expanding Transplant Evaluation Criteria to Include Patients that
28 May Not Satisfy Center-Specific Alcohol Sobriety Requirements
29 18. Resolution 929 - Opposing the Marketing of Pharmaceuticals to Parties Responsible
30 for Captive Populations
31 19. Resolution 931 - Amending H-160.903 Eradicating Homelessness to Include Support
32 for Street Medicine Programs
33 20. Resolution 933 - Reducing Disparities in HIV Incidence through Pre-Exposure
34 Prophylaxis (PrEP) for HIV
35

36 **RECOMMENDED FOR ADOPTION IN LIEU OF**

37

- 1 21. Resolution 906 - Requirement for COVID-19 Vaccination in Public Schools Once
- 2 Fully FDA-Authorized
- 3 22. Resolution 912 - Reevaluating the Food and Drug Administration's Citizen Petition
- 4 Process
- 5 23. Resolution 930 - Addressing Longitudinal Health Care Needs of Children in Foster
- 6 Care

7 **RECOMMENDED FOR REFERRAL**

- 8
- 9 24. Resolution 901 - Opposing the Use of Vulnerable Incarcerated People in Response
- 10 to Public Health Emergencies
- 11 25. Resolution 913 - Supporting and Funding Sobering Centers
- 12 26. Resolution 935 - Government Manufacturing of Generic Drugs to Address Market
- 13 Failures
- 14 27. Resolution 937 - Indications for Metabolic and Bariatric Surgery
- 15 28. Resolution 938 - AMA Study of Efficacy of Requirements for Metal
- 16 Detection/Weapons Interdiction Systems in Health Care Facilities
- 17

18 **RECOMMENDED FOR REFERRAL FOR DECISION**

- 19
- 20 29. Resolution 911 - Critical Need for National Emergency Cardiac Care (ECC) System
- 21 to Ensure Individualized, State-Wide, Care for ST Segment Elevation Myocardial
- 22 Infarction (STEMI), Cardiogenic Shock (CS) and Out-of-Hospital Cardiac Arrest
- 23 (OHCA), and to Reduce Disparities in Health Care for Patients with Cardiac
- 24 Emergencies
- 25 30. Resolution 917 - Care for Children with Obesity
- 26 31. Resolution 923 - Physician Education and Intervention to Improve Patient Firearm
- 27 Safety
- 28 32. Resolution 936 - Promoting the Use of Multi-Use Devices and Sustainable Practices
- 29 in the Operating Room

For the purposes of clarity, items marked with double underline or ~~double strikethrough~~ are highlighted in yellow.

Amendments

If you wish to propose an amendment to an item of business, click here: [Submit New Amendment](#)

The following resolutions were handled via the reaffirmation consent calendar or were recommended not for consideration:

- Resolution 903 - Supporting Further Study of Kratom
- Resolution 914 - Greenhouse Gas Emissions from Health Care
- Resolution 922 - Firearm Safety and Technology
- Resolution 925 - Incorporation of Social Determinants of Health Concepts into Climate Change Work of the AMA
- Resolution 927 - Off-Label Policy
- Resolution 932 - Increase Employment Services Funding for People with Disabilities
- Resolution 934 - Denouncing the use of Solitary Confinement in Correctional Facilities and Detention Centers

1

- Resolution 939 - Mattress Safety in the Hospital Setting

RECOMMENDED FOR ADOPTION

- 1
2
3 (1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
4 1 – DRUG SHORTAGES: 2022 UPDATE
5

6 **RECOMMENDATION:**
7

8 Recommendations in Council on Science and Public Health
9 Report 1 be adopted and the remainder of the report filed.
10

11 **HOD ACTION: Recommendations in Council on**
12 **Science and Public Health Report 1 adopted and the**
13 **remainder of the report filed**
14

15 The Council on Science and Public Health recommends that the following be adopted, and
16 the remainder of the report be filed.

17 1) Policy H-100.956, “National Drug Shortages” be amended by addition to read as follows:
18

19 1. Our AMA considers drug shortages to be an urgent public health crisis, and recent
20 shortages have had a dramatic and negative impact on the delivery and safety of appropriate
21 health care to patients.
22

23 2. Our AMA supports recommendations that have been developed by multiple stakeholders
24 to improve manufacturing quality systems, identify efficiencies in regulatory review that can
25 mitigate drug shortages, and explore measures designed to drive greater investment in
26 production capacity for products that are in short supply, and will work in a collaborative
27 fashion with these and other stakeholders to implement these recommendations in an urgent
28 fashion.
29

30 3. Our AMA supports authorizing the Secretary of the U.S. Department of Health and Human
31 Services (DHHS) to expedite facility inspections and the review of manufacturing changes,
32 drug applications and supplements that would help mitigate or prevent a drug shortage.
33

34 4. Our AMA will advocate that the US Food and Drug Administration (FDA) and/or Congress
35 require drug manufacturers to establish a plan for continuity of supply of vital and life-
36 sustaining medications and vaccines to avoid production shortages whenever possible. This
37 plan should include establishing the necessary resiliency and redundancy in manufacturing
38 capability to minimize disruptions of supplies in foreseeable circumstances including the
39 possibility of a disaster affecting a plant.
40

41 5. The Council on Science and Public Health shall continue to evaluate the drug shortage
42 issue, including the impact of group purchasing organizations and pharmacy benefit
43 managers on drug shortages, and report back at least annually to the House of Delegates on
44 progress made in addressing drug shortages.
45

46 6. Our AMA urges continued analysis of the root causes of drug shortages that includes
47 consideration of federal actions, evaluation of manufacturer, Group Purchasing Organization
48 (GPO), pharmacy benefit managers, and distributor practices, contracting practices by market
49

1 participants on competition, access to drugs, pricing, and analysis of economic drivers, and
2 supports efforts by the Federal Trade Commission to oversee and regulate such forces.

3
4 7. Our AMA urges regulatory relief designed to improve the availability of prescription drugs
5 by ensuring that such products are not removed from the market or caused to stop production
6 due to compliance issues unless such removal is clearly required for significant and obvious
7 safety reasons.

8
9 2. That Policy H-440.847, "Pandemic Preparedness," which addresses the adequacy of the
10 Strategic National Stockpile, be reaffirmed. (Reaffirm HOD Policy)

11
12 Your Reference Committee heard testimony that was largely supportive of the Council's report
13 on drug shortages. An amendment was proposed requesting that the Department of Health
14 and Human Services, Office of the Inspector General look into existing pharmaceutical
15 contracts. Since this is an annual report by the Council, we encourage the Council to examine
16 this issue in their next drug shortage report. Therefore, your Reference Committee
17 recommends that the recommendations in Council on Science and Public Health Report 1 be
18 adopted.

19
20 (2) RESOLUTION 904 - IMMIGRATION STATUS IS A PUBLIC
21 HEALTH ISSUE

22
23 **RECOMMENDATION:**

24
25 Resolution 904 be adopted.

26
27 **HOD ACTION: Resolution 904 adopted.**

28
29 RESOLVED, That our American Medical Association declare that immigration status is a
30 public health issue that requires a comprehensive public health response and solution
31 (Directive to Take Action); and be it further

32
33 RESOLVED, That our AMA recognize interpersonal, institutional, structural, and systemic
34 factors that negatively affect immigrants' health (New HOD Policy); and be it

35
36 RESOLVED, That our AMA promote the development and implementation of educational
37 resources for healthcare professionals to better understand health and healthcare challenges
38 specific for the immigrant population (Directive to Take Action); and be it further

39
40 RESOLVED, That our AMA support the development and implementation of public health
41 policies and programs that aim to improve access to healthcare

42
43 Your Reference Committee heard testimony broadly supportive of Resolution 904. Testimony
44 in support cited the resolutions alignment with current AMA policy and noted that immigration
45 status is negatively linked to an individual's health. Testimony in opposition noted that this
46 issue is complex and sought clarification on the role of legal status and the socioeconomic
47 factors that impact the overall health of immigrants. Your Reference Committee notes that this
48 resolution focuses on immigration status and not the legality of immigration status. Therefore,
49 your Reference Committee recommends that Resolution 904 be adopted.

1 (3) RESOLUTION 918 – OPPOSITION TO ALCOHOL
2 INDUSTRY MARKETING SELF-REGULATION
3

4 **RECOMMENDATION:**

5
6 Resolution 918 be adopted.

7
8 **HOD ACTION: Resolution 918 adopted.**
9

10 RESOLVED, That our American Medical Association amend policy H-30.940, "Labeling
11 Advertising, and Promotion of Alcoholic Beverages," by addition and deletion to read as
12 follows:

13
14 **H-30.940, Labeling, Advertising, and Promotion of Alcoholic Beverages**

15 (1.) (a) Supports accurate and appropriate labeling disclosing the alcohol content of all
16 beverages, including so-called "nonalcoholic" beer and other substances as well, including
17 over-the-counter and prescription medications, with removal of "nonalcoholic" from the label
18 of any substance containing any alcohol; (b) supports efforts to educate the public and
19 consumers about the alcohol content of so-called "nonalcoholic" beverages and other
20 substances, including medications, especially as related to consumption by minors; (c) urges
21 the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and other appropriate federal
22 regulatory agencies to continue to reject proposals by the alcoholic beverage industry for
23 authorization to place beneficial health claims for its products on container labels; and (d)
24 urges the development of with the Nutritional Labeling and Education Act.

25 (2.) (a) Expresses its strong disapproval of any consumption of "nonalcoholic beer" by persons
26 under 21 years of age, which creates an image of drinking alcoholic beverages and thereby
27 may encourage the illegal underaged use of alcohol; (b) recommends that health education
28 labels be used on all alcoholic beverage containers and in all alcoholic beverage advertising
29 (with the messages focusing on the hazards of alcohol consumption by specific population
30 groups especially at risk, such as pregnant women, as well as the dangers of irresponsible
31 use to all sectors of the populace); and (c) recommends that the alcohol beverage industry be
32 encouraged to accurately label all product containers as to ingredients, preservatives, and
33 ethanol content (by percent, rather than by proof).

34 (3.) Actively supports and will work for a total statutory prohibition of advertising of all alcoholic
35 beverages except for inside retail or wholesale outlets. Pursuant to that goal, our AMA (a)
36 supports federal and/or state oversight for all forms of alcohol advertising in lieu of the alcohol
37 industry's current practice of self-regulated advertising and marketing; ~~(a)(b)~~ supports
38 continued research, educational, and promotional activities dealing with issues of alcohol
39 advertising and health education to provide more definitive evidence on whether, and in what
40 manner, advertising contributes to alcohol abuse; ~~(b)(c)~~ opposes the use of the radio and
41 television any form of advertising which links alcoholic products to agents of socialization in
42 order to promote drinking; ~~(e)~~ (d) will work with state and local medical societies to support the
43 elimination of advertising of alcoholic beverages from all mass transit systems; ~~(d)~~ (e) urges
44 college and university authorities to bar alcoholic beverage companies from sponsoring
45 athletic events, music concerts, cultural events, and parties on school campuses, and from
46 advertising their products or their logo in school publications; and ~~(e)~~ (f) urges its constituent
47 state associations to support state legislation to bar the promotion of alcoholic beverage
48 consumption on school campuses and in advertising in school publications.

49 (4.) (a) Urges producers and distributors of alcoholic beverages to discontinue all advertising
50 directed toward youth, including such as promotions on high school and college campuses;
51 (b) urges advertisers and broadcasters to cooperate in eliminating television program content

1 that depicts the irresponsible use of alcohol without showing its adverse consequences
2 (examples of such use include driving after drinking, drinking while pregnant, or drinking to
3 enhance performance or win social acceptance); (e) supports continued warnings against the
4 irresponsible use of alcohol and challenges the liquor, beer, and wine trade groups to include
5 in their advertising specific warnings against driving after drinking; and (f) commends those
6 automobile and alcoholic beverage companies that have advertised against driving while
7 under the influence of alcohol. (Modify Current HOD Policy)

8
9 Your Reference Committee heard limited, but unanimously supportive testimony on this
10 resolution. Testimony noted the deleterious effects of alcohol on health and the limited
11 success of the alcohol industry's self-regulation of marketing practices. Therefore, your
12 Reference Committee recommends that Resolution 918 be adopted.

13
14 (4) RESOLUTION 926 – LIMIT THE PORNOGRAPHY
15 VIEWING BY MINORS OVER THE INTERNET

16
17 **RECOMMENDATION:**

18
19 **Resolution 926 be adopted.**

20
21 **HOD ACTION: Resolution 926 adopted.**

22
23 RESOLVED, That our American Medical Association amend existing policy H-60.934,
24 "Internet Pornography Protecting Children and Youth Who Use the Internet and Social Media,"
25 by addition to read as follows:

26 Our AMA:

27 (1) Recognizes the positive role of the Internet in providing health information to children and
28 youth.

29 (2) Recognizes the negative role of the Internet in connecting children and youth to predators
30 and exposing them to pornography.

31 (3) Supports federal legislation that restricts Internet access to pornographic materials in
32 designated public institutions where children and youth may use the Internet.

33 (4) Encourages physicians to continue efforts to raise parent/guardian awareness about the
34 importance of educating their children about safe Internet and social media use.

35 (5) Supports school-based media literacy programs that teach effective thinking, learning, and
36 safety skills related to Internet and social media use.

37 (6) Actively support legislation that would strengthen child-centric content protection by
38 internet service providers and/or search engines in order to limit the access of pornography
39 to minors on the internet and mobile applications. (Modify Existing Policy)

40
41 Your Reference Committee heard unanimously supportive testimony for this resolution.
42 Testimony noted the dramatic change that has occurred in the past decades regarding access
43 to pornography, and how children now may inadvertently see pornography on the internet
44 even if not seeking it out. As such, your Reference Committee recommends that this resolution
45 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(5) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
2 – CLIMATE CHANGE AND HUMAN HEALTH

RECOMMENDATION A:

The second Recommendation in Council on Science and Public Health Report 2 be amended by addition and deletion to read as follows:

Our AMA: ~~1. Supports the findings of the Intergovernmental Panel on Climate Change's fourth assessment report and concurs with the scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes have adversely affected the physical and mental health of people, will create conditions that affect public health, with~~ We recognize that minoritized and marginalized populations, children, pregnant people, the elderly, rural communities, and those who are economically disadvantaged will suffer disproportionate impacts harms ~~from of climate change on vulnerable populations, including children, the elderly, and the poor.~~

RECOMMENDATION B:

The third Recommendation in Council on Science and Public Health Report 2 be amended by addition and deletion to read as follows:

3. That Policy D-150.978, "Sustainable Food" be reaffirmed.

Our AMA: (1) supports practices and policies in medical schools, hospitals, and other health care facilities that support and model a healthy and ecologically sustainable food system, which provides food and beverages of naturally high nutritional quality; (2) ~~encourages the development of a healthier food system~~ supports sustained funding for evidence-based policies and programs to eliminate disparities in healthy food access, particularly for populations vulnerable to food insecurity, through measures such as through tax incentive programs, community-level initiatives and federal legislation; and (3) will consider working with other health care and public health organizations to educate the health care community and the public about the importance of healthy and ecologically sustainable food systems. (~~Reaffirm~~ Modify HOD Policy)

1 **RECOMMENDATION C:**

2
3 Recommendations in Council on Science and Public Health
4 Report 2 be adopted as amended and the remainder of the
5 report filed.

6
7 **RECOMMENDATION D:**

8
9 That policies H-135.921, “AMA to Protect Human Health
10 from the Effects of Climate Change by Ending its
11 Investments in Fossil Fuel Companies” and D-135.969,
12 “AMA to Protect Human Health from the Effects of Climate
13 Change by Ending its Investments in Fossil Fuel
14 Companies” be reaffirmed.

15
16 **HOD ACTION: Recommendations in Council on Science
17 and Public Health Report 2 adopted as amended and
18 remainder of the report filed. Policies H-135.921, “AMA
19 to Protect Human Health from the Effects of Climate
20 Change by Ending its Investments in Fossil Fuel
21 Companies” and D-135.969, “AMA to Protect Human
22 Health from the Effects of Climate Change by Ending its
23 Investments in Fossil Fuel Companies” be reaffirmed.**

24
25 The Council on Science and Public Health recommends that the following be adopted and the
26 remainder of the report be filed.

27
28 1. That Policy D-135.966, “Declaring Climate Change a Public Health Crisis” be amended by
29 addition to read as follows:

30
31 1. Our AMA declares climate change a public health crisis that threatens the health and well-
32 being of all individuals. 2. Our AMA will protect patients by advocating for policies that: (a)
33 limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas
34 emissions aimed at a 50 percent reduction in emissions by 2030 and carbon neutrality by
35 2050, and (c) support rapid implementation and incentivization of clean energy solutions and
36 significant investments in climate resilience through a climate justice lens. 3. Our AMA
37 consider signing on to the Department of Health and Human Services Health Care Pledge or
38 making a similar commitment to lower its own greenhouse gas emissions. 4. Our AMA
39 encourages the health sector to lead by example in committing to carbon neutrality by 2050.
40 5. Our AMA will develop a strategic plan for how we will enact our climate change policies
41 including advocacy priorities and strategies to decarbonize physician practices and the health
42 sector with report back to the House of Delegates at the 2023 Annual Meeting. (Modify Current
43 HOD Policy)

44
45 2. That Policy H-135.938, “Global Climate Change and Human Health” be amended by
46 addition and deletion to read as follows:

47
48 Our AMA: 1. Supports ~~the findings of the Intergovernmental Panel on Climate Change's fourth~~
49 ~~assessment report and concurs with the scientific consensus that the Earth is undergoing~~
50 adverse global climate change and that anthropogenic contributions are significant. These
51 climate changes have adversely affected the physical and mental health of people. will create

~~conditions that affect public health, with~~ We recognize that minoritized and marginalized populations, children, the elderly, rural communities, and those who are economically disadvantaged will suffer disproportionate impacts ~~harms from of climate change on vulnerable populations, including children, the elderly, and the poor.~~

2. Supports educating the medical community on the ~~potential~~ adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies.

3. (a) Recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and (b) recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes.

4. Encourages physicians to assist in educating patients and the public on the physical and mental health effects of climate change and on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability.

5. Encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently, and that adaptation interventions are equitable and prioritize the needs of the populations most at risk, ~~and that the AMA's Center for Public Health Preparedness and Disaster Response assist in this effort.~~

6. Supports epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment.

7. Encourages physicians to assess for environmental determinants of health in patient history-taking and encourages the incorporation of assessment for environmental determinants of health in patient history-taking into physician training. (Modify Current HOD Policy)

3. That Policy D-150.978, "Sustainable Food" be reaffirmed.

Our AMA: (1) supports practices and policies in medical schools, hospitals, and other health care facilities that support and model a healthy and ecologically sustainable food system, which provides food and beverages of naturally high nutritional quality; (2) encourages the development of a healthier food system through tax incentive programs, community-level initiatives and federal legislation; and (3) will consider working with other health care and public health organizations to educate the health care community and the public about the importance of healthy and ecologically sustainable food systems. (Reaffirm HOD Policy)

4. That Policy H-135.977, "Global Climate Change - The "Greenhouse Effect"" be rescinded.

~~Our AMA: (1) endorses the need for additional research on atmospheric monitoring and climate simulation models as a means of reducing some of the present uncertainties in climate forecasting;~~

~~(2) urges Congress to adopt a comprehensive, integrated natural resource and energy utilization policy that will promote more efficient fuel use and energy production;~~

~~(3) endorses increased recognition of the importance of nuclear energy's role in the production of electricity;~~

~~(4) encourages research and development programs for improving the utilization efficiency and reducing the pollution of fossil fuels; and~~

~~(5) encourages humanitarian measures to limit the burgeoning increase in world population.~~
(Rescind HOD Policy)

1 Testimony for this item was robust and largely supportive. The Council was praised for this
2 initial report updating our AMA's position on climate change. A member of the Board of
3 Trustees also noted their upcoming report outlining the AMA's strategy on climate change and
4 health. Several amendments were offered that your Reference Committee agreed with
5 including: 1) to add pregnant people to the list of populations that will suffer disproportionate
6 impacts, 2) to strengthen existing policy around climate change and food insecurity, and 3) to
7 reaffirm the AMA's existing policies related to divestment from fossil fuels. There were some
8 additional amendments that your Reference Committee believes are outside of the scope of
9 this report, including adding language around nutritional guidelines. Therefore, your
10 Reference Committee recommends that CSAPH Report 2 be adopted as amended.

11
12 Policies recommended for reaffirmation:

13
14 H-135.921 AMA to Protect Human Health from the Effects of Climate Change by
15 Ending its Investments in Fossil Fuel Companies

16 1. Our AMA will: (a) choose for its commercial relationships, when fiscally responsible,
17 vendors, suppliers, and corporations that have demonstrated environmental
18 sustainability practices that seek to minimize their fossil fuels consumption; and (b)
19 support efforts of physicians and other health professional associations to proceed
20 with divestment, including to create policy analyses, support continuing medical
21 education, and to inform our patients, the public, legislators, and government policy
22 makers.

23
24 2. Our AMA: (a) declares that climate change is an urgent public health emergency,
25 and calls upon all governments, organizations, and individuals to work to avert
26 catastrophe; (b) urges all health and life insurance companies, including those that
27 provide insurance for medical, dental, and long-term care, to work in a timely,
28 incremental, and fiscally responsible manner to end all financial investments or
29 relationships (divestment) with companies that generate the majority of their income
30 from the exploration for, production of, transportation of, or sale of fossil fuels; and (c)
31 will send letters to the nineteen largest health or life insurance companies in the United
32 States to inform them of AMA policies concerned with climate change and with fossil
33 fuel divestments, and urging these companies to divest.

34
35 D-135.969 AMA to Protect Human Health from the Effects of Climate Change by
36 Ending its Investments in Fossil Fuel Companies

37 Our AMA, AMA Foundation, and any affiliated corporations will work in a timely,
38 incremental, and fiscally responsible manner, to the extent allowed by their legal and
39 fiduciary duties, to end all financial investments or relationships (divestment) with
40 companies that generate the majority of their income from the exploration for,
41 production of, transportation of, or sale of fossil fuels.

42
43 (6) RESOLUTION 902 – REDUCING THE BURDEN OF
44 INCARCERATION ON PUBLIC HEALTH

45
46 **RECOMMENDATION A:**

47
48 That the second Resolve of Resolution 902 be amended by
49 addition and deletion to read as follows:

1 RESOLVED, That our AMA partner with ~~the American~~
2 ~~Public Health Association~~ public health organizations and
3 other interested stakeholders to urge Congress, the
4 Department of Justice, ~~and~~ the Department of Health and
5 Human Services, and state officials and agencies to
6 minimize the negative health effects of incarceration by
7 supporting programs that facilitate employment at a living
8 wage, and safe, affordable ~~and~~ housing opportunities for
9 formerly incarcerated individuals, as well as research into
10 alternatives to incarceration. (Directive to Take Action)

11
12 **RECOMMENDATION B:**

13
14 Resolution 902 be adopted as amended.

15
16 **HOD ACTION: Resolution 902 adopted as amended.**

17
18 RESOLVED, That our American Medical Association support efforts to reduce the negative
19 health impacts of incarceration, such as: (1) implementation and incentivization of adequate
20 funding and resources towards indigent defense systems; (2) implementation of practices that
21 promote access to stable employment and laws that ensure employment non-discrimination
22 for workers with previous non-felony criminal records; and (3) housing support for formerly
23 incarcerated people, including programs that facilitate access to immediate housing after
24 release from carceral settings (New HOD Policy); and be it further

25
26 RESOLVED, That our AMA partner with the American Public Health Association and other
27 stakeholders to urge Congress, the Department of Justice, and the Department of Health and
28 Human Services to minimize the negative health effects of incarceration by supporting
29 programs that facilitate employment and housing opportunities for formerly incarcerated
30 individuals as well as research into alternatives to incarceration. (Directive to Take Action)

31
32 Your Reference Committee heard testimony in support of Resolution 902. It was noted that
33 although addressing the burden of incarceration on public health will be complex, the
34 resolution provides important additions to existing policy. An amendment was proffered to
35 address the need for a livable wage and access to affordable housing opportunities, noting
36 that these issues often impact successfully returning into society. Your Reference Committee
37 agrees with this amendment. Further, an amendment was proffered to include state officials
38 and agencies to the list of possible partner organizations and your Reference Committee
39 agrees with this amendment. Your Reference Committee also noted that our AMA should
40 partner with public health organizations broadly as well as other interested stakeholders.
41 Therefore, your Reference Committee recommends that Resolution 902 be adopted as
42 amended.

43
44 (7) RESOLUTION 905 – MINIMAL AGE OF JUVENILE
45 JUSTICE JURISDICTION IN THE UNITED STATES

46
47 **RECOMMENDATION A:**

48
49 The first Resolve of Resolution 905 be amended by addition
50 and deletion to read as follows:

1 RESOLVED, That our American Medical Association create
2 a policy to establish minimal age of ~~10~~ 14 years for juvenile
3 justice jurisdiction in the United States (New HOD Policy)

4
5 **RECOMMENDATION B:**

6
7 The second Resolve of Resolution 905 be amended by
8 addition and deletion to read as follows:

9
10 RESOLVED, That our AMA ~~introduce~~ develop model
11 legislation to establish minimal age of ~~10~~ 14 for juvenile
12 justice jurisdiction in the United States. (Directive to Take
13 Action)

14
15 **RECOMMENDATION C:**

16
17 Resolution 905 be adopted as amended.

18
19 **HOD ACTION: Resolution 905 adopted as amended.**

20
21 RESOLVED, That our American Medical Association create a policy to establish minimal age
22 of 10 years for juvenile justice jurisdiction in the United States (New HOD Policy); and be it
23 further

24
25 RESOLVED, That our AMA introduce legislation to establish minimal age of 10 for juvenile
26 justice jurisdiction in the United States. (Directive to Take Action)

27
28 Your Reference Committee heard testimony in support of the intent of Resolution 905.
29 Amendments were proposed to change the minimum age from 10 to 14, citing evidence and
30 consensus statements. While there was some testimony in support of referral of this
31 resolution, others noted referral is not necessary given the available evidence. Your
32 Reference Committee notes that our AMA cannot introduce legislation, but could develop
33 model legislation for dissemination. Your Reference Committee supports these amendments
34 and recommends Resolution 905 be adopted as amended.

35
36 (8) RESOLUTION 907 – A NATIONAL STRATEGY FOR
37 COLLABORATIVE ENGAGEMENT, STUDY, AND
38 SOLUTIONS TO REDUCE THE ROLE OF ILLEGAL
39 FIREARMS IN FIREARM RELATED INJURY

40
41 **RECOMMENDATION A:**

42
43 That the first Resolve of Resolution 907 be amended by
44 addition and deletion to read as follows:

45
46 RESOLVED, That our American Medical Association
47 support research ~~looking at~~ examining the major sources of
48 illegally possessed firearms gun supply, as well as possible
49 methods of decreasing their proliferation of illegally firearms
50 in the United States (New HOD Policy); and be it further

1 **RECOMMENDATION B:**

2
3 That the second Resolve of Resolution 907 be amended by
4 deletion to read as follows:

5
6 RESOLVED, That our AMA work with key stakeholders
7 including, but not limited to, firearm manufacturers, firearm
8 advocacy groups, law enforcement agencies, public health
9 agencies, firearm injury victims advocacy groups,
10 healthcare providers, and state and federal government
11 agencies, to ~~study and~~ develop evidence-informed public
12 health recommendations to mitigate the effects of violence
13 committed with ~~illegally possessed~~ firearms (Directive to
14 Take Action); and be it further

15
16 **RECOMMENDATION C:**

17
18 That the third Resolve of Resolution 907 be amended by
19 addition and deletion to read as follows:

20
21 RESOLVED, That our AMA ~~convene~~ collaborate with key
22 stakeholders and advocate for national public forums
23 including, but not limited to, online venues, national radio,
24 and televised/streamed in-person town halls, that bring
25 together key stakeholders and members of the general
26 public to focus on finding common ground, non-partisan
27 measures to mitigate the effects of ~~illegally possessed~~
28 firearms in our firearm injury public health crisis (Directive to
29 Take Action)

30
31 **RECOMMENDATION D:**

32
33 Resolution 907 be adopted as amended.

34
35 **RECOMMENDATION E:**

36
37 That the title of Resolution 907 be changed to read as
38 follows:

39
40 A NATIONAL STRATEGY FOR COLLABORATIVE
41 ENGAGEMENT, STUDY, AND SOLUTIONS TO REDUCE
42 THE ROLE OF ILLEGALLY POSESSED FIREARMS IN
43 FIREARM RELATED INJURY

44
45 **HOD ACTION: Resolution 907 adopted as amended**
46 **with a change in title to read as follows:**

47
48 A NATIONAL STRATEGY FOR COLLABORATIVE
49 ENGAGEMENT, STUDY, AND SOLUTIONS TO REDUCE
50 THE ROLE OF ILLEGALLY POSESSED FIREARMS IN
51 FIREARM RELATED INJURY

1 RESOLVED, That our American Medical Association support research looking at the major
2 sources of illegal gun supply, as well as possible methods of decreasing the proliferation of
3 illegal firearms in the United States (New HOD Policy); and be it further
4

5 RESOLVED, That our AMA work with key stakeholders including, but not limited to, firearm
6 manufacturers, firearm advocacy groups, law enforcement agencies, public health agencies,
7 firearm injury victims advocacy groups, healthcare providers, and state and federal
8 government agencies to study and develop evidence-informed public health
9 recommendations to mitigate the effects of violence committed with illegal firearms (Directive
10 to Take Action); and be it further
11

12 RESOLVED, That our AMA convene national public forums including, but not limited to, online
13 venues, national radio, and televised/streamed in-person town halls, that bring together key
14 stakeholders and members of the general public to focus on finding common ground, non-
15 partisan measures to mitigate the effects of illegal firearms in our firearm injury public health
16 crisis (Directive to Take Action); and be it further
17

18 RESOLVED, That our AMA reaffirm House policies H-145.975, H-145.984, H-145.997, D-
19 145.994, and D-145.999 calling for increased funding for national firearm violence research.
20 (Reaffirm HOD Policy)
21

22 Your Reference Committee heard testimony that was mostly supportive of the intent of this
23 resolution, but several amendments were offered to clarify the scope. Some of the discussion
24 was centered around the framing of “illegal” firearms noting that whether or not a firearm is
25 “illegal” is dependent on the laws of a jurisdiction. To help address this your Reference
26 Committee amended the language changing it to “illegally possessed firearms.” On the
27 second Resolve, your Reference Committee believes that that a study is unnecessary if our
28 AMA is working with stakeholders to develop evidence-informed recommendations and
29 amended the language accordingly. Additional testimony was provided noting the high fiscal
30 note of the resolution, this was addressed in part by an amendment calling on our AMA to
31 collaborate with stakeholders to convene national forums, rather than having our AMA lead
32 the convening. Therefore, your Reference Committee recommends Resolution 907 be
33 adopted as amended.
34

35 (9) RESOLUTION 908 – OLDER ADULTS AND THE 988
36 SUICIDE AND CRISIS LIFELINE
37

38 **RECOMMENDATION A:**
39

40 Policy D-345.974, “Awareness Campaign for 988 National
41 Suicide Prevention Lifeline” be amended by addition and
42 deletion to read as follows:
43

44 Our AMA will: (1) utilize their existing communications
45 channels to educate the physician community and the public
46 on the new 9-8-8 National Suicide Prevention Lifeline
47 program; (2) work with the Federation and other
48 stakeholders to advocate for adequate federal and state
49 funding for the 9-8-8 system, including the development of
50 model legislation; and (3) collaborate with the Substance
51 Abuse and Mental Health Services Administration, ~~and~~ the

1 9-8-8 partner community, and other interested stakeholders,
2 to strengthen suicide prevention and mental health crisis
3 services that prioritize education and outreach to those
4 populations at highest risk for suicide attempts, suicide
5 completions, and self-injurious behavior.

6
7 **RECOMMENDATION B:**

8
9 Policy D-345.974 be adopted as amended in lieu of
10 Resolution 908.

11
12 **HOD ACTION: Policy D-345.974 adopted as amended in**
13 **lieu of Resolution 908.**

14
15 RESOLVED, That our American Medical Association, with other interested organizations,
16 develop model legislation for use by states who wish to pursue funding for the 988 Suicide
17 and Crisis Lifeline (Directive to Take Action); and be it further

18
19 RESOLVED, That our AMA advocate that the Department of Health and Human Services
20 (HHS) prioritize education and outreach activities for use of the 988 Suicide and Crisis Lifeline
21 to those who are at highest risk for suicide completion with a special emphasis on those over
22 age 65. (Directive to Take Action)

23
24 Your Reference Committee heard testimony unanimously supportive of this resolution. Since
25 our House of Delegates just adopted policy on the 988 Suicide and Crisis Lifeline, your
26 Reference Committee felt it appropriate to incorporate the proposed amendments into our
27 existing policy in order to address the asks of this resolution. There were a number of
28 proposed amendments seeking to expand the scope beyond older adults to include other
29 populations at high risk of suicide, including younger adults, LGBTQ+ individuals, BIPOC
30 individuals and persons living with disabilities. Rather than listing all groups, your Reference
31 Committee thought it was most appropriate to reference high risk populations to ensure
32 inclusivity. Therefore, your Reference Committee recommends that existing policy D-345.974
33 be adopted as amended.

34
35 (10) RESOLUTION 909 – DECREASING GUN VIOLENCE
36 AND SUICIDE IN SENIORS

37
38 **RECOMMENDATION A:**

39
40 That the first Resolve of Resolution 909 be amended by
41 addition and deletion to read as follows:

42
43 RESOLVED, That our American Medical Association and
44 other organizations develop and disseminate a formal
45 educational program to enable clinicians to effectively and
46 efficiently address suicides with an emphasis on seniors and
47 other high-risk populations ~~firearms~~ (Directive to Take
48 Action); and be it further

1 **RECOMMENDATION B:**

2
3 That the third Resolve of Resolution 909 be amended by
4 addition and deletion to read as follows:

5
6 RESOLVED, That our AMA partner with other groups
7 interested in firearm safety to raise public awareness of the
8 magnitude of suicide in seniors and other high-risk
9 populations, and interventions available for suicide
10 prevention regarding ~~senior suicides and firearms.~~
11 (Directive to Take Action)

12
13 **RECOMMENDATION C:**

14
15 Resolution 909 be adopted as amended.

16
17 **RECOMMENDATION D:**

18
19 That the title of Resolution 909 be changed to read as
20 follows:

21 DECREASING FIREARM VIOLENCE AND SUICIDE IN
22 SENIORS AND OTHER HIGH-RISK POPULATIONS

23
24 **HOD ACTION: Resolution 909 adopted as amended**
25 **with a change in title to read as follows:**

26
27 DECREASING FIREARM VIOLENCE AND SUICIDE IN
28 SENIORS AND OTHER HIGH-RISK POPULATIONS

29
30 RESOLVED, That our American Medical Association and other organizations develop and
31 disseminate a formal educational program to enable clinicians to effectively and efficiently
32 address suicides with an emphasis on seniors and firearms (Directive to Take Action); and be
33 it further

34
35 RESOLVED, That our AMA develop with other interested organizations a toolkit for clinicians
36 to use addressing Extreme Risk Protection Orders in their individual states (Directive to Take
37 Action); and be it further

38
39 RESOLVED, That our AMA partner with other groups interested in firearm safety to raise
40 public awareness of magnitude and interventions available regarding senior suicides and
41 firearms. (Directive to Take Action)

42
43 Your Reference Committee heard testimony in strong support of this resolution and on the
44 importance of increasing awareness and education around older adults being a high-risk
45 group for firearm injury and death. Amendments were proffered to expand the resolution to
46 include other high-risk groups such as LGBTQ+ individuals, veterans, Black, Indigenous,
47 other people of color, and those living with disabilities. Your Reference Committee agrees that
48 it is worth expanding the resolution to be inclusive of other high-risk populations.

1 It was noted in testimony that our AMA has an existing CME module on the “Physicians Role
2 in Firearm Safety” that addresses how clinicians can effectively address patients at high-risk
3 of injury and death from firearms, including suicides. That module is currently being updated
4 to reflect current data and evidence-based practices. Our AMA has also developed a CME
5 module on “Identifying and Responding to Suicide Risk” at the direction of this House of
6 Delegates. Our AMA is also in the final stages of developing a state-by-state legal resources
7 to guide physician decision-making on firearm safety, including information on extreme risk
8 protection orders by jurisdiction. It is anticipated this resource will be available in early 2023.
9 Therefore, your Reference Committee recommends that Resolution 909 be adopted as
10 amended.

11
12 (11) RESOLUTION 910 – GONAD SHIELDS: REGULATORY
13 AND LEGISLATION ADVOCACY TO OPPOSE ROUTINE
14 USE

15
16 **RECOMMENDATION A:**

17
18 The first Resolve of Resolution 910 be amended by addition
19 to read as follows:

20
21 RESOLVED, That our American Medical Association
22 oppose mandatory use of patient gonad shields in medical
23 imaging, considering the risks far outweigh the benefits
24 (New HOD Policy); and be it further

25
26 **RECOMMENDATION B:**

27
28 The second Resolve of Resolution 910 be amended by
29 addition to read as follows:

30
31 RESOLVED, That our AMA advocate that the U.S. Food
32 and Drug Administration amend the code of federal
33 regulations to oppose the routine use of patient gonad
34 shields in medical imaging (Directive to Take Action); and
35 be it further

36
37 **RECOMMENDATION C:**

38
39 The third Resolve of Resolution 910 be amended by
40 addition to read as follows:

41
42 RESOLVED, That our AMA, in conjunction with state
43 medical societies, support model state and national
44 legislation to oppose or repeal mandatory use of patient
45 gonad shields in medical imaging (New HOD Policy)

46
47 **RECOMMENDATION D:**

48
49 Resolution 910 be adopted as amended.

50
51 **HOD ACTION: Resolution 910 adopted as amended.**

1 RESOLVED, That our American Medical Association oppose mandatory use of gonad shields
2 in medical imaging considering the risks far outweigh the benefits (New HOD Policy); and be
3 it further

4
5 RESOLVED, That our AMA advocate that the U.S. Food and Drug Administration amend the
6 code of federal regulations to oppose the routine use of gonad shields in medical imaging
7 (Directive to Take Action); and be it further

8
9 RESOLVED, That our AMA, in conjunction with state medical societies, support model state
10 and national legislation to oppose or repeal mandatory use of gonad shields in medical
11 imaging (New HOD Policy)

12
13 Your Reference Committee heard unanimously supportive testimony for removing mandates
14 for the use of gonad shielding during radiological imaging. Those testifying noted that recent
15 literature findings and improvements in medical imaging technology have changed the
16 balance of risk and benefit when using a gonad shield in a pediatric patient. One speaker
17 noted that as written, the resolution could be interpreted to infer that personal protective
18 equipment for health care professionals was no longer being recommended, and an
19 amendment to clarify the scope was proffered. Your Reference Committee agrees that this
20 amendment is an important clarification and recommends that the resolution be adopted as
21 amended.

22
23 (12) RESOLUTION 915 – PULSE OXIMETRY IN PATIENTS
24 WITH PIGMENTED SKIN

25
26 **RECOMMENDATION A:**

27
28 Resolution 915 be amended by addition and deletion to read
29 as follows:

30
31 RESOLVED, That our American Medical Association
32 recognizes that pulse oximeters may not accurately
33 measure oxygen saturation in all skin tones and will
34 continue to urge make recommendations to the US Food
35 and Drug Administration that will to (1) ensure pulse
36 oximeters provide accurate and reliable readings for
37 patients with diverse degrees of skin pigmentation and (2)
38 ensure health care personnel and the public are educated
39 on the limitations of pulse oximeter technology so they can
40 account for measurement error. (Directive to Take Action)

41
42 **RECOMMENDATION B:**

43
44 Resolution 915 be adopted as amended.

45
46 **HOD ACTION: Resolution 915 adopted as amended.**

47
48 RESOLVED, That our American Medical Association make recommendations to the US Food
49 and Drug Administration that will ensure pulse oximeters provide accurate and reliable
50 readings for patients with diverse degrees of skin pigmentation. (Directive to Take Action)

1 Testimony was heard in support of this resolution and the authors were commended for
2 identifying both the source of inequities and a path forward to alleviate it. Your Reference
3 Committee heard testimony noting that our AMA recently participated in an FDA convening
4 on this issue and called on the FDA to ensure the accuracy and reliability of pulse oximetry
5 readings in patients with diverse degrees of skin pigmentation. We are proposing
6 amendments for adoption to clarify the ask for our AMA to continue to urge the FDA to address
7 this issue and help ensure health care personnel and the public are aware of the limitations
8 of this technology so they can account for measurement error.

9
10 (13) RESOLUTION 916 – NON-CERVICAL HPV ASSOCIATED
11 CANCER PREVENTION

12
13 **RECOMMENDATION A:**

14
15 Resolution 916 be amended by addition and deletion to read as
16 follows:

17
18 RESOLVED, That our American Medical Association amend
19 policy H-440.872, “HPV Vaccine and Cervical Cancer
20 Prevention Worldwide,” by addition and deletion to read as
21 follows:

22
23 HPV Vaccine and Cervical Cancer Prevention Worldwide, H-
24 440.872

25 1. Our AMA (a) urges physicians to educate themselves and
26 their patients about HPV and associated diseases, HPV
27 vaccination, as well as routine ~~cervical~~ HPV related cancer
28 screening ~~for those at risk~~; and (b) encourages the development
29 and funding of programs targeted at HPV vaccine introduction
30 and ~~cervical~~ HPV related cancer screening in countries without
31 organized ~~cervical~~ HPV related cancer screening programs.

32 2. Our AMA will intensify efforts to improve awareness and
33 understanding about HPV and associated diseases, in all
34 individuals, regardless of sex, such as, but not limited to,
35 cervical cancer, head and neck cancer, anal cancer, and penile
36 genital cancer, the availability and efficacy of HPV vaccinations,
37 and the need for routine ~~cervical~~ HPV related cancer screening
38 in the general public.

39 3. Our AMA:

40 (a) encourages the integration of HPV vaccination and routine
41 cervical cancer screening into all appropriate health care
42 settings and visits ~~for adolescents and young adults~~,

43 (b) supports the availability of the HPV vaccine and routine
44 cervical cancer screening to appropriate patient groups that
45 benefit most from preventive measures, including but not limited
46 to low-income and pre-sexually active populations,

47 (c) recommends HPV vaccination for all groups for whom the
48 federal Advisory Committee on Immunization Practices
49 recommends HPV vaccination.

50 4. Our AMA encourage appropriate stakeholders to investigate
51 means to increase HPV vaccination rates by:

1 a. facilitating administration of HPV vaccinations in community-
2 based settings including school settings, and
3 b. supporting state mandates for HPV vaccination for school
4 attendance. (Modify Current HOD Policy);

5
6 RESOLVED, That our AMA study requiring HPV vaccination for
7 school attendance (Directive to Take Action).

8
9 **RECOMMENDATION B:**

10
11 Resolution 916 be adopted as amended.

12
13 **RECOMMENDATION C:**

14
15 That the title of Resolution 916 be changed to read as
16 follows:

17
18 HPV-ASSOCIATED CANCER PREVENTION

19
20 **HOD ACTION: Resolution 916 adopted as amended**
21 **with a change in title to read as follows:**

22
23 HPV-ASSOCIATED CANCER PREVENTION

24
25 RESOLVED, That our American Medical Association amend policy H-440.872, "HPV Vaccine
26 and Cervical Cancer Prevention Worldwide," by addition and deletion to read as follows:

27
28 HPV Vaccine and Cervical Cancer Prevention Worldwide, H-440.872

29 1. Our AMA (a) urges physicians to educate themselves and their patients about HPV and
30 associated diseases, HPV vaccination, as well as routine ~~cervical~~ cancer screening for those
31 at risk; and (b) encourages the development and funding of programs targeted at HPV vaccine
32 introduction and cervical cancer screening in countries without organized cervical cancer
33 screening programs.

34 2. Our AMA will intensify efforts to improve awareness and understanding about HPV and
35 associated diseases, in all individuals regardless of sex, such as, but not limited to, cervical
36 cancer, head and neck cancer, anal cancer, and penile cancer, the availability and efficacy of
37 HPV vaccinations, and the need for routine cervical cancer screening in the general public.

38 3. Our AMA:

39 (a) encourages the integration of HPV vaccination and routine cervical cancer screening into
40 all appropriate health care settings and visits ~~for adolescents and young adults,~~

41 (b) supports the availability of the HPV vaccine and routine cervical cancer screening to
42 appropriate patient groups that benefit most from preventive measures, including but not
43 limited to low-income and pre-sexually active populations,

44 (c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on
45 Immunization Practices recommends HPV vaccination.

46 4. Our AMA encourage appropriate stakeholders to investigate means to increase HPV
47 vaccination rates by:

48 a. facilitating administration of HPV vaccinations in community-based settings including
49 school settings, and

50 b. supporting state mandates for HPV vaccination for school attendance. (Modify Current HOD
51 Policy); and be it further

1
2 RESOLVED, That our AMA support legislation and funding for research aimed towards
3 discovering screening methodology and early detection methods for other non-cervical HPV
4 associated cancers.

5
6 Your Reference Committee heard testimony that was broadly supportive, indicating that the
7 current focus on cervical cancer for HPV vaccinations has led to mistakenly excluding people
8 at risk for HPV-related cancers at other sites that would benefit from its protection. It was
9 further noted that HPV is commonly thought of in relation to cervical cancer, neglecting other
10 non-cervical cancers such as head, neck, vulvar, and genital cancer, which affect people
11 regardless of gender. Broadly, those who testified supported this resolution, with the exception
12 of the mandate for HPV vaccinations for school attendance. While it is was recognized that
13 early immunization with the HPV vaccination provides high efficacy for cancer prevention,
14 there was concern expressed about expanding school vaccine mandates. Your Reference
15 Committee agrees. Therefore, your Reference Committee recommends that Resolution 916
16 be adopted as amended.

17
18 (14) RESOLUTION 919 – DECREASING YOUTH ACCESS TO
19 E-CIGARETTES

20
21 **RECOMMENDATION A:**

22
23 That the second Resolve of Resolution 919 be amended by
24 addition and deletion to read as follows:

25
26 RESOLVED, That AMA policy H-495.986, "Tobacco
27 Product Sales and Distribution," be amended by addition to
28 read as follows:

29
30 Tobacco Product Sales and Distribution, H-495.986

31 Our AMA:

32 (1) recognizes the use of e-cigarettes and vaping as an
33 urgent public health epidemic and will actively work with the
34 Food and Drug Administration and other relevant
35 stakeholders to counteract the marketing and use of
36 addictive e-cigarette and vaping devices, including but not
37 limited to bans and strict restrictions on marketing to minors
38 under the age of 21;

39 (2) encourages the passage of laws, ordinances and
40 regulations that would set the minimum age for purchasing
41 tobacco products, including electronic nicotine delivery
42 systems (ENDS) and e-cigarettes, at 21 years, and urges
43 strict enforcement of laws prohibiting the sale of tobacco
44 products to minors;

45 (3) supports the development of model legislation regarding
46 enforcement of laws restricting children's access to tobacco,
47 including but not limited to attention to the following issues:

48 (a) provision for licensure to sell tobacco and for the
49 revocation thereof; (b) appropriate civil or criminal penalties
50 (e.g., fines, prison terms, license revocation) to deter
51 violation of laws restricting children's access to and

1 possession of tobacco; (c) requirements for merchants to
2 post notices warning minors against attempting to purchase
3 tobacco and to obtain proof of age for would-be purchasers;
4 (d) measures to facilitate enforcement; (e) banning out-of-
5 package cigarette sales ("loosies"); and (f) requiring tobacco
6 purchasers and vendors to be of legal smoking age;
7 (4) requests that states adequately fund the enforcement of
8 the laws related to tobacco sales to minors;
9 (5) opposes the use of vending machines to distribute
10 tobacco products and supports ordinances and legislation
11 to ban the use of vending machines for distribution of
12 tobacco products;
13 (6) seeks a ban on the production, distribution, and sale of
14 candy products that depict or resemble tobacco products;
15 (7) opposes the distribution of free tobacco products by any
16 means and supports the enactment of legislation prohibiting
17 the disbursement of samples of tobacco and tobacco
18 products by mail;
19 (8) (a) publicly commends (and so urges local medical
20 societies) pharmacies and pharmacy owners who have
21 chosen not to sell tobacco products, and asks its members
22 to encourage patients to seek out and patronize pharmacies
23 that do not sell tobacco products; (b) encourages other
24 pharmacists and pharmacy owners individually and through
25 their professional associations to remove such products
26 from their stores; (c) urges the American Pharmacists
27 Association, the National Association of Retail Druggists,
28 and other pharmaceutical associations to adopt a position
29 calling for their members to remove tobacco products from
30 their stores; and (d) encourages state medical associations
31 to develop lists of pharmacies that have voluntarily banned
32 the sale of tobacco for distribution to their members; ~~and~~
33 (9) opposes the sale of tobacco at any facility where health
34 services are provided; ~~and~~
35 (10) supports that the sale of tobacco products be restricted
36 to tobacco specialty stores; ~~and~~
37 (11) supports measures that prevent retailers from opening
38 new tobacco specialty stores in proximity to elementary
39 schools, middle schools, and high schools; ~~and~~
40 ~~(12) support measures that decrease the overall density of~~
41 ~~tobacco specialty stores, including but not limited to,~~
42 ~~preventing retailers from opening new tobacco specialty~~
43 ~~stores in proximity to existing tobacco specialty stores.~~
44 (Modify Current HOD Policy)

45
46 **RECOMMENDATION B:**

47
48 Resolution 919 be adopted as amended.

49
50 **HOD ACTION: Resolution 919 be referred.**

51

1 RESOLVED, That our American Medical Association support the inclusion of disposable and
2 tank-based e-cigarettes in the language and implementation of any restrictions that are
3 applied by the Food and Drug Administration or other bodies to cartridge-based e-cigarettes
4 (New HOD Policy); and be it further

5
6 RESOLVED, That AMA policy H-495.986, "Tobacco Product Sales and Distribution," be
7 amended by addition to read as follows:

8
9 **Tobacco Product Sales and Distribution, H-495.986**

10 Our AMA:

11 (1) recognizes the use of e-cigarettes and vaping as an urgent public health epidemic and will
12 actively work with the Food and Drug Administration and other relevant stakeholders to
13 counteract the marketing and use of addictive e-cigarette and vaping devices, including but
14 not limited to bans and strict restrictions on marketing to minors under the age of 21;

15 (2) encourages the passage of laws, ordinances and regulations that would set the minimum
16 age for purchasing tobacco products, including electronic nicotine delivery systems (ENDS)
17 and e-cigarettes, at 21 years, and urges strict enforcement of laws prohibiting the sale of
18 tobacco products to minors;

19 (3) supports the development of model legislation regarding enforcement of laws restricting
20 children's access to tobacco, including but not limited to attention to the following issues: (a)
21 provision for licensure to sell tobacco and for the revocation thereof; (b) appropriate civil or
22 criminal penalties (e.g., fines, prison terms, license revocation) to deter violation of laws
23 restricting children's access to and possession of tobacco; (c) requirements for merchants to
24 post notices warning minors against attempting to purchase tobacco and to obtain proof of
25 age for would-be purchasers; (d) measures to facilitate enforcement; (e) banning out-of-
26 package cigarette sales ("loosies"); and (f) requiring tobacco purchasers and vendors to be of
27 legal smoking age;

28 (4) requests that states adequately fund the enforcement of the laws related to tobacco sales
29 to minors;

30 (5) opposes the use of vending machines to distribute tobacco products and supports
31 ordinances and legislation to ban the use of vending machines for distribution of tobacco
32 products;

33 (6) seeks a ban on the production, distribution, and sale of candy products that depict or
34 resemble tobacco products;

35 (7) opposes the distribution of free tobacco products by any means and supports the
36 enactment of legislation prohibiting the disbursement of samples of tobacco and tobacco
37 products by mail;

38 (8) (a) publicly commends (and so urges local medical societies) pharmacies and pharmacy
39 owners who have chosen not to sell tobacco products, and asks its members to encourage
40 patients to seek out and patronize pharmacies that do not sell tobacco products; (b)
41 encourages other pharmacists and pharmacy owners individually and through their
42 professional associations to remove such products from their stores; (c) urges the American
43 Pharmacists Association, the National Association of Retail Druggists, and other
44 pharmaceutical associations to adopt a position calling for their members to remove tobacco
45 products from their stores; and (d) encourages state medical associations to develop lists of
46 pharmacies that have voluntarily banned the sale of tobacco for distribution to their members;
47 and (9) opposes the sale of tobacco at any facility where health services are provided; and
48 (10) supports that the sale of tobacco products be restricted to tobacco specialty stores.

49 (11) supports measures that prevent retailers from opening new tobacco specialty stores in
50 proximity to elementary schools, middle schools, and high schools; and

1 (12) support measures that decrease the overall density of tobacco specialty stores, including
2 but not limited to, preventing retailers from opening new tobacco specialty stores in proximity
3 to existing tobacco specialty stores. (Modify Current HOD Policy)
4

5 Your Reference Committee heard testimony unanimously in support of Resolution 919. The
6 speakers affirmed the dangers of nicotine, particularly in youths, and the utility of this
7 resolution to distance retailers from schools. Speakers recommended the removal of the
8 twelfth item due to restriction of free commerce capabilities. Therefore, your Reference
9 Committee recommends that Resolution 919 be adopted as amended.

10
11 (15) RESOLUTION 921 – FIREARM INJURY AND DEATH
12 RESEARCH AND PREVENTION

13
14 **RECOMMENDATION A:**

15
16 Policy D-145.999, “Epidemiology of Firearm Injuries” be
17 amended by addition in lieu of the first Resolve of Resolution
18 921.
19

20 Our AMA will: (1) strongly urge the Administration and
21 Congress to encourage the Centers for Disease Control and
22 Prevention to conduct an epidemiological analysis of the
23 data of firearm-related injuries and deaths; ~~and~~ (2) urge
24 Congress to provide sufficient resources to enable the CDC
25 to collect and analyze firearm-related injury data and report
26 to Congress and the nation via a broadly disseminated
27 document, so that physicians and other health care
28 providers, law enforcement and society at large may be able
29 to prevent injury, death and the other costs to society
30 resulting from firearms, and (3) advocate for improvements
31 to the quality, comparability, and timeliness of data on
32 firearm injuries and deaths.
33

34 **RECOMMENDATION B:**

35
36 The second Resolve of Resolution 921 be amended by
37 addition and deletion to read as follows:
38

39 RESOLVED, That our AMA advocate for repeal of laws the
40 2003 Tiahrt amendment which prohibits the release of
41 firearm tracing data for research (Directive to Take Action);
42

43 **RECOMMENDATION C:**

44
45 That Policies D-145.994, “Removing Restrictions on
46 Federal Funding for Firearm Violence Research,” D-
47 145.995, “Gun Violence as a Public Health Crisis,” and H-
48 145.997, “Firearms as a Public Health Problem in the United
49 States - Injuries and Death” be reaffirmed in lieu of the third
50 Resolve.

1 **RECOMMENDATION D:**

2
3 Resolution 921 be adopted as amended.

4
5 **HOD ACTION: Resolution 921 adopted as amended.**

6
7 **That Policies D-145.994, “Removing Restrictions on**
8 **Federal Funding for Firearm Violence Research,” D-**
9 **145.995, “Gun Violence as a Public Health Crisis,”**
10 **and H-145.997, “Firearms as a Public Health**
11 **Problem in the United States - Injuries and Death”**
12 **reaffirmed in lieu of the third Resolve.**

13
14 RESOLVED, That our American Medical Association and all interested medical societies
15 advocate for a comprehensive national-level data system for firearm injuries and deaths
16 including real-time surveillance and continued improvements to the quality and comparability
17 of currently collected data (Directive to Take Action); and be it further

18
19 RESOLVED, That our AMA advocate for repeal of the 2003 Tiahrt amendment which prohibits
20 the release of firearm tracing data for research (Directive to Take Action); and be it further

21
22 RESOLVED, That our AMA advocate for additional federal budgetary funding for expanded
23 firearm injury and death prevention research at all appropriate federal agencies in order to
24 better understand the risk and protective factors for firearm injuries and to develop evidence-
25 based interventions at the individual, house-hold, community, state, and federal levels to
26 decrease firearm injuries and deaths. (Directive to Take Action)

27
28 Your Reference Committee heard testimony in support of this resolution. It was noted in
29 testimony that there is extensive AMA policy addressing both the first and third Resolve
30 statements. Your Reference Committee proposed amendments to existing policy on firearm
31 epidemiology to incorporate calls for improvements in the timeliness and quality of the data.
32 The second Resolve is not addressed in existing AMA policy, but your Reference Committee
33 proposes removing reference to the “2003 Tiahrt amendment.” Your Reference Committee
34 also proposes reaffirming existing AMA policy on funding firearm research in lieu of the third
35 Resolve. Therefore, your Reference Committee recommends that Resolution 921 be adopted
36 as amended.

37
38 Policies recommended for reaffirmation:

39
40 D-145.994 Removing Restrictions on Federal Funding for Firearm Violence Research
41 Our AMA will provide an informational report on recent and current organizational
42 actions taken on our existing AMA policies (e.g. H-145.997) regarding removing the
43 restrictions on federal funding for firearms violence research, with additional
44 recommendations on any ongoing or proposed upcoming actions.

45
46 D-145.995 Gun Violence as a Public Health Crisis
47 Our AMA: (1) will immediately make a public statement that gun violence represents
48 a public health crisis which requires a comprehensive public health response and
49 solution; and (2) will actively lobby Congress to lift the gun violence research ban.

1 H-145.997 Firearms as a Public Health Problem in the United States - Injuries and
2 Death

3 1. Our AMA recognizes that uncontrolled ownership and use of firearms, especially
4 handguns, is a serious threat to the public's health inasmuch as the weapons are one
5 of the main causes of intentional and unintentional injuries and deaths.
6

7 Therefore, the AMA:

8 (A) encourages and endorses the development and presentation of safety education
9 programs that will engender more responsible use and storage of firearms;

10 (B) urges that government agencies, the CDC in particular, enlarge their efforts in the
11 study of firearm-related injuries and in the development of ways and means of reducing
12 such injuries and deaths;

13 (C) urges Congress to enact needed legislation to regulate more effectively the
14 importation and interstate traffic of all handguns;

15 (D) urges the Congress to support recent legislative efforts to ban the manufacture
16 and importation of nonmetallic, not readily detectable weapons, which also resemble
17 toy guns; (5) encourages the improvement or modification of firearms so as to make
18 them as safe as humanly possible;

19 (E) encourages nongovernmental organizations to develop and test new, less
20 hazardous designs for firearms;

21 (F) urges that a significant portion of any funds recovered from firearms manufacturers
22 and dealers through legal proceedings be used for gun safety education and gun-
23 violence prevention; and

24 (G) strongly urges US legislators to fund further research into the epidemiology of risks
25 related to gun violence on a national level.
26

27 2. Our AMA will advocate for firearm safety features, including but not limited to
28 mechanical or smart technology, to reduce accidental discharge of a firearm or
29 misappropriation of the weapon by a non-registered user; and support legislation and
30 regulation to standardize the use of these firearm safety features on weapons sold for
31 non-military and non-peace officer use within the U.S.; with the aim of establishing
32 manufacturer liability for the absence of safety features on newly manufactured
33 firearms.
34

35 (16) RESOLUTION 924 – DOMESTIC PRODUCTION OF
36 PERSONAL PROTECTIVE EQUIPMENT
37

38 **RECOMMENDATION A:**
39

40 That the first Resolve of Resolution 924 be amended by
41 addition and deletion to read as follows:
42

43 RESOLVED, That our American Medical Association
44 ~~support~~ encourage state and federal ~~incentives~~ efforts to
45 locate the manufacturing of goods used in healthcare and
46 healthcare facilities in the United States (New HOD Policy);
47

48 **RECOMMENDATION B:**
49

50 That the second Resolve of Resolution 924 be amended by
51 deletion to read as follows:

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RESOLVED, That our AMA support federal the efforts of the Administration and CMS to encourage the purchase of domestically produced personal protective equipment_(New HOD Policy)

RECOMMENDATION C:

Resolution 924 be adopted as amended.

HOD ACTION: Resolution 924 adopted as amended.

RESOLVED, That our American Medical Association support state and federal incentives to locate the manufacturing of goods used in healthcare and healthcare facilities in the United States (New HOD Policy); and be it further

RESOLVED, That our AMA support the efforts of the Administration and CMS to encourage the purchase of domestically produced personal protective equipment (New HOD Policy); and be it further

RESOLVED, That our AMA reaffirm policy H-440.847, “Pandemic Preparedness.” (Reaffirm HOD Policy)

Your Reference Committee heard testimony in support of this resolution, particularly in the wake of the severe personal protective equipment (PPE) shortages experienced by frontline health care personnel during the COVID-19 pandemic. In particular, speakers testified that PPE shortages should be categorized as a “never” event, and that domestic production is one of the preferred methods for guaranteeing that domestic health care workers have access to supplies when global demand is at its highest. Amendments were offered to expand the scope to any strategy that may increase production, not just financial incentives. Similarly, amendments were offered which would preserve the intent of the resolution even as priorities of the administration will likely change over time. Your Reference Committee agrees that these amendments make the resolution more flexible in achieving its goal, and therefore recommends that this resolution be adopted as amended.

(17) RESOLUTION 928 – EXPANDING TRANSPLANT EVALUATION CRITERIA TO INCLUDE PATIENTS THAT MAY NOT SATISFY CENTER-SPECIFIC ALCOHOL SOBRIETY REQUIREMENTS

RECOMMENDATION A:

Resolution 928 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association encourage transplant centers to consider evaluation of ~~expand potential recipient evaluation criteria to include~~ patients that who may not satisfy center-specific alcohol sobriety requirements on a case-by-case basis, using

1 medically appropriate criteria ~~supportable by peer-reviewed~~
2 ~~and published research.~~ (New HOD Policy)

3
4 **RECOMMENDATION B:**

5
6 Resolution 928 be adopted as amended.

7
8 **RECOMMENDATION C:**

9
10 That the title of Resolution 928 be changed to read as
11 follows:

12
13 EXPANDING TRANSPLANT EVALUATION CRITERIA TO
14 INCLUDE PATIENTS THAT MAY NOT SATISFY CENTER-
15 SPECIFIC SOBRIETY REQUIREMENTS

16
17 **HOD ACTION: Resolution 928 adopted as amended**
18 **with a change in title to read as follows:**

19
20 EXPANDING TRANSPLANT EVALUATION CRITERIA
21 TO INCLUDE PATIENTS THAT MAY NOT SATISFY
22 CENTER-SPECIFIC SOBRIETY REQUIREMENTS

23
24 **RESOLVED**, That our American Medical Association encourage transplant centers to expand
25 potential recipient evaluation criteria to include patients that may not satisfy center-specific
26 alcohol sobriety requirements on a case-by-case basis, using medically appropriate criteria
27 supportable by peer-reviewed and published research. (New HOD Policy)

28
29 Testimony on this resolution was supportive of the intent of increasing physician judgement
30 and a more holistic risk assessment for transplant eligibility criteria. Some who testified before
31 your Reference Committee noted personal experience with liver transplants and sought
32 clarification over the usage of the term “donor” and “recipient.” In their experience, it was
33 critical that the recipient abstain from alcohol consumption to maximize the likelihood of
34 successful transplants. Testimony provided in support noted strict sobriety requirements could
35 be actively harming patients and do not have a significant impact on relapse rates for liver
36 transplant recipients. Additional testimony noted that while much of the discussion focused on
37 liver transplants and abstention from alcohol, other organ transplants may have similarly
38 restrictive criteria related to other substance use that is not borne from evidence. Therefore,
39 your Reference Committee recommends that Resolution 928 be adopted as amended.

40
41 (18) RESOLUTION 929 – OPPOSING THE MARKETING OF
42 PHARMACEUTICALS TO PARTIES RESPONSIBLE FOR
43 CAPTIVE POPULATIONS

44
45 **RECOMMENDATION A:**

46
47 That the first Resolve of Resolution 929 be amended by
48 deletion to read as follows:

49
50 RESOLVED, That our American Medical Association
51 oppose the practice of pharmaceutical marketing towards

1 those who make decisions for captive populations;
2 including, but not limited to, doctors working in a correctional
3 capacity, judges, wardens, sheriffs, correctional officers,
4 Immigration and Customs Enforcement, and other detention
5 administrators; (New HOD Policy)
6

7 **RECOMMENDATION B:**

8
9 That the second Resolve of Resolution 929 be amended by
10 addition and deletion to read as follows:

11
12 RESOLVED, That our AMA advocate for the inclusion of
13 physicians and pharmacists in the selection of medications
14 available to ~~vulnerable populations~~ captive populations,
15 such as incarcerated individuals (Directive to Take Action)
16

17 **RECOMMENDATION C:**

18
19 Resolution 929 be adopted as amended.

20
21 **HOD ACTION: Resolution 929 adopted as amended.**

22
23 RESOLVED, That our American Medical Association oppose the practice of pharmaceutical
24 marketing towards those who make decisions for captive populations, including, but not
25 limited to, doctors working in a correctional capacity, judges, wardens, sheriffs, correctional
26 officers, Immigration and Customs Enforcement, and other detention administrators (New
27 HOD Policy); and be it further

28
29 RESOLVED, That our AMA advocate for the inclusion of physicians in the selection of
30 medications available to vulnerable populations such as incarcerated individuals (Directive to
31 Take Action); and be it further

32
33 RESOLVED, That our AMA support and work with state medical societies to support
34 measures to increase transparency in medication procurement, including but not limited to:
35 (1) requiring those responsible for medical procurement to report gifts from pharmaceutical
36 companies over a minimum amount; and (2) centralizing formulary choices in a physician-led
37 office, agency, or commission following the principles of a sound formulary. (New HOD Policy)
38

39 Your Reference Committee heard testimony reflecting the complexities of providing care for
40 captive populations in the correctional system, and how dramatically care can vary from
41 federal, state, and county systems. Many testified to the implicit bias that pharmaceutical
42 advertising or gifts to clinicians of captive populations can have, even if the physician is acting
43 with integrity and exercising strict adherence to an ethical code. In addition, several speakers
44 testified to concerns over non-physician decision makers that may be included in the
45 contracting of medication formularies who may not uphold the same rigorous ethical standards
46 as physicians, and utility of pharmacists to support evidence-based formulary decision-
47 making. Amendments were offered to remove specific reference to individuals or professions
48 involved in pharmaceutical decision-making to alleviate concerns that the resolution may be
49 inadvertently excluding people involved in the process. Therefore, your Reference Committee
50 recommends that this resolution be adopted as amended.

1 (19) RESOLUTION 931 – AMENDING H-160.903
2 ERADICATING HOMELESSNESS TO INCLUDE
3 SUPPORT FOR STREET MEDICINE PROGRAMS
4

5 **RECOMMENDATION A:**
6

7 That the first Resolve of Resolution 931 be amended by
8 addition and deletion to read as follows:
9

10 RESOLVED, That our American Medical Association
11 encourage medical schools to implement physician-led,
12 team-based Street Medicine programs ~~and/or promote~~
13 ~~student led Street Medicine programs~~ with student
14 involvement. (New HOD Policy)
15

16 **RECOMMENDATION B:**
17

18 That the second Resolve of Resolution 931 be amended by
19 addition and deletion to read as follows:
20

21 RESOLVED, That our AMA recognizes and supports the
22 use of Street Medicine programs by amending policy H-
23 160.903 Eradicating Homelessness by addition and deletion
24 to read as follows:
25

26 Eradicating Homelessness, H-160.903 Our AMA:

27 (1) supports improving the health outcomes and decreasing
28 the health care costs of treating the chronically homeless
29 through clinically proven, high quality, and cost effective
30 approaches which recognize the positive impact of stable
31 and affordable housing coupled with social services;

32 (2) recognizes that stable, affordable housing as a first
33 priority, without mandated therapy or services compliance,
34 is effective in improving housing stability and quality of life
35 among individuals who are chronically-homeless;

36 (3) recognizes adaptive strategies based on regional
37 variations, community characteristics and state and local
38 resources are necessary to address this societal problem on
39 a long-term basis;

40 (4) supports the use of physician-led, team-based street
41 medicine programs, which travel to individuals who are
42 unhoused or unsheltered and provide healthcare and social
43 services, as well as funds, including Medicaid and other
44 public insurance reimbursement, for their maintenance;

45 (45) recognizes the need for an effective, evidence-based
46 national plan to eradicate homelessness;

47 (56) encourages the National Health Care for the Homeless
48 Council to study the funding, implementation, and
49 standardized evaluation of Medical Respite Care for
50 homeless persons;

1 (67) will partner with relevant stakeholders to educate
2 physicians about the unique healthcare and social needs of
3 homeless patients and the importance of holistic, cost-
4 effective, evidence-based discharge planning, and
5 physicians' role therein, in addressing these needs;

6 (78) encourages the development of holistic, cost-effective,
7 evidence-based discharge plans for homeless patients who
8 present to the emergency department but are not admitted
9 to the hospital;

10 (89) encourages the collaborative efforts of communities,
11 physicians, hospitals, health systems, insurers, social
12 service organizations, government, and other stakeholders
13 to develop comprehensive homelessness policies and plans
14 that address the healthcare and social needs of homeless
15 patients;

16 (910) (a) supports laws protecting the civil and human rights
17 of individuals experiencing homelessness, and (b) opposes
18 laws and policies that criminalize individuals experiencing
19 homelessness for carrying out life-sustaining activities
20 conducted in public spaces that would otherwise be
21 considered non-criminal activity (i.e., eating, sitting, or
22 sleeping) when there is no alternative private space
23 available; and

24 (4011) recognizes that stable, affordable housing is
25 essential to the health of individuals, families, and
26 communities, and supports policies that preserve and
27 expand affordable housing across all neighborhoods; and

28 (4412) (a) supports training to understand the needs of
29 housing insecure individuals for those who encounter this
30 vulnerable population through their professional duties; (b)
31 supports the establishment of multidisciplinary mobile
32 homeless outreach teams trained in issues specific to
33 housing insecure individuals; and (c) will make available
34 existing educational resources from federal agencies and
35 other stakeholders related to the needs of housing-insecure
36 individuals; and

37 ~~(13) supports federal and state efforts to enact just cause~~
38 ~~eviction statutes and examine and restructure punitive~~
39 ~~eviction practices; instate inflation-based rent control;~~
40 ~~guarantee tenants' right to counsel in housing disputes and~~
41 ~~improve affordability of legal fees; and create national, state,~~
42 ~~and/or local rental registries.~~ (Modify Current HOD Policy)

43
44 **RECOMMENDATION C:**

45
46 Resolution 931 be adopted as amended.

47
48 **HOD ACTION: Resolution 931 adopted as amended.**

1 RESOLVED, That our American Medical Association encourage medical schools to
2 implement Street Medicine programs and/or promote student-led Street Medicine programs
3 (New HOD Policy); and be it further
4

5 RESOLVED, That our AMA recognizes and supports the use of Street Medicine programs by
6 amending policy H-160.903 Eradicating Homelessness by addition and deletion to read as
7 follows:

8 Eradicating Homelessness, H-160.903 Our AMA:

9 (1) supports improving the health outcomes and decreasing the health care costs of treating
10 the chronically homeless through clinically proven, high quality, and cost effective approaches
11 which recognize the positive impact of stable and affordable housing coupled with social
12 services;

13 (2) recognizes that stable, affordable housing as a first priority, without mandated therapy or
14 services compliance, is effective in improving housing stability and quality of life among
15 individuals who are chronically-homeless;

16 (3) recognizes adaptive strategies based on regional variations, community characteristics
17 and state and local resources are necessary to address this societal problem on a long-term
18 basis;

19 (4) supports the use of street medicine programs, which travel to individuals who are
20 unhoused or unsheltered and provide healthcare and social services, as well as funds,
21 including Medicaid and other public insurance reimbursement, for their maintenance;

22 (45) recognizes the need for an effective, evidence-based national plan to eradicate
23 homelessness;

24 (56) encourages the National Health Care for the Homeless Council to study the funding,
25 implementation, and standardized evaluation of Medical Respite Care for homeless persons;

26 (67) will partner with relevant stakeholders to educate physicians about the unique healthcare
27 and social needs of homeless patients and the importance of holistic, cost-effective, evidence-
28 based discharge planning, and physicians' role therein, in addressing these needs;

29 (78) encourages the development of holistic, cost-effective, evidence-based discharge plans
30 for homeless patients who present to the emergency department but are not admitted to the
31 hospital;

32 (89) encourages the collaborative efforts of communities, physicians, hospitals, health
33 systems, insurers, social service organizations, government, and other stakeholders to
34 develop comprehensive homelessness policies and plans that address the healthcare and
35 social needs of homeless patients;

36 (910) (a) supports laws protecting the civil and human rights of individuals experiencing
37 homelessness, and (b) opposes laws and policies that criminalize individuals experiencing
38 homelessness for carrying out life-sustaining activities conducted in public spaces that would
39 otherwise be considered non-criminal activity (i.e., eating, sitting, or sleeping) when there is
40 no alternative private space available; and

41 (4011) recognizes that stable, affordable housing is essential to the health of individuals,
42 families, and communities, and supports policies that preserve and expand affordable housing
43 across all neighborhoods; and

44 (4412) (a) supports training to understand the needs of housing insecure individuals for those
45 who encounter this vulnerable population through their professional duties; (b) supports the
46 establishment of multidisciplinary mobile homeless outreach teams trained in issues specific
47 to housing insecure individuals; and (c) will make available existing educational resources
48 from federal agencies and other stakeholders related to the needs of housing-insecure
49 individuals; and

50 (13) supports federal and state efforts to enact just cause eviction statutes and examine and
51 restructure punitive eviction practices; instate inflation-based rent control; guarantee tenants'

1 right to counsel in housing disputes and improve affordability of legal fees; and create national,
2 state, and/or local rental registries. (Modify Current HOD Policy)
3

4 Your Reference Committee heard testimony in support of this resolution. Multiple commentors
5 noted the importance of street medicine teams to support care for people experiencing
6 homelessness and providing valuable educational opportunities for medical students. Those
7 who testified discussed the importance of physicians leading street medicine teams, but
8 effective programs also utilize the broader health professional team under physician
9 supervision. An amendment was proposed to better align the language in the resolution to
10 other AMA policy regarding team-based care. Subclause 13 was struck by your Reference
11 Committee because it was viewed as unrelated to street medicine programs. Therefore, your
12 Reference Committee recommends that Resolution 931 be adopted as amended.
13

14 (20) RESOLUTION 933 – REDUCING DISPARITIES IN HIV
15 INCIDENCE THROUGH PRE-EXPOSURE
16 PROPHYLAXIS (PREP) FOR HIV
17

18 **RECOMMENDATION A:**
19

20 **That Resolution 933 be amended by addition and**
21 **deletion to read as follows:**
22

23 RESOLVED, That our American Medical Association
24 amend Policy H-20.895 “Pre-Exposure Prophylaxis (PrEP)
25 for HIV” by addition to read as follows:
26

27 Pre-Exposure Prophylaxis (PrEP) for HIV, H-20.895

28 1. Our AMA will educate physicians, physicians-in-training,
29 and the public about the effective use of pre-exposure
30 prophylaxis for HIV and the US PrEP Clinical Practice
31 Guidelines.

32 2. Our AMA supports the coverage of all approved PrEP
33 regimens in all clinically appropriate circumstances.

34 3. Our AMA supports the removal of insurance barriers for
35 all approved PrEP regimens, such as prior authorization,
36 mandatory consultation with an infectious disease
37 specialist, and other barriers that are not clinically relevant.

38 4. Our AMA advocates that individuals not be denied any
39 insurance on the basis of PrEP use.

40 5. Our AMA encourages the discussion of and education
41 about PrEP during routine sexual health counseling,
42 regardless of a patient’s current reported sexual behaviors.
43 (Modify Current HOD Policy)
44

45 **RECOMMENDATION B:**
46

47 Resolution 933 be adopted as amended.
48

49 **HOD ACTION: Resolution 933 adopted as amended.**

RECOMMENDED FOR ADOPTION IN LIEU OF

1
2
3 (21) RESOLUTION 906 – REQUIREMENT FOR COVID-19
4 VACCINATION IN PUBLIC SCHOOLS ONCE FULLY
5 FDA-AUTHORIZED
6

7 **RECOMMENDATION A:**

8
9 Policy H-440.808, “Digital Vaccine Credential Systems and
10 Vaccine Mandates in COVID-19” be amended by addition to
11 read as follows:
12

13 COVID-19 and COVID-19 vaccines raise unique
14 challenges.

15 To meet these challenges, our AMA:

16 1. Encourages the development of clear, strong, universal,
17 and enforceable federal guidelines for the design and
18 deployment of digital vaccination credentialing services
19 (DVCS), and that before decisions are taken to implement
20 use of vaccine credentials:

- 21 a. vaccine is widely accessible;
22 b. equity-centered privacy protections are in place to
23 safeguard data collected from individuals;
24 c. provisions are in place to ensure that vaccine credentials
25 do not exacerbate inequities; and
26 d. credentials address the situation of individuals for whom
27 vaccine is medically contraindicated.
28

29 2. Recommends that decisions to mandate COVID-19
30 vaccination, including, but not limited to for school
31 attendance for children and college/university students, be
32 made only:

- 33 a. After a vaccine has received full approval from the U.S.
34 Food and Drug Administration through a Biological Licenses
35 Application;
36 b. In keeping with recommendations of the Advisory
37 Committee on Immunization Practices for use in the
38 population subject to the mandate as approved by the
39 Director of the Centers for Disease Control and Prevention;
40 c. When individuals subject to the mandate have been
41 given meaningful opportunity to voluntarily accept
42 vaccination; and
43 d. Implementation of the mandate minimizes the potential
44 to exacerbate inequities or adversely affect already
45 marginalized or minoritized populations.
46

47 3. Encourages the use of well-designed education and
48 outreach efforts to promote vaccination to protect both
49 public health and public trust.

1 **RECOMMENDATION B:**

2
3 Policy H-440.808, “Digital Vaccine Credential Systems and
4 Vaccine Mandates in COVID-19” be adopted as amended
5 in lieu of Resolution 906.

6
7 **HOD ACTION: Policy H-440.808, “Digital Vaccine**
8 **Credential Systems and Vaccine Mandates in**
9 **COVID-19” adopted as amended in lieu of**
10 **Resolution 906.**

11
12 RESOLVED, That our American Medical Association encourage states to make COVID-19
13 vaccination a requirement for school attendance for children and college/university students
14 once the FDA grants full approval for COVID-19 vaccination for all relevant age groups. (New
15 HOD Policy)

16
17 Testimony for this item was mixed. Some noted the improved clinical outcomes for those who
18 have received COVID-19 vaccinations, noting that vaccination not only protects health, but
19 also prevents disruptions to education and loss of important resources for children and their
20 families. It was noted that there are laws against COVID-19 vaccine requirements in some
21 jurisdictions. It was also noted in testimony that our AMA has existing policy that outlines
22 recommendations on when to mandate COVID-19 vaccines and those recommendations go
23 beyond FDA granting full approval. To help ensure consistency, your Reference Committee
24 recommends amending existing policy on COVID-19 vaccine mandates to specifically
25 reference requirements for school attendance.

26
27 (22) RESOLUTION 912 – REEVALUATING THE FOOD AND
28 DRUG ADMINISTRATION'S CITIZEN PETITION
29 PROCESS

30
31 **RECOMMENDATION:**

32
33 That Alternate Resolution 912 be adopted in lieu of
34 Resolution 912.

35
36 RESOLVED, That our AMA work with relevant stakeholders
37 to advocate for further public transparency of citizen
38 petitions to the Food and Drug Administration, including the
39 relationship between citizen petitions and decisions to delay
40 generic approval, conflicts of interest to be disclosed, and
41 the time and resources expended on petition reviews.
42 (Directive to Take Action)

43
44 **HOD ACTION: Alternate Resolution 912 adopted in**
45 **lieu of Resolution 912.**

46
47 RESOLVED, That our American Medical Association support the research of anti-competitive
48 practices on the Food and Drug Administration's (FDA) citizen petitions process (New HOD
49 Policy); and be it further

50

1 RESOLVED, That our AMA advocate for further public transparency by the FDA in the content
2 of each petition, the relationship between citizen petitions and decisions to delay generic
3 approval, and the time and resources expended on petition reviews. (Directive to Take Action)
4

5 Your Reference Committee heard limited testimony on Resolution 912. The authors offered
6 new language to better condense the resolution into a single resolve clause without
7 fundamentally altering the intent of their proposal. Therefore, your Reference Committee
8 recommends that Alternate Resolution 912 be adopted.
9

10 (23) RESOLUTION 930 – ADDRESSING LONGITUDINAL
11 HEALTH CARE NEEDS OF CHILDREN IN FOSTER
12 CARE
13

14 **RECOMMENDATION A:**

15
16 That Alternate Resolution 930 be adopted in lieu of
17 Resolution 930.
18

19 RESOLVED, That our AMA support the construction of
20 health information systems to enhance information
21 exchange between both tribal and non-tribal child welfare
22 agencies and health care professionals; and be it further
23

24 RESOLVED, That our AMA advocate for the designation of
25 medical teams, and/or committees to longitudinally follow
26 children in foster care, including to ensure the provision of
27 continuity of care for children who are at the age of transition
28 out of foster care; and be it further
29

30 RESOLVED, That our AMA advocate for oversight of local,
31 tribal, and state child welfare systems by physicians with
32 expertise in pediatrics and child psychiatry.
33

34 RESOLVED, That our AMA promote existing medical
35 homes which provide continuity of care to children in foster
36 care when feasible (Directive to Take Action).
37

38 RESOLVED, That our AMA support the appointment of a
39 licensed pediatrician or family medicine physician (with
40 substantial pediatric experience) in each state with
41 experience in child welfare to the position of medical director
42 of child welfare and a psychiatrist with substantial child and
43 adolescent psychiatric experience to the position of
44 psychiatric medical director of child welfare for each Title IV-
45 E agency (New HOD Policy).
46

47 **RECOMMENDATION B:**

48
49 Policy D-350.977, “Addressing the Longitudinal Healthcare
50 Needs of American Indian Children in Foster Care” be
51 reaffirmed.

1 **HOD ACTION: Alternate Resolution 930 adopted in**
2 **lieu of Resolution 930 and Policy D-350.977,**
3 **“Addressing the Longitudinal Healthcare Needs of**
4 **American Indian Children in Foster Care”**
5 **reaffirmed.**
6

7 RESOLVED, That our American Medical Association support the construction of
8 computerized health information systems to enhance information exchange between both
9 tribal and non-tribal child welfare agencies and healthcare professionals (New HOD Policy);
10 and be it further

11
12 RESOLVED, That our AMA promote existing pediatric medical homes which provide
13 continuity of care to children in foster care (Directive to Take Action); and be it further

14
15 RESOLVED, That our AMA advocate for the designation of medical providers, teams, and/or
16 committees to longitudinally follow children in foster care (Directive to Take Action); and be it
17 further

18
19 RESOLVED, That our AMA support the appointment of a pediatrician in each state with
20 experience in child welfare to the position of state medical director of foster care health case
21 management in accordance with AAP guidelines to ensure standards of care are met (New
22 HOD Policy); and be it further

23
24 RESOLVED, That the AMA support the longitudinal stability and care of American Indian and
25 Alaska Native children in foster care by promoting the Indian Child Welfare Act. (New HOD
26 Policy)

27
28 Your Reference Committee heard testimony in support of the intent of this resolution.
29 Testimony noted that this population has special health care needs that need to be
30 highlighted. Your Reference Committee heard testimony regarding the need to broaden the
31 fourth Resolve beyond pediatricians and remove reference to AAP guidelines. Further,
32 amendments were proffered to include children aging out of foster care, and your Reference
33 Committee agreed with including this amendment. Your Reference Committee agrees and
34 has proposed amendments accordingly. Therefore, your Reference Committee recommends
35 Alternate Resolution 930 be recommended in lieu of Resolution 930. Further, it was noted that
36 some resolve statements are duplicative of recently adopted AMA policy and therefore your
37 Reference Committee is recommending reaffirmation of applicable policy.
38

39 Policy recommended for reaffirmation:

40
41 D-350.977 Addressing the Longitudinal Healthcare Needs of American Indian Children
42 in Foster Care

43 Our AMA: (1) recognizes the Indian Child Welfare Act of 1978 as a model in
44 American Indian and Alaska Native child welfare legislation; (2) supports federal
45 legislation preventing the removal of American Indian and Alaska Native children from
46 their homes by public and private agencies without cause; (3) will work with local and
47 state medical societies and other relevant stakeholders to support legislation
48 preventing the removal of American Indian and Alaska Native children from their
49 homes by public and private agencies without cause; and (4) supports state and
50 federal funding opportunities for American Indian and Alaska Native
51 child welfare systems.

RECOMMENDED FOR REFERRAL

1
2
3 (24) RESOLUTION 901 – OPPOSING THE USE OF
4 VULNERABLE INCARCERATED PEOPLE IN RESPONSE
5 TO PUBLIC HEALTH EMERGENCIES
6

7 **RECOMMENDATION:**

8
9 Resolution 901 be referred.

10
11 **HOD ACTION: Resolution 901 referred.**

12
13 RESOLVED, That our American Medical Association oppose the use of forced or coercive
14 labor practices for incarcerated populations (New HOD Policy); and be it further

15
16 RESOLVED, That our AMA support that any labor performed by incarcerated individuals or
17 other captive populations should include adequate workplace safety and fairness standards
18 similar to those outside of carceral institutions and support their reintegration into the
19 workforce after incarceration. (New HOD Policy)

20
21 Your Reference Committee heard mixed testimony for Resolution 901. It was noted that
22 although the intent was to avoid forced labor of incarcerated individuals, there were potential
23 downstream implications that could have unintended consequences. Further, it was noted that
24 there were potential constitutional law conflicts. Therefore, your Reference Committee
25 recommends that Resolution 901 be referred. Your Reference Committee also notes that
26 there are ethical issues around autonomy and human rights that requires further study.

27
28 (25) RESOLUTION 913 – SUPPORTING AND FUNDING
29 SOBERING CENTERS
30

31 **RECOMMENDATION:**

32
33 Resolution 913 be referred.

34
35 **HOD ACTION: Resolution 913 referred.**

36
37 RESOLVED, That our American Medical Association recognize the utility, cost effectiveness,
38 and racial justice impact of sobering centers (New HOD Policy); and be it further

39
40 RESOLVED, That our AMA support the maintenance and expansion of sobering centers (New
41 HOD Policy); and be it further

42
43 RESOLVED, That our AMA support ongoing research of the sobering center public health
44 model (New HOD Policy); and be it further

45
46 RESOLVED, That our AMA support the use of state and national funding for the development
47 and maintenance of sobering centers. (New HOD Policy)

48
49 Your Reference Committee heard mixed testimony regarding Resolution 913. There was
50 unanimous support that jails are not the ideal facilities for people who present intoxicated, due

1 to justice-involvement and lack of medical support. Additional testimony supported the need
2 for facilities for patients who are intoxicated, but do not need the acuity level of an emergency
3 department and may take critically needed resources from other patients. While the idea of
4 sobering centers was supported, there was no consensus on the definition of a sobering
5 center, both in scope and practice, and it was further noted that there was limited evidence to
6 support their efficacy. Multiple speakers supported the critical need for study across potential
7 models of care to support patients with substance use and misuse, which is not limited to
8 sobering centers. Therefore, your Reference Committee agrees that this is an important issue
9 with a high level of complexity and recommends Resolution 913 be referred.

10
11 (26) RESOLUTION 935 – GOVERNMENT MANUFACTURING
12 OF GENERIC DRUGS TO ADDRESS MARKET
13 FAILURES

14
15 **RECOMMENDATION:**

16
17 Resolution 935 be referred.

18
19 **HOD ACTION: Resolution 935 referred.**

20
21 RESOLVED, That our American Medical Association support the formation of a non-profit
22 government manufacturer of pharmaceuticals to produce small-market generic drugs. (New
23 HOD Policy)

24
25 Your Reference Committee heard mixed testimony on this resolution. Those providing
26 supportive testimony cited existing AMA policy calling for the fair pricing of pharmaceuticals
27 and noted California has already started this practice for the manufacture of generic drugs
28 and insulin. The authors proposed an amendment to expand the scope of the resolution to
29 include drugs for which no generics exist despite the expiration of its underlying patent, or
30 necessary medications which are facing shortages. Testimony in opposition noted that our
31 AMA should not be involved in promoting government manufacturing of pharmaceuticals and
32 that this would be a major departure from current AMA policy. Others noted that the Council
33 on Science and Public Health publishes annual reports on drug shortages, and that would be
34 an appropriate venue to consider government manufacturing of pharmaceuticals. Therefore,
35 your Reference Committee recommends that Resolution 935 be referred for consideration in
36 the Council's next drug shortages report.

37
38 (27) RESOLUTION 937 – INDICATIONS FOR METABOLIC
39 AND BARIATRIC SURGERY

40
41 **RECOMMENDATION:**

42
43 Resolution 937 be referred.

44
45 **HOD ACTION: Resolution 937 referred.**

46
47 RESOLVED, That our American Medical Association acknowledge and accept the new
48 American Society for Metabolic and Bariatric Surgery and International Federation for the
49 Surgery of Obesity and Metabolic Disorders indications for metabolic and bariatric surgery
50 (New HOD Policy); and be it further
51

1 RESOLVED That our AMA immediately call for full acceptance of these guidelines by
2 insurance providers, hospital systems, policy makers, and government healthcare delivery
3 entities (Directive to Take Action); and be it further

4
5 RESOLVED, That our AMA work with all interested parties to lobby the legislative and
6 executive branches of government to affect public health insurance coverage to ensure
7 alignment with these new guidelines. (Directive to Take Action)

8
9 Your Reference Committee heard testimony noting that our AMA was not involved in and has
10 not reviewed the guidelines mentioned in this resolution and generally does not endorse or
11 accept guidelines that they were not involved in developing. Amendments were offered which
12 would instead include the core findings of the guidelines and remove reference to the
13 publishing organization. Your Reference Committee, however, notes that no one had the
14 chance to review and consider this amendment. The Council on Science and Public Health is
15 currently studying the appropriateness of body mass index as a clinical measure, which is
16 central to these guidelines. Therefore, your Reference Committee recommends that
17 Resolution 937 be referred for consideration in that report.

18
19 (28) RESOLUTION 938 – AMA STUDY THE EFFICACY OF
20 REQUIREMENTS FOR METAL DETECTION/WEAPONS
21 INTERDICTION SYSTEMS IN HEALTH CARE
22 FACILITIES

23
24 **RECOMMENDATION:**

25
26 Resolution 938 be referred.

27
28 **HOD ACTION: Resolution 938 referred.**

29
30 RESOLVED, That our American Medical Association Council on Science and Public Health
31 study the issues of 1) workplace violence as it impacts health care workers, patients, and
32 visitors, and 2) anticipated positive impacts of weapons detection and interdiction systems
33 toward reduction of workplace violence, so that our AMA can develop learned and data-based
34 recommendations and accompanying advocacy regarding proposed new requirements for the
35 deployment of these systems in health care settings, and share these recommendations with
36 accrediting bodies such as The Joint Commission, Liaison Committee on Medical Education,
37 Accreditation Council for Graduate Medical Education, and other relevant stakeholders,
38 including the American Hospital Association (Directive to Take Action).

39
40 Your Reference Committee heard mixed testimony regarding Resolution 938. All speakers
41 testified as to the critical importance of preserving the safety of physicians and other hospital
42 staff during a time in which there is a dramatic uptick in threats and violence against health
43 care personnel. However, the Council of Science and Public Health noted that this issue has
44 been studied on two separate occasions, and their conclusions supported a local, tailored
45 approach that considers local laws, jurisdictions, and risk factors rather than a blanket
46 approach for every hospital and care setting. Your Reference Committee agrees that this is a
47 critical issue, but one that should be a furtherance of previous studies, rather than starting
48 anew. As such, your Reference Committee recommends that Resolution 938 be referred.

49

RECOMMENDED FOR REFERRAL FOR DECISION

(29) RESOLUTION 911 – CRITICAL NEED FOR NATIONAL EMERGENCY CARDIAC CARE (ECC) SYSTEM TO ENSURE INDIVIDUALIZED, STATE-WIDE, CARE FOR ST SEGMENT ELEVATION MYOCARDIAL INFARCTION (STEMI), CARDIOGENIC SHOCK (CS) AND OUT-OF-HOSPITAL CARDIAC ARREST (OHCA), AND TO REDUCE DISPARITIES IN HEALTH CARE FOR PATIENTS WITH CARDIAC EMERGENCIES

RECOMMENDATION:

That Resolution 911 be referred for decision.

RESOLVED, That our American Medical Association encourage each the standardization of pre-hospital and inpatient care for cardiac emergencies, to improve care and enhance survival for all patients, especially for those who receive socioeconomically, geographically, and demographically disparate care, when they present with ST Elevation Myocardial Infraction (STEMI), STEMI with cardiogenic shock (STEMI-CS), and Out of Hospital Cardiac Arrest (OHCA) (New HOD Policy); and be it therefore.

RESOLVED, That our AMA encourages regional or national hospital designation or categorization systems for Emergency Cardiac Care Centers based on their individual capabilities to provide ECC, analogous to hospital designations or categorizations and systems of care for Stroke and Trauma. (New HOD Policy)

HOD ACTION: Alternate Resolution 911 be adopted in lieu of Resolution 911.

RESOLVED, That our American Medical Association encourage each state to standardize pre-hospital and inpatient care for cardiac emergencies, with individualized systems of Emergency Cardiac Care (ECC), specific for each state, to improve care and enhance survival for all patients, especially for those citizens who receive sociodemographically disparate care, when they present with cardiac emergencies (STEMI, STEMI-CS and OHCA) (New HOD Policy); and be it therefore,

RESOLVED, That our AMA encourage states to designate hospitals as ECC Centers based on their individual capabilities to provide ECC, much like the designations and systems of care for Stroke and Trauma Centers. (New HOD Policy)

Your Reference Committee heard mixed testimony on this resolution, citing the success of similar models of care seen for trauma or stroke centers. One speaker noted that in some states, physicians have already begun to implement their own emergency cardiac care center

1 models, and that a nationwide approach may dramatically improve outcomes for these
2 patients. However, your Reference Committee heard concerns from multiple speakers that
3 the proposed model may negatively impact emergency care in rural settings, given that
4 funding and investment may be driven towards urban areas that might more easily satisfy
5 Emergency Cardiac Care (ECC) criteria. Given that ECC models would likely be dictated by
6 a myriad of state regulations, some testified to their worry that it could take significant time
7 and effort to untangle any inadvertent inequity in an ECC model. As such, your Reference
8 Committee recommends that this resolution be referred for decision to assess impact on rural
9 settings.

10
11 (30) RESOLUTION 917 – CARE FOR CHILDREN WITH
12 OBESITY

13
14 **RECOMMENDATION:**

15
16 Resolution 917 be referred for decision.

17
18 **HOD ACTION: Resolution 917 referred for decision.**

19
20 RESOLVED, That our American Medical Association actively support the education of
21 physicians on the morbidity of childhood obesity, the existence of effective treatment for this
22 condition, and the importance of patients obtaining bariatric care as early as possible
23 (Directive to Take Action); and be it further

24
25 RESOLVED, That our AMA support the development of multidisciplinary care programs for
26 children with obesity, inclusive of bariatric surgery care, access to medications, nutrition, and
27 mental health support (Directive to Take Action); and be it further

28
29 RESOLVED, That our AMA actively work to remove barriers to bariatric surgery, access to
30 medications, nutrition, and mental health support for the treatment of obesity in children.
31 (Directive to Take Action)

32
33 Your Reference Committee heard mixed testimony on Resolution 917. Testimony in support
34 noted that this resolution is additive to current AMA policy and that bariatric surgery has led
35 to decreases in mortality. However, there were questions around the evidence for promoting
36 bariatric surgery care for children as early as possible. An amendment was proffered to add
37 the term “medically appropriate” to describe the surgical procedures to avoid the undue
38 pressure of surgery, and a second proffered amendment sought to add education regarding
39 the impact of hormones on weight loss post-surgery. Furthermore, it was noted that existing
40 policy D-440.954, directs our AMA to conduct a landscape assessment of national
41 level obesity prevention and treatment initiatives, and calls on our AMA to convene an expert
42 advisory panel to counsel our AMA on how best to leverage its voice to address various issue
43 surrounding obesity, including evidence-based treatments. Therefore, your Reference
44 Committee recommends that Resolution 917 be referred for decision for inclusion in this
45 ongoing work and expert review.

1 (31) RESOLUTION 923 – PHYSICIAN EDUCATION AND
2 INTERVENTION TO IMPROVE PATIENT FIREARM
3 SAFETY
4

5 **RECOMMENDATION A:**
6

7 The third Resolve of Resolution 923 be referred for decision.
8

9 **RECOMMENDATION B:**
10

11 The fourth Resolve of Resolution 923 be amended by
12 addition and deletion to read as follows:
13

14 RESOLVED, That our AMA and all interested medical
15 societies educate the public about: (1) best practices for
16 firearm storage safety; (2) misconceptions families have
17 regarding child response to encountering a ~~gun~~ firearm in
18 the home; and (3) the need to ask other families with whom
19 the child interacts regarding the presence and storage of
20 ~~guns~~ firearms in other homes the child may enter. (Directive
21 to Take Action)
22

23 **RECOMMENDATION C:**
24

25 Resolution 923 be adopted as amended.
26

27 **HOD ACTION: Resolution 923 adopted as amended**
28 **and the third Resolve of Resolution 923 be referred.**
29

30 RESOLVED, That our American Medical Association and all interested medical societies
31 educate physicians about firearm epidemiology, anticipatory guidance, and lethal means
32 screening for and exploring potential restrictions to access to high-lethality means of suicide
33 such as firearms. Health care clinicians, including trainees, should be provided training on the
34 importance of anticipatory guidance and lethal means counseling to decrease firearm injuries
35 and deaths and be provided training introducing evidence-based techniques, skills and
36 strategies for having these discussions with patients and families (Directive to Take Action);
37 and be it further
38

39 RESOLVED, That our AMA and all interested medical societies educate physicians about
40 lethal means counseling in health care settings and intervention options to remove lethal
41 means, either permanently or temporarily from the home (Directive to Take Action); and be it
42 further
43

44 RESOLVED, That our AMA and all interested medical societies advocate for policies that
45 support the provision of funding for physicians to provide affordable rapid-access safe storage
46 devices to patients with firearms in the home (Directive to Take Action); and be it further
47

48 RESOLVED, That our AMA and all interested medical societies educate the public about: (1)
49 best practices for firearm storage safety; (2) misconceptions families have regarding child
50 response to encountering a gun in the home; and (3) the need to ask other families with whom

1 the child interacts regarding the presence and storage of guns in other homes the child may
2 enter. (Directive to Take Action)

3
4 Your Reference Committee heard mixed testimony on Resolution 923. The first two Resolve
5 statements are consistent with AMA policy and education on firearm safety, including lethal
6 means counseling. There were concerns raised about the approach outlined to achieve the
7 author's intended goals in the third Resolve. Some speakers sought referral due to the
8 complexity, cost, and concerns that while well intentioned, the implementation may lead to
9 increased physician liability. Additionally, editorial changes were made to ensure consistency
10 with existing AMA policy by using the term "firearm" rather than "gun." Therefore, your
11 Reference Committee recommends that the first and second Resolve statements be adopted,
12 the third Resolve be referred for decision, and the fourth Resolve be adopted as amended.

13
14 (32) RESOLUTION 936 – PROMOTING THE USE OF MULTI-
15 USE DEVICES AND SUSTAINABLE PRACTICES IN THE
16 OPERATING ROOM

17
18 **RECOMMENDATION A:**

19
20 Resolution 936 be referred for decision.

21
22 **RECOMMENDATION B:**

23
24 Policy H-480.959, "Reprocessing of Single-Use Medical
25 Devices" be reaffirmed.

26
27 **HOD ACTION: Resolution 936 referred and Policy H-
28 480.959, "Reprocessing of Single-Use Medical
29 Devices" reaffirmed.**

30
31 RESOLVED, That our American Medical Association advocate for research into and
32 development of intended multi-use operating room equipment and attire over devices,
33 equipment and attire labeled for "single-use" with verified similar safety and efficacy profiles.
34 (Directive to Take Action)

35
36 Your Reference Committee heard mixed testimony on Resolution 936. Testimony in support
37 noted that evaluation is needed to understand the evidence supporting equipment that can be
38 reused in the operating room versus equipment that is intended for single use. Amendments
39 were proffered to include sustainable practices in the office and perioperative environment.
40 Further, testimony noted that although there are some areas that are well-researched on the
41 sustainable practices in the operating room, a targeted approach is needed and therefore
42 recommended referral. It was also noted that existing AMA policy addresses reprocessing of
43 single-use medical devices and as a result your Reference Committee is recommending
44 reaffirmation of that policy. Therefore, your Reference Committee recommends that
45 Resolution 936 be referred for decision to update existing policy where applicable.

46
47 Policy recommended for reaffirmation:

48
49 H-480.959 Reprocessing of Single-Use Medical Devices

50 1. Our AMA: (a) supports the Food and Drug Administration (FDA) guidance titled
51 "Enforcement Priorities for Single-Use Devices Reprocessed by Third Parties and

1 Hospitals" that was issued on August 2, 2000; (b) supports the development of device-
2 specific standards for the reuse and reprocessing of single-use medical devices
3 involving all appropriate medical and professional organizations and the medical
4 device industry; (c) encourages increased research by the appropriate organizations
5 and federal agencies into the safety and efficacy of reprocessed single-use medical
6 devices; and (d) supports the proper reporting of all medical device failures to the FDA
7 so that surveillance of adverse events can be improved.

8 2. Our AMA strongly opposes any rules or regulations regarding the repair or
9 refurbishment of medical tools, equipment, and instruments that are not based on
10 objective scientific data.

Madam Speaker, this concludes the report of Reference Committee K. I would like to thank Elisa Choi, MD; Cee Ann Davis, MD, MPH, Leanna (Leif) Knight, Christopher Paprzycki, MD, Jennifer N. Stall, MD, and Raymond K. Tu, MD; all those who testified before the Committee as well as our AMA staff, Mary Soliman, Andrea Garcia, Geoff Hollett, and Jennie Jarrett.

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