EXISTING AMA POLICY

Under existing AMA Policy H-440.866, "The Clinical Utility of Measuring Body Mass Index and Waist Circumference in the Diagnosis and Management of Adult Overweight and Obesity" the AMA supports: (1) greater emphasis in physician educational programs on the risk differences among ethnic and age groups at varying levels of BMI and the importance of monitoring waist circumference in individuals with BMIs below 35 kg/m2; (2) additional research on the efficacy of screening for overweight and obesity, using different indicators, in improving various clinical outcomes across populations, including morbidity, mortality, mental health, and prevention of further weight gain; and (3) more research on the efficacy of screening and interventions by physicians to promote healthy lifestyle behaviors, including healthy diets and regular physical activity, in all of their patients to improve health and minimize disease risks.

Policy H-150.928, "Eating Disorders and Promotion of Healthy Body Image," supports increased funding for research on the epidemiology, etiology, diagnosis, prevention, and treatment of eating disorders, including research on the effectiveness of school-based primary prevention programs for pre-adolescent children and their parents, in order to prevent the onset of eating disorders and other behaviors associated with a negative body image.

Policy H-150.965, "Eating Disorders" notes that the AMA (1) adopts the position that overemphasis of bodily thinness is as deleterious to one's physical and mental health as is obesity; (2) asks its members to help their patients avoid obsessions with dieting and to develop balanced, individualized approaches to finding the body weight that is best for each of them; (3) encourages training of all school-based physicians, counselors, coaches, trainers, teachers and nurses to recognize unhealthy eating, dieting, and weight restrictive behaviors in adolescents and to offer education and appropriate referral of adolescents and their families for interventional counseling; and (4) participates in this effort by consulting with appropriate specialty societies and by assisting in the dissemination of appropriate educational and counseling materials pertaining to unhealthy eating, dieting, and weight restrictive behaviors.

CONCLUSIONS

The most basic definition of obesity is having too much body fat, so much so that it presents a risk to health.[78] A reliable way to determine whether a person has too much body fat is to calculate the ratio of their weight to their height squared. This ratio, called the body mass index (BMI), accounts for the fact that taller people have more tissue than shorter people, and so they tend to weigh more. BMI is not a perfect measure, because it does not directly assess body fat. Muscle and bone are denser than fat, so an athlete or muscular person may have a high BMI, yet not have too much fat. Risk of developing health problems, including several chronic diseases such as heart disease and diabetes, rises progressively for BMIs above 21. There's also evidence that at a given BMI, the risk of disease is higher in some ethnic groups than others.

Critics of BMI note that body fat location is also important and could be a better indicator of disease risk than the amount body fat.[79] Fat that accumulates around the waist and chest (what is called abdominal adiposity) may be more dangerous for long-term health than fat that accumulates around the hips and thighs. Some researchers have further argued that BMI should be discarded in favor of measures such as waist circumference.[75] However, this is unlikely to happen given that BMI is easier to measure and has a long history of use. In adults, measuring both BMI and waist circumference may be a better way to predict someone's weight-related risk. In children, however, there is no good reference data for waist circumference, so BMI-for-age is currently the gold standard. Overall, BMI does not describe body fat distribution, so additional anthropometric parameters should be used to assess enhanced accumulation of visceral adipose tissue.

Further, the current BMI classification system is misleading regarding the effects of body fat mass on mortality rates. The role of fat distribution in the prediction of medically significant morbidities as well as for mortality risk is not captured by use of the BMI. Also, numerous comorbidities, lifestyle issues, gender, ethnicities, medically significant familial-determined mortality effectors, duration of time one spends in certain BMI categories, and the expected accumulation of fat with aging are likely to significantly affect interpretation of BMI data, particularly in regard to morbidity and mortality rates. Such confounders as well as the known clustering of obesity in families, the strong role of genetic factors in the development of obesity, the location in which excessive fat accumulates, its role in the development of type 2 diabetes and hypertension, and so on, need to be considered before promulgation of public health policies that are designed to apply to the general population and are based on BMI data alone. Further,

H-170.966	Human Sexuality Education	Our AMA encourages physicians to assist parents in providing human sexuality education to children and adolescents. (CSA Rep. 4, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Rescind; Duplicative of policy H-170.968
H-170.967	Rehabilitative Programs, Mental Health, and Educational Services for Girls in the Juvenile Detention System	Our AMA supports comprehensive health education for female delinquents, including information on responsible sexual behavior, the prevention of sexually transmissible diseases and HIV/AIDS, and also supports the availability of intervention programs for girls who have been victimized. (Res. 411, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Rescind; more recent policy exists including D-60.994, D-430.997, and H-515.981.
H-175.992	Deceptive Health Care Advertising	Our AMA (1) encourages and assists all physicians and medical societies to monitor and report to the appropriate state and federal agencies any health care advertising for which there is a reasonable, good-faith basis for believing that said advertising is false and/or deceptive in a material fact, together with the basis for such belief; and (2) encourages medical societies to keep the Association advised as to their actions relating to medical advertising. (Sub. Res. 102, A-87; Reaffirmed: Sunset Report, A-97; Reaffirmed: BOT Rep. 13, I-01; Reaffirmed: CSAPH Rep. 1, A-11; Reaffirmed in lieu of Res. [illegible], A-13)	Retain; still relevant.
H-20.899	HIV Testing	Our AMA endorses routine HIV screening/testing for individuals on admission to the hospital, visit to the emergency room or physician's office as deemed appropriate by the attending physician. It is AMA policy that: (1) this testing should be a voluntary program in which patients may opt out if they desire not to be tested; (2) HIV screening permission be incorporated into general health care consent forms and that separate written consent is not recommended; (3) preventive counseling should not be a requirement for testing program; (4) when tests are positive, appropriate public health measures be instituted for surveillance, prevention of transmission and dissemination of the virus; and (5) when positive HIV patients are identified, appropriate linkage to HIV care be established. (Res. 2, A-07; Reaffirmation I-13)	Rescind; Duplicative of H-20.920
H-20.903	HIV/AIDS and Substance ~~Abu~~Use	Our AMA: (1) urges federal, state, and local governments to increase funding for drug treatment so that people who use drugs ~~abusers~~ have immediate access to appropriate care, regardless of ability to pay. Experts in the field agree that this is the most important step that can be taken to reduce the spread of HIV infection among persons who inject drugs ~~intravenous drug abusers~~; (2) advocates development of regulations and incentives to encourage retention of HIV-positive and AIDS-symptomatic patients in drug treatment programs so long as such placement is clinically appropriate; (3) encourages the availability of opioid maintenance for persons addicted to opioids. Federal and state regulations governing opioid maintenance and treatment of drug dependent persons should be reevaluated to determine whether they meet the special needs of persons who inject drugs ~~intravenous drug~~	Retain as amended; updating language.

		~~abusers~~, ~~particularly those who are HIV infected or AIDS symptomatic~~. Federal and state regulations that are based on incomplete or inaccurate scientific and medical data that restrict or inhibit opioid maintenance therapy should be removed; and (4) urges development of educational, medical, and social support programs for persons who inject drugs ~~intravenous drug abusers~~ and their sexual or needle-sharing partners to reduce risk of HIV infection, as well as risk of other bloodborne and sexually transmissible diseases. Such efforts must target (a) pregnant people who inject drugs ~~intravenous drug abusers~~ and those who may become pregnant to address the current and future health care needs of both mothers and newborns and (b) adolescent substance ~~abusers~~ users, especially homeless, runaway, and detained adolescents who are living with HIV ~~seropositive or AIDS symptomatic~~ and those ~~whose lifestyles~~ with risk factors ~~place them at risk~~ for ~~contracting~~ HIV infection. (CSA Rep. 4, A-03; Modified: CSAPH Rep. 1, A-13)	
H-20.907	Financing Care for HIV/AIDS Patients	Our AMA: (1) Believes that current private insurance and existing public programs, coupled with a significant expansion of state risk pools, provide the best approach to assuring adequate access to health expense coverage for HIV-infected persons and persons with AIDS. ~~However, as the disease patterns and costs become more defined, it may be necessary to reevaluate this conclusion. Continued study of this issue is imperative~~; (2) Supports the development of a clinical staging system based on severity of HIV disease as a replacement for the AIDS diagnosis as a basis for determining health, disability, and other benefits; (3) Supports increased funding for reimbursement and other incentives by public and private payers to encourage (a) expanded availability for therapies and interventions widely accepted by physicians as medically appropriate for the prevention and control of HIV disease and (b) for alternatives to in-patient care of persons with HIV disease, including intermediate care facilities, skilled nursing facilities, home care, residential hospice, home hospice, and other support systems; (4) Supports government funding of all medical services that are deemed appropriate by both the patient and physician for pregnant seropositive women lacking other sources of funding; (5) Supports broad improvements in and expansion of the Medicaid program as a means of providing increased coverage and financial protection for low-income AIDS patients; (6) Supports, and favors considering introduction of, legislation to modify the Medicaid program to provide for a yearly dollar increase in the federal share of payments made by states for care of all patients in proportion to the amount of increase in costs incurred by each state program for care of HIV-positive	Retain as amended; still relevant.

		individuals and patients with AIDS over the preceding year; (7) Encourages the appropriate state medical societies to seek establishment in their jurisdictions of programs to pay the private insurance premiums from state and federal funds for needy persons with HIV and AIDS; and strongly supports full appropriation of the amounts authorized under the Ryan White CARE Act ~~of 2000~~; (8) Supports consideration of an award recognition program for physicians who donate a portion of their professional time to testing and counseling HIV-infected patients who could not otherwise afford these services. (CSA Rep. 4, A-03; Reaffirmation I-11; Reaffirmation I-13)	
H-20.910	HIV-Infected Children	Our AMA: (1) Supports day-care, preschool, and school attendance of HIV-infected children; (2) Encourages the physician responsible for care of an HIV-infected child in a day-care, preschool, or school setting to receive information from the school on other infectious diseases in the environment and temporarily remove the HIV-infected child from a setting that might pose a threat to his/her health; (3) Encourages that HIV-infected children who are adopted or placed in a foster-care setting have access to special health care benefits to encourage adoption or foster-care. (CSA Rep. 4, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-20.916	Breastfeeding and HIV Seropositive ~~Women~~ People	Our AMA believes that, where safe and alternative nutrition is widely available, HIV seropositive ~~women~~ people should be counseled not to breastfeed and not to donate breast milk. HIV testing of all human milk donors should be mandatory, and milk from HIV-infected donors should not be used for human consumption. (CSA Rep. 4, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain as amended to include gender-neutral language.
H-20.917	Neonatal Screening for HIV Infection	Our AMA: (1) urges ~~the U.S. Public Health Service, other~~ appropriate federal agencies, private researchers, and health care industries to continue to pursue research, development, and implementation of diagnostic tests and procedures for more accurate demonstration of HIV infection in the newborn; and supports the widespread use of such tests in early diagnosis; (2) favors giving consideration to rapid HIV testing of newborns, with maternal consent of the gestational parent, when the ~~maternal~~ individual's HIV status has not been determined during pregnancy or labor; and (3) supports mandatory HIV testing of all newborns in high prevalence areas. (CSA Rep. 4, A-03; Modified: CSAPH Rep. 1, A-13)	Retain as amended.
H-20.919	Patient Disclosure of HIV Seropositivity	Our AMA encourages patients who are HIV seropositive to make their condition known to their physicians and other appropriate health care providers. (CSA Rep. 4, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain; still relevant.

H-245.983	Baby Walkers	The AMA ~~strengthens its policy on baby walkers by urging~~ urges the Consumer Product Safety Commission to ban infant walkers as a mechanical hazard. (Res. 403, I-92; Reaffirmed: CSA Rep. 8, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain as amended; still relevant.
H-245.985	Mandatory Labeling for Waterbeds and Beanbag Furniture	The AMA urges the Consumer Product Safety Commission to require waterbed manufacturers and manufacturers of similar type furnishings to affix a permanent label and to distribute warning materials on each waterbed and other furnishings sold concerning the risks of leaving an infant or handicapped child, who lacks the ability to roll over, unattended on a waterbed or beanbag. (Res. 414, A-92; Reaffirmed: CSA Rep. 8, A-03; Modified: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-280.958	Pain Control in Long-Term Care	Our AMA will work: (1) to promote ~~promulgate~~ clinical practice guidelines for pain control in long term care settings and support educational efforts and research in pain management in long term care; and (2) to reduce regulatory barriers to adequate pain control at the federal and state levels for long term care patients. (Res. 715. A-98; Reaffirmed: CSAPH Rep. 2, A-08; Reaffirmed in lieu of Res. 518, A-12; Reaffirmation A-13)	Retain as amended to clarify the AMA's role in clinical practice guidelines.
H-365.996	Regulation of Occupational Carcinogens	The AMA ~~endorses the principle of~~ supports using the best available scientific data, including data derived from animal models, as a basis for regulation of occupational carcinogens. (Sub. Res. 81, I-82; Reaffirmed: CLRPD Rep. A, I-92; Reaffirmed: CSA Rep. 8, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain as amended; still relevant.
H-370.984	Organ Donation Education	Our AMA encourages all states and local organ procurement organizations to provide educational materials to driver education and safety classes. (Res. 504, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSA Rep. 4, I-02; Reaffirmed: CSAPH Rep. 1, A-12; Modified: Res. 3, A-13)	Retain; still relevant.
H-420.991	Fetal Effects of Maternal Alcohol Use	The AMA believes that (1) The evidence is clear that a ~~woman~~ person who drinks heavily during pregnancy places ~~her~~ their unborn child at substantial risk for fetal damage and physical and mental deficiencies in infancy. Physicians should be alert to signs of possible alcohol ~~abuse~~ use and ~~alcoholism~~ alcohol use disorder in their ~~female~~ patients of child-bearing age, not only those who are pregnant, and institute appropriate diagnostic and therapeutic measures as early as possible. Prompt intervention may prevent adverse fetal consequences from occurring in this high-risk group. (2) The fetal risks involved in moderate or minimal alcohol consumption have not been established through research to date, nor has a safe level of ~~maternal~~ gestational alcohol use been established. One of the objectives of future research should be to determine whether there is a level of ~~maternal~~ gestational alcohol consumption below which embryotoxic and teratogenic effects attributable to alcohol are virtually non-existent. (3) Until such a determination is made, physicians should inform their patients as to what the research to	Retain as amended; still relevant.

		date does and does not show and should encourage them to decide about drinking in light of the evidence and their own situations. Physicians should be explicit in reinforcing the concept that, with several aspects of the issue still in doubt, the safest course is abstinence. (4) Long-term longitudinal studies should be undertaken to give a clearer perception of the nature and duration of alcohol-related birth defects. Cooperative projects should be designed with uniform means of assessing the quantity and extent of alcohol intake. (5) To enhance public education efforts, schools, hospitals, and community organizations should become involved in programs conducted by governmental agencies and professional associations. (6) Physicians should take an active part in education campaigns. In so doing, they should emphasize the often overlooked consequences of ~~maternal~~ gestational drinking that are less dramatic and pronounced than are features of the fetal alcohol syndrome, consequences that are at least indicated, if not sharply delineated, by some of the research that has been conducted in several parts of the world with diverse populations. (CSA Rep. E, A-82; Reaffirmed: CLRPD Rep. A, I-92; Reaffirmed: CSA Rep. 8, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	
H-425.971	Celiac Disease Screening	Our AMA: (1) recognizes undiagnosed celiac disease as a public health problem; and (2) supports the formal establishment of evidence-based celiac disease screening recommendations and high-risk population definitions for general and pediatric populations by appropriate stakeholders. (Res. 419, A-13)	Retain; still relevant.
H-430.988	Prevention and Control of HIV/AIDS and Tuberculosis in Correctional Facilities	(1) Medical Testing and Care of Individuals who are Incarcerated ~~Prisoners~~ a) Federal and state correctional systems should provide comprehensive medical management for all entrants, which includes voluntary testing for HIV infection and mandatory testing for tuberculosis followed by appropriate treatment for those infected; b) Individuals who are incarcerated~~, prisoners~~ should be tested for HIV infection as medically indicated or on their request; c) All individuals who are incarcerated and staff should be screened for tuberculosis infection and retested at least annually. If an increase in cases of tuberculosis or HIV infection is noted, more frequent retesting may be indicated; d) Correctional institutions should assure that informed consent, counseling, and confidentiality procedures are in place to protect the patient, when HIV testing is appropriate; e) During their post-test counseling procedures, HIV-infected individuals who are incarcerated should be encouraged to confidentially notify their sexual or needle-sharing partners; and f) Correctional medical care must, as a minimum, meet the prevailing standards of care for HIV-infected persons in the outside community at large. ~~Prisoners~~ Individuals who are incarcerated should have access to approved therapeutic drugs and generally employed	Retain as amended; updating language to be consistent with current policy.

		treatment strategies. (2) HIV/AIDS Education and Prevention Our AMA: a) Encourages the inclusion of HIV-prevention information as a regular part of the education of correctional staff and individuals who are incarcerated. AIDS education in state and federal prisons should stress abstinence from drug use and high-risk sexual practices, as well as the proper use of condoms as one way of decreasing the spread of HIV; b) Will pursue legislation that encourages state, local, and federal correctional institutions to make condoms available to individuals who are incarcerated; and c) Urges medical personnel in correctional institutions to work closely with state and local health department personnel to control the spread of HIV/AIDS, tuberculosis, and other serious infectious diseases within and outside these facilities. (3) Prison-based HIV Partner Notification Program Our AMA: a) Urges state health departments to take steps to initiate with state departments of correctional services the development of prison-based HIV Partner Notification Programs for individuals who are incarcerated convicted of drug-related crimes and their regular sexual partners; and b) Believes that all parties should recognize that maximum effectiveness in an HIV Partner Notification Program will depend on the truly voluntary participation of inmates and the strict observance of confidentiality at all levels. (CSA Rep. 4, A-03; Modified: CSAPH Rep. 1, A-13)	
H-440.842	Recognition of Obesity as a Disease	Our AMA recognizes obesity as a disease state with multiple pathophysiological aspects requiring a range of interventions to advance obesity treatment and prevention. (Res. 420, A-13)	Retain; still relevant.
H-440.843	Health Risks of Sitting	Our AMA recognizes that there are potential risks of prolonged sitting, encourages efforts by employers, employees, and others to make available alternatives such as standing work stations and isometric balls, and encourages educational efforts regarding ways to minimize this risk. (Res. 413, A-13)	Retain; still relevant
H-440.866	The Clinical Utility of Measuring Body Mass Index and Waist Circumference in the Diagnosis and Management of Adult Overweight and Obesity	Our AMA supports: (1) greater emphasis in physician educational programs on the risk differences among ethnic and age groups at varying levels of BMI and the importance of monitoring waist circumference in individuals with BMIs below 35 kg/m2; (2) additional research on the efficacy of screening for overweight and obesity, using different indicators, in improving various clinical outcomes across populations, including morbidity, mortality, mental health, and prevention of further weight gain; and (3) more research on the efficacy of screening and interventions by physicians to promote healthy lifestyle behaviors, including healthy diets and regular physical activity, in all of their patients to improve health and minimize disease risks. (CSAPH Rep. 1, A-08; Reaffirmed: CSAPH Rep. 3, A-13)	Retain; still relevant.

H-440.898	Recommendations on Folic Acid Supplementation	Our AMA will: (1) encourage the Centers for Disease Control and Prevention (CDC) to continue to conduct surveys to monitor nutritional intake and the incidence of neural tube defects (NTD); (2) continue to encourage broad-based public educational programs about the need for women of child-bearing potential to consume adequate folic acid through nutrition, food fortification, and vitamin supplementation to reduce the risk of NTD; (3) encourage the CDC and the National Institutes of Health to fund basic and epidemiological studies and clinical trials to determine causal and metabolic relationships among homocysteine, vitamins B12 and B6, and folic acid, so as to reduce the risks for and incidence of associated diseases and deficiency states; (4) encourage research efforts to identify and monitor those populations potentially at risk for masking vitamin B12 deficiency through routine folic acid supplementation of enriched food products; (5) urge the Food and Drug Administration to increase folic acid fortification to 350 µg per 100 g of enriched cereal grain; and (6) encourage the FDA to require food, food supplement, and vitamin labeling to specify milligram content, as well as RDA levels, for critical nutrients, which vary by age, gender, and hormonal status (including anticipated pregnancy); and (7) encourage the FDA to recommend the folic acid fortification of all refined grains marketed for human consumption, including grains not carrying the "enriched" label. (CSA Rep. 8, A-99; Modified: CSAPH Rep. 6, A-06; Reaffirmed: CSAPH Rep. 1, I-13)	Retain; still relevant.
H-440.931	Update on Tuberculosis	It is the policy of the AMA that: (1) All ~~prison~~ individuals who are incarcerated should be tuberculin skin-tested upon arrival and annually thereafter. Those who are positive should be managed as medically appropriate, contact tracing performed, and provisions made for the continued treatment and follow-up of those who are released prior to the completion of their therapy. (2) Staff of both prisons and jails should be tuberculin-tested upon employment and annually thereafter. Those who are positive should be managed as medically appropriate and contact tracing performed. (3) Both public and health care worker education about TB, its transmission, and the necessity for preventive as well as therapeutic treatment should be increased. (4) Current CDC guidelines for the prevention of tuberculosis in congregate settings should be fully implemented. The protection of persons who are immunocompromised needs to be addressed especially by treatment centers housing such persons. (5) While powered air-purification respirators may be useful for the protection of HIV-infected and other immunocompromised health care workers who care for patients with infectious TB, their routine use for the	Retain as amended; updating language.

		prevention of the nosocomial transmission of TB is uncalled for in health care facilities where CDC guidelines are fully implemented. (6) States should review their TB control laws using current CDC recommendations and recent legal and ethical publications as guidelines. Where necessary to further protect the public health from the disease, existing laws should be modified and/or new ones added. (BOT Rep. JJ, A-93; Reaffirmed: CSA Rep. 8, A-03; Modified: CSAPH Rep. 1, A-13)	
H-440.934	Adequacy of Sterilization in Commercial Enterprises	The AMA requests that state health departments ensure the adequacy of sterilization of instruments used in commercial enterprises (tattoo parlors, beauty salons, barbers, manicurists, etc.) because of the danger of exchange of infected blood-contaminated fluids. (Sub. Res. 409, I-92; Reaffirmed: CSA Rep. 8, A-03; Modified: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-440.966	Elimination of Tuberculosis as a Public Health Problem	The AMA (1) endorses the Strategic Plan for the Elimination of Tuberculosis, as developed by the CDC Division of Tuberculosis Elimination ~~Advisory Committee for the Elimination of Tuberculosis~~; (2) supports cooperative efforts with other national medical and public health organizations to help implement the policies of the Strategic Plan for the Elimination of Tuberculosis; (3) supports the promulgation of information on the appropriate methods for evaluating, diagnosing, treating, and preventing tuberculosis; (4) encourages and assists state and county medical associations to work with state, county and city health officials to achieve the long-range objective of reducing the incidence of active tuberculosis in the United States to one case per million ~~before the year 2010~~; and (5) supports use of a tuberculosis risk assessment questionnaire in US school aged children when appropriate, with follow-up TB testing based on the results of that TB risk assessment. (Res. 75, A-88; Reaffirmed: Sunset Report, I-98; Modified and Reaffirmed: CSAPH Rep. 2, A-08; Appended: Res. 515, A-13)	Retain as amended; updated language to be consistent with the current goals.
H-455.980	National Biomedical Tracer Facility	The AMA supports the establishment of a National Biomedical Tracer Facility with federal funding to serve as a national resource for clinical medicine, research and education. (Res. 513, I-92; Reaffirmed: CSA Rep. 8, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-455.994	Risks of Nuclear Energy and Low-Level Ionizing Radiation	Our AMA supports the following policy on nuclear energy and low-level ionizing radiation: (1) Usefulness of Nuclear Energy: Energy produced by nuclear reactors makes an important contribution to the generation of electricity in the US at present, and it will continue to do so in the foreseeable future. Investigation and research should continue in order to develop improved safety and efficiency of nuclear reactors, and to explore the potential of competing methods for generating electricity. The research should include attention to occupational and public health	Retain as amended; still relevant.

		hazards as well as to the environmental problems of waste disposal and atmospheric pollution. (2) Research on Health Effects of Low Level Radiation: There should be a continuing emphasis on research that is capable of determining more precisely the health effects of low level ionizing radiation. (3) Uranium Mill Tailings: Uranium mill tailings should be buried or otherwise covered. (4) Radioactive Waste Disposal: There should be acceleration of pilot projects to evaluate techniques for the disposal of high-level radioactive wastes. The decommissioning of nuclear reactors is a source of nuclear waste which requires accelerated technological investigation and planning. ~~Local laws should be modified to allow the disposal of low-level radioactive waste materials in accordance with AMA model state legislation~~. (5) Occupational Safety: The philosophy of maintaining exposures of workers at levels "as low as reasonably achievable (ALARA)" is commended. The present federal standards for occupational exposure to ionizing radiation are adequate. The responsibilities of the various federal agencies regarding workers in the nuclear energy industry should be clarified; these agencies include the Departments of Energy, Defense, HHS, Labor and Transportation; and the NRC, VA and EPA. (6) Minimizing Exposures to Radiation: Each physician should attempt to minimize exposures of patients to ionizing radiation in accord with good medical practice. (7) Radiation Exposure Standards: The present standards for exposure of populations to ionizing radiation are adequate for the protection of the public. (8) Emergencies and Governmental Readiness: Government agencies at all levels should be prepared to respond to nuclear energy-related emergencies. There is need for improved public planning by the several federal agencies involved, including the Federal Emergency Management Agency (FEMA) and the agencies of state and local governments. Responsible officials should develop skills and undergo periodic retraining in order to be able to act appropriately during major radiation emergencies. Because emergency planning is a complex task involving aspects of health as well as problems related to utilities, state and local governments and the federal government (FEMA) would benefit from the cooperation of physicians and others in the health sciences. (9) Federal Radiation Emergency Planning Responsibilities: Federal groups such as the NRC and FEMA must work together closely to fulfill responsibilities in radiological emergency preparedness and in crisis management. There is a need for NRC and FEMA to define better the roles of community hospitals and of physicians. (10) Reactor Operators and Radiation Inspectors: There is a need for better training of operating personnel with	

		regard to prevention and management of untoward reactor operating conditions. Selection, training, and ongoing performance evaluation of operating personnel, and of radiation inspectors, are key elements in the safety of reactor workers and of the public. Physicians should help develop methods of selecting and evaluating personnel in the nuclear power industry. (11) Radiation Training for Physicians: Physicians should be prepared to answer the questions of their patients about ionizing radiation, especially if there is a radiation emergency. Each hospital should have adequately trained physicians and a plan and protocol for receiving and caring for radiation victims. (12) Radiation Education for the Public: Further education of the public about ionizing radiation is recommended. (13) Location of Nuclear Reactors: All nuclear reactors built in the future should be placed in areas of low population density; present reactors located in low density areas should be managed so that the populations surrounding them remain small. (14) Multiple Sources of Power Generation: AMA recommends the use of a diverse set of electricity generating methods and a continuing emphasis on the conservation of energy. (15) X-Ray Security Scanners: Our AMA: (1) believes that as of June 2013, no data exist to suggest that individuals, including those who are especially sensitive to ionizing radiation, should avoid backscatter security scanners due to associated health risks; and (2) supports the adoption of routine inspection, maintenance, calibration, survey, and officer training procedures meant to ensure that backscatter security scanners operate as intended. (CSA Rep. A, A-81; Reaffirmed: CLRPD Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11; Appended: CSAPH Rep. 4, A-13)	
H-460.903	Commercialized Medical Screening	Our AMA supports the funding of well-designed, large-scale clinical trials aimed at determining the safety, value, and cost-effectiveness of screening imaging procedures. (CSA Rep. 10, A-03; Modified: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-460.915	Cloning and Stem Cell Research	Our AMA: (1) supports biomedical research on multipotent stem cells (including adult and cord blood stem cells); (2) supports the use of somatic cell nuclear transfer technology in biomedical research (therapeutic cloning); (3) opposes the use of somatic cell nuclear transfer technology for the specific purpose of producing a human child (reproductive cloning); (4) encourages strong public support of federal funding for research involving human pluripotent stem cells; and (5) will continue to monitor developments in stem cell research and the use of somatic cell nuclear transfer technology. (CSA Rep. 5, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-470.972	Medical and Nonmedical Uses of	Our AMA (1) reaffirms its concern over the nonmedical use of drugs among athletes, its belief that drug use to	Retain; still relevant.

	Anabolic-Androgenic Steroids	enhance or sustain athletic performance is inappropriate, its commitment to cooperate with various other concerned organizations, and its support of appropriate education and rehabilitation programs; (2) actively encourages further research on short- and long-term health effects, and encourages reporting of suspected adverse effects to the FDA; and (3) supports continued efforts to work with sports organizations to increase understanding of health effects and to discourage use of steroids on this basis. (CSA Rep. A, I-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: Res. 501, A-01; Modified: CSA Rep. 9, A-03; Modified: CSAPH Rep. 1, A-13)	
H-480.956	Commercialized Medical Screening	AMA policy is that relevant specialty societies continue to evaluate the validity and clinical use of screening imaging procedures that are advertised directly to the public and make available to the broader physician community unbiased evaluations to help primary care physicians advise their patients of the risks and benefits of these procedures. (CSA Rep. 10, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-480.966	Multiplex DNA Testing for Genetic Conditions	Policy of the AMA is that: (1) tests for more than one genetic condition should be ordered only when clinically relevant and after the patient or parent/guardian has had full counseling and has given informed consent; (2) efforts should be made to educate clinicians and society about genetic testing; and (3) before genetic testing, patients should be counseled on the familial implications of genetic test results, including the importance of sharing results in instances where there is a high likelihood that a relative is at risk of serious harm, and where the relative could benefit from early monitoring or from treatment. (CEJA Rep. 1, I-96; Appended: BOT Rep. 16, I-99; Modified: CSA Rep. 3, A-03; Modified: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-480.978	Medical Innovations	It is the policy of the AMA to continue to publicly support adequate funding for the development and implementation of medical innovations, and that the reasoning behind this position be communicated to physicians, the public, and appropriate policymakers. (Sub. Res. 508, I-92; Reaffirmed: CSA Rep. 8, A-03; Modified: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-485.995	TV Violence	The AMA reaffirms its vigorous opposition to television violence and its support for efforts designed to increase the awareness of physicians and patients that television violence is a risk factor threatening the health of young people. (Res. 19, I-82; Reaffirmed: CLRPD Rep. A, I-92; Reaffirmed: CSA Rep. 8, A-03; Reaffirmation A-13; Reaffirmed: CSAPH Rep. 1, A-13)	Retain, still relevant.
H-490.906	Enhanced Education for Abrupt Cessation of Smoking	Our AMA encourages research and evaluation on promising smoking cessation protocols that promote abrupt cessation of smoking without reliance on pharmaceuticals. (Res. 408, A-13)	Retain; still relevant.

H-490.914	Tobacco Prevention and Youth	(1) (a) urges the medical community, related groups, educational institutions, and government agencies to demonstrate more effectively the health hazards inherent in the use of tobacco products (including but not limited to, cigarettes, smokeless tobacco, chewing tobacco, and hookah/water pipe tobacco); (b) encourages state and local medical societies to actively advise municipalities and school districts against use of health education material sponsored or distributed by the tobacco industry; and (c) publicly rejects the tobacco industry as a credible source of health education material; (2) opposes the use of tobacco products of any kind in day care centers or other establishments where pre-school children attend for educational or childcare purposes; (3) advises public and private schools about the very early smoking habits observed in children and encourages appropriate school authorities to prohibit the use of all tobacco products in elementary through senior high school by anyone during the school day and during other school-related activities; (4) (a) supports the concept that a comprehensive health education program stressing health maintenance be part of the required curriculum through 12th grade to: (i) help pre-teens, adolescents, and young adults avoid the use of tobacco products, including smokeless tobacco; and (ii) emphasize the benefits of remaining free of the use of tobacco products; (b) will work with other public and private parties to actively identify and promote tobacco prevention programs for minors and encourages the development, evaluation, and incorporation of appropriate intervention programs, including smoking cessation programs, that are tailored to the needs of children; and (c) recommends that student councils and student leaders be encouraged to join in an anti-smoking campaign. (5) urges state medical societies to promote the use of appropriate educational films and educational programs that reduce tobacco use by young people; (6) (a) favors providing financial support to promising behavioral research into why people, especially youth, begin smoking, why they continue, and why and how they quit; (b) encourages research into further reducing the risks of cigarette smoking; and (c) continues to support research and education programs, funded through general revenues and private sources, that are concerned with health problems associated with tobacco and alcohol use; (7) opposes the practice of tobacco companies using the names and distinctive hallmarks of well-known organizations and celebrities, such as fashion designers, in marketing their products, as youth are particularly susceptible; (8) supports working with appropriate organizations to develop a list of physicians and others recommended as speakers for local radio and television to discuss the	Retain as amended; still relevant.

		harmful effects of tobacco usage and to advocate a tobacco-free society; and (9) commends the following entities for their exemplary efforts to inform the Congress, state legislatures, education officials and the public of the health hazards of tobacco use: American Cancer Society, American Lung Association, American Heart Association, Action on Smoking and Health, Inc., Groups Against Smoker's Pollution, National Congress of Parents and Teachers, National Cancer Institute, and National Clearinghouse on Smoking (HEW). (CSA Rep. 3, A-04; Modified: Res. 402, A-13)	
H-495.985	Smokeless Tobacco	Given that the use of smokeless tobacco (snuff and chewing tobacco) is associated with health risks, our AMA: (1) supports publicizing the increasing evidence that the use of snuff or chewing tobacco is associated with adverse health effects and encourages ongoing research to further define the health risks associated with snuff and chewing tobacco, including the risk of developing cardiovascular disease, and the effectiveness of cessation and prevention programs; (2) objects strongly to the introduction of "smokeless" cigarettes; (3) opposes the use of smokeless tobacco products by persons of all ages; (4) urges that the same requirements and taxes placed on cigarette sales and advertising be applied to smokeless tobacco products; (5) supports legislation to prohibit the sale of smokeless tobacco products to minors and encourages states to enforce strictly the prohibition on purchasing and distributing all tobacco products to individuals under the age of 21 years; (6) supports public and school educational programs on the health effects of smokeless tobacco products; (7) urges the commissioners of professional athletic organizations to discourage the open use of smokeless tobacco by professional athletes and recommends that professional athletes participate in media programs that would discourage the youth of America from engaging in this harmful habit; and (8) is committed to exerting its influence to limit exposure of young children and teenagers to advertising for smokeless tobacco and look-alike products, and urges that manufacturers take steps to diminish the appeal of snuff and chewing tobacco to young persons. (CSA Rep. 3, A-04; Reaffirmation A-13)	Retain; still relevant.
H-5.985	Fetal Tissue Research	The AMA supports the use of fetal tissue obtained from induced abortion for scientific research. (Res. 540, A-92; Reaffirmed: CSA Rep. 8, A-03; Modified: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-50.975	Safety of Blood Donations and Transfusions	Our AMA: (1) Supports working with blood banking organizations to educate prospective donors about the safety of blood donation and blood transfusion;	Retain; still relevant.

		(2) Supports the use of its publications to help physicians inform patients that donating blood does not expose the donor to the risk of HIV/AIDS; (3) Encourages physicians to inform high-risk patients of the value of self-deferral from blood and blood product donations; and (4) Supports providing educational information to physicians on alternatives to transfusion. (CSA Rep. 4, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	
H-50.976	Blood Bank Look-Back Programs	Our AMA supports the concept of blood bank look-back recipient notification programs as a means of protecting patients and reducing the possible spread of infections. (CSA Rep. 4, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-50.977	Blood Donor Recruitment	Our AMA: (1) supports the establishment of a national volunteer blood donor education and recruitment campaign to assure an adequate and readily available blood supply; and (2) supports scientifically-based policies that ensure the safety of the nation's blood supply. (Sub. Res. 401, A-02; Modified: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-50.982	Autologous Blood Transfusions	The AMA (1) supports the collection of autologous blood from candidates for elective surgery who are without contraindications to phlebotomy and when such donations are medically indicated because transfusion is likely to be needed; and (2) supports efforts to remove economic barriers to the collection and use of autologous blood for transfusion, in order to promote its wider use. (CSA Rep. A, I-92; Modified: CSA Rep. 8, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-515.981	Family Violence-Adolescents as Victims and Perpetrators	The AMA (1) (a) encourages physicians to screen adolescents about a current or prior history of maltreatment. Special attention should be paid to screening adolescents with a history of alcohol and drug misuse, irresponsible sexual behavior, eating disorders, running away, suicidal behaviors, conduct disorders, or psychiatric disorders for prior occurrences of maltreatment; and (b) urges physicians to consider issues unique to adolescents when screening youths for abuse or neglect. (2) encourages state medical society violence prevention committees to work with child protective service agencies to develop specialized services for maltreated adolescents, including better access to health services, improved foster care, expanded shelter and independent living facilities, and treatment programs. (3) will investigate research and resources on effective parenting of adolescents to identify ways in which physicians can promote parenting styles that reduce stress and promote optimal development. (4) will alert the national school organizations to the increasing incidence of adolescent maltreatment and the need for training of school staff to identify and refer victims of maltreatment. (5) urges youth correctional facilities to screen incarcerated youth for a current or prior history of abuse or neglect and to refer maltreated youth to appropriate medical or mental	Retain; still relevant.

		health treatment programs. (6) encourages the National Institutes of Health and other organizations to expand continued research on adolescent initiation of violence and abuse to promote understanding of how to prevent future maltreatment and family violence. (CSA Rep. I, A-92; Reaffirmed: CSA Rep. 8, A-03; Modified: CSAPH Rep. 1, A-13)	
H-515.982	Violent Acts Against Physicians	Our AMA (1) condemns acts of violence against physicians involved in the legal practice of medicine; (2) will continue to take an active interest in the apprehension and prosecution of those persons committing assaults on physicians as a result of the physician's acting in a professional capacity; (3) will continue to monitor state legislative efforts on increased criminal penalties for assaults against health care providers; and (4) will continue to work with interested state and national medical specialty societies through all appropriate avenues, including state legislatures, when issues related to workplace violence inside and outside of the emergency department arise. (Res. 605, A-92; Reaffirmation I-99; Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmed in lieu of Res. 608, A-12; Modified: BOT Rep. 2, I-12; Reaffirmed in lieu of Res. 423, A-13)	Retain; still relevant.
H-60.925	Effects of Alcohol on the Brains of Underage Drinkers	Our AMA supports creating a higher level of awareness about the harmful consequences of underage drinking. (CSA Rep. 11, A-03; Modified: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-60.926	Prevention of Falls Through Windows	Our AMA: (1) supports the use of window guards and devices that prevent children from falling through windows; and (2) supports public education regarding the risks of children falling through windows. (Res. 415, A-13)	Retain; still relevant.
H-60.941	Effects of Alcohol on the Brains of Underage Drinkers	Our AMA encourages increased medical and policy research on the harmful effects of alcohol on adolescents and young adults and on the design and implementation of environmental strategies to reduce youth access to, and high consumption of, alcohol. (CSA Rep. 11, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain as amended; still relevant.
H-60.945	Neonatal Male Circumcision	1. Our AMA: (a) encourages training programs for pediatricians, obstetricians, and family physicians to incorporate information on the use of local pain control techniques for neonatal circumcision; (b) ~~supports the general principles of the 2012 Circumcision Policy Statement of the American Academy of Pediatrics, which reads as follows: "~~Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV.~~"~~ and (c) urges that as part of the informed consent discussion, the risks and benefits of pain control techniques for circumcision be thoroughly discussed to aid parents in making their decisions.	Retain as amended; still relevant.

		2. Our AMA encourages state Medicaid reimbursement of neonatal male circumcision. (CSA Rep. 10, I-99; Reaffirmed: CSAPH Rep. 1, A-09; Modified: Res. 503, A-13)	
H-60.963	Preventable Airway Obstructions in Children	The AMA supports educational programs to apprise the public of the dangers of airway obstruction hazards in children and on methods to prevent these hazards. (Res. 412, A-92; Reaffirmed: CSA Rep. 8, A-03; Modified: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-60.973	Provision of Health Care and Parenting Classes to Adolescent Parents	1. It is the policy of the AMA (A) to encourage state medical and specialty societies to seek to increase the number of adolescent parenting programs within school settings which provide health care for infant and mother, and child development classes in addition to current high school courses and (B) to support programs directed toward increasing high school graduation rates, improving parenting skills and decreasing future social service dependence of teenage parents. 2. Our AMA will actively provide information underscoring the increased risk of poverty after adolescent pregnancy without marriage when combined with failure to complete high school. (Res. 422, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11; Appended: Res. 422, A-13)	Retain; still relevant.
H-60.975	Political Influence and the NIH	Our AMA (1) reaffirms its support for the long standing, uniformly accepted and merit-based scientific peer review system utilized by federal research agencies, including the National Institutes of Health; and (2) deplores the use of political influence to override decisions to support research proposals when those decisions were derived from scientific peer review. (Res. 526, I-91; Modified: Sunset Report, I-01; Reaffirmed: Res. 725, I-03; Modified: CSAPH Rep. 1, A-13)	Retain; still relevant.
H-75.994	Contraception and Sexually Transmitted ~~Diseases~~ Infections	Our AMA, in cooperation with state, county, and specialty medical societies, encourages physicians to educate their patients about sexually transmitted ~~diseases~~ infections, including HIV disease, and condom use. While such counseling may not be appropriate for all contraception patients, physicians should be encouraged to provide this information to any contraception patient who may benefit from being more aware of the risks of sexually transmitted ~~diseases~~ infections. (BOT Rep. E, A-89; Reaffirmation A-99; Reaffirmed and Title Change: CSA Rep. 4, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Retain as amended; still relevant.
H-90.977	Impairment and Disability Evaluations	It is the policy of the AMA: (1) that in settings where impairment and disability evaluations are required, physicians should determine medical impairment and their functional consequences, including those associated with HIV infection, using medically established and approved guidelines; and (2) to	Retain; still relevant.

		encourage physicians to contribute their medical expertise to disability determinations. (CSA Rep. 8, I-99; Reaffirmed and Title Change: CSA Rep. 4, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	
H-95.954	The Reduction of Medical and Public Health Consequences of Drug Use ~~Abuse~~	Our AMA: (1) encourages national policy-makers to pursue an approach to the problem of drug misuse ~~abuse~~ aimed at preventing the initiation of drug use, aiding those who wish to cease drug use, and diminishing the adverse consequences of drug use; (2) encourages policy-makers to recognize the importance of screening for alcohol and other drug use in a variety of settings, and to broaden their concept of addiction treatment to embrace a continuum of modalities and goals, including appropriate measures of harm reduction, which can be made available and accessible to enhance positive treatment outcomes for patients and society; (3) encourages the expansion of opioid maintenance programs so that opioid maintenance therapy can be available for any individual who applies and for whom the treatment is suitable. Training must be available so that an adequate number of physicians are prepared to provide treatment. Program regulations should be strengthened so that treatment is driven by patient needs, medical judgment, and drug rehabilitation concerns. Treatment goals should acknowledge the benefits of abstinence from drug use, or degrees of relative drug use reduction; (4) encourages the extensive application of needle and syringe exchange and distribution programs and the modification of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, while ensuring continued reimbursement for medically necessary needles and syringes. The need for such programs and modification of laws and regulations is urgent, considering the contribution of injection drug use to the epidemic of HIV infection; (5) encourages a comprehensive review of the risks and benefits of U.S. state-based drug legalization initiatives, and that until the findings of such reviews can be adequately assessed, the AMA reaffirm its opposition to drug legalization; (6) strongly supports the ability of physicians to prescribe syringes and needles to patients who inject drugs ~~with injection drug addiction~~ in conjunction with addiction counseling in order to help prevent the transmission of contagious diseases; and (7) encourages state medical associations to work with state regulators to remove any remaining barriers to permit physicians to prescribe needles for patients. Res. 416, A-00; Reaffirmation I-00; Reaffirmed: CSAPH Rep. 1, A-10; Modified: CSAPH Rep. 2, I-13)	Retain as amended; still relevant.
H-95.956	Harm Reduction Through Addiction Treatment	The AMA ~~endorses~~ supports the concept of prompt access to treatment for chemically dependent patients, regardless of the type of addiction, and the AMA will work toward the implementation of such an approach nationwide. The AMA affirms that addiction treatment is a demonstrably viable and efficient method of	Retain as amended; still relevant.

		reducing the harmful personal and social consequences of the inappropriate use of alcohol and other psychoactive drugs and urges the Administration and Congress to provide significantly increased funding for treatment of alcohol use disorders ~~alcoholism~~ and other ~~drug dependencies~~ substance use disorders and support of basic and clinical research so that the causes, mechanisms of action and development of addiction can continue to be elucidated to enhance treatment efficacy. (Res. 411, A-95; Appended: Res. 405, I-97; Reaffirmation I-03; Reaffirmed: CSAPH Rep. 1, A-13)	
H-95.961	Policy on ~~Illegal~~ Illicit Drug Use	The AMA discourages and condemns ~~illegal~~ illicit drug use, and encourages physicians to do all in their power to discourage the use of ~~illegal~~ illicit drugs in their communities and to refuse to assist anyone in obtaining drugs for non-medical use. (Res. 523, A-92; Reaffirmed: CSA Rep. 8, A-03; Reaffirmed: CSAPH Rep. 1, A-13)	Rescind based on stigmatizing language and discordance with more recent policy.
H-95.984	Issues in Employee Drug Testing	The AMA (1) reaffirms its commitment to educate physicians and the public about the scientific issues of drug testing; (2) supports monitoring the evolving legal issues in drug testing of employee groups, especially the issues of positive drug tests as a measure of health status and potential employment discrimination resulting therefrom; (3) takes the position that urine alcohol and other drug testing of employees should be limited to (a) preemployment examinations of those persons whose jobs affect the health and safety of others, (b) situations in which there is reasonable suspicion that an employee's (or physician's) job performance is impaired by alcohol and/or other drug use, (c) monitoring as part of a comprehensive program of treatment and rehabilitation of substance use disorders, and (d) urine, alcohol and other drug testing of all physicians and appropriate employees of health care institutions may be appropriate under these same conditions; and (4) urges employers who choose to establish alcohol and other drug testing programs to use confirmed, positive test results in employees primarily to motivate those employees to seek appropriate assistance with their alcohol or other drug problems, preferably through employee assistance programs. (CSA Rep. A, A-87; Reaffirmed: Sub. Res. 39, A-90, CSA Rep. D, I-90; BOT Rep. I, A-90; CSA Rep. 2, I-95; Reaffirmed: BOT Rep. 17, I-99; Modified and Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmed: Res. 817, I-13)	Retain; still relevant.
H-95.997	Cannabis Intoxication as a Criminal Defense	Our AMA believes a plea of cannabis intoxication not be a defense in any criminal proceedings. (BOT Rep. J, A-72; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: CSAPH Rep. 1, A-10; Modified: CSAPH Rep. 2, I-13)	Retain; still relevant.