

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2023 Annual 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 (A-23)

Report of Reference Committee D

Cynthia C. Romero, MD, Chair

Your reference committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 17 - AMA Public Health Strategy
2. Resolution 406 - Increase Employment Services Funding for People with Disabilities
3. Resolution 410 - Formal Transitional Care Program for Children and Youth with Special Health Care Needs
4. Resolution 416 - New Policies to Respond to the Gun Violence Public Health Crisis
5. Resolution 419 - Increased Suicide Risk for Children, Youths, and Young Adults in the Welfare System
6. Resolution 420 - Foster Health Care
7. Resolution 424 - Job Security Related to Leave for Caregiver When a Child in Foster Care is Placed in Their Home
8. Resolution 434 – Improving Hazardous Chemical Transport Regulations for Public Health Protections
9. Resolution 435 – Stand Your Ground Laws
10. Resolution 436 – Prediabetes as a Major Health Concern for Chronic Disease Prevention

RECOMMENDED FOR ADOPTION AS AMENDED

11. Council on Science and Public Health Report 5 - Increasing Public Umbilical Cord Blood Donation in Transplant Centers
12. Council on Science and Public Health Report 7 - Support Removal of BMI as a Standard Measure in Medicine and Recognizing Culturally-Diverse and Varied Presentations of Eating Disorders and Indications for Metabolic and Bariatric Surgery
13. Council on Science and Public Health Report 8 - Council on Science and Public Health Sunset Review of 2013 House Policies
14. Resolution 402 - Encouraging Discussion of Family Planning Counseling as Part of Recommended Routine Health Maintenance
15. Resolution 403 - Denouncing the Use of Solitary Confinement in Correctional Facilities and Detention Centers

16. Resolution 404 - Additional Interventions to Prevent Human Papillomavirus (HPV) infection and HPV-Associated Cancers
17. Resolution 405 - Amendment to AMA Policy "Firearms and High-Risk Individuals H-145.972" to Include Medical Professionals as a Party Who Can Petition the Court
18. Resolution 407 - Addressing Inequity in Onsite Wastewater Treatment
19. Resolution 411 - Protecting Workers During Catastrophes
20. Resolution 413 - Supporting Intimate Partner and Sexual Violence Safe Leave
21. Resolution 414 - Increased Access to HIV Treatment and Supportive Services in the Unstably Housed and Homeless Population
22. Resolution 415 - Environmental Health Equity in Federally Subsidized Housing
23. Resolution 417 - Treating Social Isolation and Loneliness as a Social Driver of Health
24. Resolution 418 - Increasing the Availability of Automated External Defibrillators
25. Resolution 421 - Prescribing Guided Physical Activity for Depression and Anxiety
26. Resolution 425 - Examining Policing Through a Public Health Lens
27. Resolution 427 - Minimizing the Influence of Social Media on Gun Violence
28. Resolution 428 - Mattress Safety in the Hospital Setting
29. Resolution 429 - Promoting the Highest Quality of Healthcare and Oversight for Those Involved in the Criminal Justice System
30. Resolution 430 - Teens and Social Media
31. Resolution 431 - Qualified Immunity Reform
32. Resolution 433 - Upholding Scientifically and Medically Valid Practices for Blood Transfusions

RECOMMENDED FOR ADOPTION IN LIEU OF

33. Council on Science and Public Health Report 4 - School Resource Officer Violence De-escalation Training and Certification
- Resolution 408 - School-to-Prison Pipeline
34. Council on Science and Public Health Report 6 - Study of Best Practices for Acute Care of Patients in the Custody of Law Enforcement or Corrections
- Resolution 432 - Correctional Medicine
35. Resolution 401 - Metered Dose Inhalers and Greenhouse Gas Emissions
36. Resolution 412 - Waste Receptacles in All Restroom Stalls for Menstrual Product Disposal
37. Resolution 422 - National Emergency for Children

RECOMMENDED FOR REFERRAL

38. Resolution 423 - Reducing Sodium Intake to Improve Public Health

RECOMMENDED FOR REFERRAL FOR DECISION

39. Resolution 409 - Expanding Inclusion of Diverse Mannequins Used in CPR and AED Training

RECOMMENDED FOR NOT ADOPTION

40. Resolution 426 - Accurate Abortion Reporting with Demographics by the Center for Disease Control

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Amendments

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

2

RECOMMENDED FOR ADOPTION

- (1) BOARD OF TRUSTEES REPORT 17 – AMA PUBLIC HEALTH STRATEGY

RECOMMENDATION:

Recommendations in Board of Trustees Report 17 be adopted and the remainder of the report be filed.

2. That our AMA Board of Trustees provide an update on the status of AMA's initiatives regarding the ongoing mental health crisis at I-2023

3. That our AMA Board of Trustees provide an update on loss of coverage and uninsurance rates following the return to regular Medicaid redeterminations and the end of the COVID-19 Public Health Emergency, the ensuing financial and administrative challenges experienced by physicians, physician practices, hospitals, and the healthcare system; and a report of actions taken by the AMA and recommendations for further action to address these issues at I-2023;

4. That our AMA Board of Trustees provide a strategic plan or outline for the AMA's plan to address and combat the health effects of climate change at I-2023.

5. That our AMA Board of Trustees provide an update on the efforts and initiatives of the AMA's gun violence task force at I-2023.

RESOLVED, that the AMA continue to support increased funding for public health infrastructure and workforce, which should include funding for preventive medicine-related residency programs, to increase public health leadership in this country.

HOD ACTION: Recommendations in Board of Trustees Report 17 adopted as amended and the remainder of the report filed.

The Board of Trustees recommends that the following be adopted in lieu of Resolution 605-A-22 and the remainder of the report be filed.

1. Our AMA will distribute evidence-based information on the relationship between climate change and human health through existing platforms and communications channels, identify advocacy and leadership opportunities to elevate the voices of physicians on the

1 public health crisis of climate change, and centralize our AMA's efforts towards
2 environmental justice and an equitable transition to a net-zero carbon society by 2050.
3

4 Your Reference Committee heard testimony that was mostly supportive of Board of
5 Trustees Report 17. Testimony noted that responding to public health crises such as
6 climate change and firearm violence are an important focus for advancing our AMA's
7 mission and there was appreciation for the Board putting forth a comprehensive report on
8 public health. Some who testified asked for referral of the report back to the Board for a
9 more comprehensive approach specific to the climate crisis. Since this will be a yearly
10 report to the House, your Reference Committee urges adoption of this report, with strong
11 encouragement for the Board to include additional details on the climate strategy and
12 metrics for accountability in their upcoming report to the House. Testimony was also
13 offered encouraging additional funding to support public health infrastructure and
14 preventive medicine residency programs and universal access to essential public health
15 services. However, existing policies D-305.964, "Support for the Epidemic Intelligence
16 Service (EIS) Program and Preventive Medicine Residency Expansion," D-305.974,
17 "Funding for Preventive Medicine Residencies," D-440.922, "Full Commitment by our AMA
18 to the Betterment and Strengthening of Public Health Systems," and D-440.924,
19 "Universal Access for Essential Public Health Services" already address these asks.
20 Therefore, Your Reference Committee recommends adoption of this report.

(2) RESOLUTION 406 – INCREASE EMPLOYMENT
SERVICES FUNDING FOR PEOPLE WITH DISABILITIES

RECOMMENDATION:

Resolution 406 be adopted.

HOD ACTION: Resolution 406 adopted.

RESOLVED, That our American Medical Association support increased resources for employment services to reduce health disparities for people with disabilities. (New HOD Policy)

Your Reference Committee heard limited but supportive testimony on Resolution 406. It was noted that some of the challenges people with disabilities faced in the workplace may have simple solutions and increasing employment resources often results in productive employment. Therefore, your Reference Committee recommends that Resolution 406 be adopted.

(3) RESOLUTION 410 – FORMAL TRANSITIONAL CARE
PROGRAM FOR CHILDREN AND YOUTH WITH
SPECIAL HEALTH CARE NEEDS

RECOMMENDATION:

Resolution 410 be adopted.

HOD ACTION: Resolution 410 adopted.

RESOLVED, That our American Medical Association amend policy H-60.974, Children and Youth with Disabilities, by addition and deletion to read as follows, to strengthen our AMA policy and to include a population of patients that do not fall under “disability” but also need extra care, especially when transitioning to adult health care, that they are currently not receiving due to a gap:

Children and Youth with Disabilities and with Special Healthcare Need H-60.974

It is the policy of the AMA: (1) to inform physicians of the special health care needs of children and youth with disabilities and children and youth with special healthcare needs (CYSHCN);

(2) to encourage physicians to pay special attention during the preschool physical examination to identify physical, emotional, or developmental disabilities that have not been previously noted;

(3) to encourage physicians to provide services to children and youth with disabilities and CYSHCN that are family-centered, community-based, and coordinated among the various individual providers and programs serving the child;

(4) to encourage physicians to provide schools with medical information to ensure that children and youth with disabilities and CYSHCN receive appropriate school health services;

(5) to encourage physicians to establish formal transition programs or activities that help adolescents with disabilities, and CYSHCN, and their families to plan and make the transition to the adult medical care system;

(6) to inform physicians of available educational and other local resources, as well as various manuals that would help prepare them to provide family-centered health care; and (7) to encourage physicians to make their offices accessible to patients with disabilities and CYSHCN, especially when doing office construction and renovations. (Modify Current HOD Policy)

Your Reference Committee heard limited, but supportive testimony for this resolution that expands existing policy on children and youth with disabilities to children with youth and special healthcare needs. Therefore, your Reference Committee recommends that Resolution 410 be adopted.

(4) RESOLUTION 416 – NEW POLICIES TO RESPOND
TO THE GUN VIOLENCE PUBLIC HEALTH CRISIS

RECOMMENDATION:

Resolution 416 be adopted.

HOD ACTION: Resolution 416 adopted.

RESOLVED, That our American Medical Association advocate for federal and state policies that prevent inheritance, gifting, or transfer of ownership of firearms without adhering to all federal and state requirements for background checks, waiting periods, and licensure (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for federal and state policies to prevent “multiple sales” of firearms, defined as the sale of multiple firearms to the same purchaser within five business days (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for federal and state policies implementing background checks for ammunition purchases. (Directive to Take Action)

Your Reference Committee heard testimony mostly in support of Resolution 416. The policies outlined in this resolution to strengthen background checks and prevent sales of multiple firearms to the same purchaser within a short period of time are important policies to address firearm violence. Additional testimony noted that the expansion of background checks to include inheritance, gifting, or transfer of ownership of firearms and ammunition helps advance the common goal of preventing firearm injuries. Limited opposing testimony was heard, and minimal changes suggested that did not substantively change the resolution. Given the overwhelming supportive testimony, your Reference Committee recommends that Resolution 416 be adopted.

(5) RESOLUTION 419 – INCREASED SUICIDE RISK FOR
CHILDREN, YOUTHS, AND YOUNG ADULTS IN THE
WELFARE SYSTEM

RECOMMENDATION:

Resolution 419 be adopted.

HOD ACTION: Resolution 419 adopted.

1 RESOLVED, That our American Medical Association amend policy H-60.937, Youth and
2 Young Adult Suicide in the United States, by addition and deletion to read as follows:

3
4 Youth and Young Adult Suicide in the United States H-60.937

5 Our AMA:

- 6 1) Recognizes child, youth and young adult suicide as a serious health concern in the US;
7 2) Encourages the development and dissemination of educational resources and tools for
8 physicians, especially those more likely to encounter child, youth or young adult patients,
9 addressing effective suicide prevention, including screening tools, methods to identify risk
10 factors and acuity, safety planning, and appropriate follow-up care including treatment and
11 linkages to appropriate counseling resources;
12 3) Supports collaboration with federal agencies, relevant state and specialty societies,
13 schools, public health agencies, community organizations, and other stakeholders to
14 enhance awareness of the increase in child, youth and young adult suicide and to promote
15 protective factors, raise awareness of risk factors, support evidence-based prevention
16 strategies and interventions, encourage awareness of community mental health
17 resources, and improve care for children, youth and young adults at risk of suicide;
18 4) Encourages efforts to provide children, youth and young adults better and more
19 equitable access to treatment and care for depression, substance use disorder, and other
20 disorders that contribute to suicide risk;
21 5) Encourages continued research to better understand suicide risk and effective
22 prevention efforts in children, youth and young adults, especially in higher risk sub-
23 populations such as those with a history of childhood trauma and adversity, Black,
24 LGBTQ+, Hispanic/Latinx, Indigenous/Native Alaskan youth and young adult populations,
25 and children in the welfare system;
26 6) Supports the development of novel technologies and therapeutics, along with improved
27 utilization of existing medications to address acute suicidality and underlying risk factors
28 in children, youth and young adults;
29 7) Supports research to identify evidence-based universal and targeted suicide prevention
30 programs for implementation in middle schools and high schools;
31 8) Will publicly call attention to the escalating crisis in children, youth and young adult and
32 adolescent mental health in this country in the wake of the Covid-19 pandemic;
33 9) Will advocate at the state and national level for policies to prioritize children's, youth's,
34 and young adult's mental, emotional, and behavioral health;
35 10) Will advocate for comprehensive system of care including prevention, management,
36 and crisis care to address mental and behavioral health needs for infants, children, youth,
37 and young adult and adolescents; and
38 11) Will advocate for a comprehensive approach to the child, youth, and young adult and
39 adolescent mental and behavioral health crisis when such initiatives and opportunities are
40 consistent with AMA policy. (Modify Current HOD Policy)

41
42 Your Reference Committee heard testimony in support of Resolution 419. The
43 amendment to existing policy is designed to bring attention to the dramatic rise in child
44 suicide, which is an important issue that urgently needs to be addressed. Therefore, your
45 Reference Committee recommends that Resolution 419 be adopted.

(6) RESOLUTION 420 – FOSTER HEALTH CARE

RECOMMENDATION:

Resolution 420 be adopted.

HOD ACTION: Resolution 420 adopted.

RESOLVED, That our American Medical Association amend policy H-60.910, Addressing Healthcare Needs of Children in Foster Care, by addition and deletion to read as follows:

Addressing Healthcare Needs of Children in Foster Care H-60.910

Our AMA advocates for comprehensive, and evidence-based, trauma-informed care that addresses the specific mental, developmental, and physical health care needs of children in foster care. (Directive to Take Action)

Your Reference Committee heard testimony from the author in support of this resolution. Your Reference Committee agrees that this is an important amendment to existing policy and therefore recommends that Resolution 420 be adopted.

(7) RESOLUTION 424 – JOB SECURITY RELATED TO
LEAVE FOR CAREGIVER WHEN A CHILD IN
FOSTER CARE IS PLACED IN THEIR HOME

RECOMMENDATION:

Resolution 424 be adopted.

HOD ACTION: Resolution 424 adopted.

RESOLVED, That our American Medical Association amend H-420.979, AMA Statement on Family and Medical Leave, by addition and deletion to read as follows:

AMA Statement on Family and Medical Leave H-420.979

Our AMA supports policies that provide employees with reasonable job security and continued availability of health plan benefits in the event leave by an employee becomes necessary due to documented medical conditions. Such policies should provide for reasonable periods of paid or unpaid:

- 1) Medical leave for the employee, including pregnancy, abortion, and stillbirth;
- 2) Maternity leave for the employee-mother;
- 3) Leave if medically appropriate to care for a member of the employee's immediate family, i.e., a spouse or children; and
- 4) Leave for adoption or for foster placement of a child in foster care in the home leading to adoption. Such periods of leave may differ with respect to each of the foregoing classifications and may vary with reasonable categories of employers. Such policies should encourage voluntary programs by employers and may provide for appropriate legislation (with or without financial assistance from government). Any legislative proposals will be reviewed through the Association's normal legislative process for appropriateness, taking into consideration all elements therein, including classifications of employees and employers, reasons for the leave, periods of leave recognized (whether paid or unpaid), obligations on return from leave, and other factors involved in order to

1 achieve reasonable objectives recognizing the legitimate needs of employees and
2 employers. (Modify Current HOD Policy)

3 Your Reference Committee heard testimony that was unanimously supportive of this
4 resolution. It was noted that this resolution covers an important and impactful gap in
5 current policy and is a critical step to increase retention and support for foster families.
6 Therefore, your Reference Committee recommends that Resolution 424 be adopted.

7
8 (8) RESOLUTION 434 – IMPROVING HAZARDOUS
9 CHEMICAL TRANSPORT REGULATIONS FOR
10 PUBLIC HEALTH PROTECTIONS

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12 **RECOMMENDATION:**

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14 **Resolution 434 be adopted.**

15
16 **HOD ACTION: Resolution 434 adopted.**

17
18 RESOLVED, That our AMA amend H-135.993 by addition to read as follows:
19 H-135.993 ~~Transportation and Storage of~~ Regulating Hazardous Materials to Protect
20 Public Health

21 Our AMA (1) requests governmental agencies to develop adequate systems, which
22 include instruction for detoxification or neutralization in event of emergencies, for
23 continuous monitoring of transportation and storage of hazardous materials-, (2)
24 advocates for regulations that govern the transportation of hazardous materials to
25 prioritize public health and safety over cost or other considerations, (3) supports efforts to
26 hold companies that are responsible for chemical spills liable for the cost of healthcare
27 incurred by people exposed to hazardous chemicals, and (4) supports the creation of a
28 registry for people affected by hazardous chemical exposures in order to monitor the
29 health effects of these exposures, with cohort reports released as appropriate.

30
31 Your Reference Committee heard mostly supportive testimony of Resolution 434. An
32 individual cautioned that too much regulation of transportation could bring the industry to
33 a halt. However, your Reference Committee determined that given recent events and the
34 narrow focus of the resolution on the transportation of hazardous materials, additional
35 attention is warranted. Therefore, your Reference Committee recommends that
36 Resolution 434 be adopted.

37
38 (9) RESOLUTION 435 – STAND YOUR GROUND LAWS

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40 **RECOMMENDATION:**

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42 **Resolution 435 be adopted.**

43
44 **HOD ACTION: Resolution 435 adopted.**

45
46 RESOLVED, That our AMA study the public health implications of “Stand Your Ground”
47 laws and castle doctrine.

48
49 Your Reference Committee heard limited positive testimony in support of this item.
50 Therefore, your Reference Committee recommends that Resolution 435 be adopted.

1 (10) RESOLUTION 436 – PREDIABETES AS A MAJOR
2 HEALTH CONCERN FOR CHRONIC DISEASE
3 PREVENTION
4

5 **RECOMMENDATION:**
6

7 **Resolution 436 be adopted.**
8

9 **HOD ACTION: Resolution 436 adopted.**
10

11 RESOLVED, Our AMA acknowledges prediabetes as a major health concern for chronic
12 disease prevention in the United States, and supports development of physician and
13 patient focused education, increased access to care and continued advocacy for local,
14 state and nation-wide policy change within a diversity, equity, inclusion and accessibility
15 framework.
16

17 Your Reference Committee heard limited testimony in support of this item. It was noted
18 that despite our AMA's significant work in this area, there is limited AMA policy addressing
19 prediabetes. Therefore, your Reference Committee recommends that Resolution 434 be
20 adopted
21

RECOMMENDED FOR ADOPTION AS AMENDED

- (11) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
5 – INCREASING PUBLIC UMBILICAL CORD BLOOD
DONATION IN TRANSPLANT CENTERS

RECOMMENDATION A:

Recommendation in Council on Science and Public Health Report 5 be amended by addition and deletion to read as follows:

Our AMA encourages: (1) the availability of altruistic umbilical cord blood (UCB) donations in all states; and (2) access to public UCB cord banking and the creation of public UCB cord blood banks to support altruistic UCB cord blood donation; (3) all hospitals facilities that provide obstetrics services work to provide access to public (altruistic) umbilical cord blood UCB donation, when practicable; (4) that when available, to reduce barriers through education of patients about altruistic umbilical cord UCB donation; and (5) that hospitals facilities providing obstetrics services and umbilical cord blood UCB banking facilities work together to create networks to expand access to and increase efficiency of altruistic umbilical cord UCB donations.

2. Our AMA supports federal funding efforts to increase knowledge sharing across umbilical cord blood (UCB) banks and mentoring for centers, physicians, and staff with minimal experience in cord blood UCB collection.

3. AMA advocates for increased federal and state funding for public umbilical cord blood (UCB) banks to create networks to expand access to and increase efficiency of altruistic umbilical cord UCB donations in areas lacking the appropriate infrastructure to effectively collect umbilical cord blood UCB donations.

4. Our AMA supports efforts to educate physicians about best practices in collecting public umbilical cord blood donations.

5. Our AMA encourages efforts to increase the diversity of the national inventory of umbilical cord blood (UCB) through funding that supports UCB banks to add collection sites where more racial and ethnic minority cord blood UCB units can be collected. (Modify Current HOD Policy)

RECOMMENDATION B:

The Council on Science and Public Health Report 5 be filed.

RECOMMENDATION C:

The title of Policy H-370.956 be changed to read as follows:

INCREASING PUBLIC UMBILICAL CORD BLOOD-DONATIONS IN FACILITIES WITH OBSTETRIC SERVICES

HOD ACTION: Recommendation in Council on Science and Public Health Report 5 be adopted as amended and the title of Policy H-370.956 changed to read as follows:

INCREASING PUBLIC UMBILICAL CORD BLOOD-DONATIONS IN FACILITIES WITH OBSTETRIC SERVICES

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

1. That our AMA amend Policy H-370.956 "Increasing Public Umbilical Cord Blood-Donations in Transplant Centers" as follows:

1. Our AMA encourages: (1) the availability of altruistic cord blood donations in all states; ~~and~~ (2) access to public cord banking and the creation of public cord blood banks to support altruistic cord blood donation-; (3) all hospitals that provide obstetrics services work to provide access to public (altruistic) umbilical cord blood donation; (4) that when available, to reduce barriers through education of patients about altruistic umbilical cord donation; and (5) that hospitals providing obstetrics services and umbilical cord blood banking facilities work together to create networks to expand access to and increase efficiency of altruistic umbilical cord donations.

2. Our AMA supports federal funding efforts to increase knowledge sharing across banks and mentoring for centers, physicians, and staff with minimal experience in cord blood collection.

3. AMA advocates for increased federal and state funding for public UCB banks to create networks to expand access to and increase efficiency of altruistic umbilical cord donations in areas lacking the appropriate infrastructure to effectively collect umbilical cord blood donations.

4. Our AMA supports efforts to educate physicians about best practices in collecting public umbilical cord blood donations.

5. Our AMA encourages efforts to increase the diversity of the national inventory of umbilical cord blood through funding that supports banks to add collection sites where more racial and ethnic minority cord blood units can be collected. (Modify Current HOD Policy)

1
2 Testimony on this report was supportive. It was noted that the proposed recommendations
3 aim to improve on current deficits, so patients requiring bone marrow transplants have access
4 to potential life-saving treatments. Additional testimony noted that there are important benefits
5 to the use of cord blood and barriers need to be reduced to have access to altruistic storage
6 and subsequent utilization. An amendment was proffered to clarify that cord blood collection
7 is not a part of routine obstetric care and shouldn't compromise obstetric or neonatal care. It
8 was further noted that umbilical cord blood donation should not be placed in hospitals without
9 those resources and risk exacerbating obstetric unit closures. Testimony offered also noted
10 that collection of umbilical cord blood is not done in transplant centers and that collection can
11 be done in other facilities and not just hospitals. Your Reference Committee proffered an
12 amendment to remove "transplant centers" and to replace "hospitals" with "facilities" Your
13 Reference Committee elected to use the abbreviation for umbilical cord blood (UCB), as
14 commonly accepted, and used in the report to standardize all language in the policy. Your
15 Reference Committee agrees with this reasoning and therefore has adopted these
16 amendments. Your Reference Committee recommends that the Recommendation in Council
17 on Science and Public Health Report 5 be adopted as amended.
18

- 19 (12) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
20 7 – SUPPORT REMOVAL OF BMI AS A STANDARD
21 MEASURE IN MEDICINE AND RECOGNIZING
22 CULTURALLY-DIVERSE AND VARIED PRESENTATIONS
23 OF EATING DISORDERS AND INDICATIONS FOR
24 METABOLIC AND BARIATRIC SURGERY
25

26 **RECOMMENDATION A:**
27

28 **Recommendation 1 in Council on Science and Public**
29 **Health Report 7 be amended by addition and deletion to**
30 **read as follows:**
31

32 **1. Our AMA recognizes: (1) the issues with using body**
33 **mass index (BMI) as a measurement because: (a) of the**
34 **~~eugenics behind the history~~ historical harm of BMI, (b)**
35 **of the use of BMI for racist exclusion, and (c) BMI**
36 **~~cutoffs for underweight, normal, overweight, and~~**
37 **~~obesity~~ are based primarily on data collected from**
38 **previous generations of health risks in non-Hispanic**
39 **White populations. the imagined ideal Caucasian and**
40 **does not consider a person's gender or ethnicity. (2)**
41 **the significant limitations associated with the**
42 **widespread use of BMI in clinical settings and suggests**
43 **its use be in a conjunction with other valid measures of**
44 **risk such as, but not limited to, measurements of: (a)**
45 **visceral fat, (b) body adiposity index, (c) body**
46 **composition, (d) relative fat mass, (e) waist**
47 **circumference and (f) genetic/metabolic factors. (3) that**
48 **BMI is significantly correlated with the amount of fat**
49 **mass in the general population but loses predictability**
50 **when applied on the individual level. (4) that relative**
51 **body shape and composition heterogeneity across**

1 race/ethnic groups, sexes, genders, and age-span is
2 essential to consider when applying BMI as a measure
3 of adiposity. (5) that ~~in some diagnostic circumstances,~~
4 the use of BMI should not be used as a sole criterion to
5 ~~deny for~~ appropriate insurance reimbursement. (6) that
6 in some clinical circumstances BMI may have utility and
7 that BMI > 35 should continue to be used for risk
8 stratification. (7) that BMI is a useful tool for population
9 level surveillance of obesity trends due to its ease of
10 use and low risk for application inconsistencies. (8) that
11 BMI is useful as an initial screener for metabolic health
12 risks. (New HOD Policy)

13 14 RECOMMENDATION B:

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16 Recommendation 5 in Council on Science and Public
17 Health Report 7 be amended by addition to read as
18 follows:

19
20 5. That our AMA amend policy H-150.965, "Eating
21 Disorders" to read as follows: The AMA (1) adopts the
22 position that overemphasis of bodily thinness is as
23 deleterious to one's physical and mental health as
24 obesity; (2) asks its members to help their patients
25 avoid obsessions with dieting and to develop balanced,
26 individualized approaches to finding the body weight
27 that is best for each of them; (3) encourages training of
28 all school-based physicians, counselors, coaches,
29 trainers, teachers and nurses to recognize unhealthy
30 abnormal eating behaviors, dieting, and weight
31 restrictive behaviors in children and adolescents and to
32 offer education and appropriate referral of adolescents
33 and their families for evidence-based and culturally-
34 informed interventional counseling; and (4) participates
35 in this effort by consulting with appropriate, culturally-
36 informed educational and counseling materials
37 pertaining to unhealthy abnormal eating behaviors,
38 dieting, and weight restrictive behaviors. (Modify
39 Current HOD Policy)

40 41 RECOMMENDATION C:

42
43 Recommendations in Council on Science and Public
44 Health Report 7 be adopted as amended and the
45 reminder of the report be filed.

46 47 RECOMMENDATION D:

48
49 The title of Council on Science and Public Health Report
50 7 be changed to read as follows:
51

CLARIFYING THE ROLE OF BMI AS A MEASURE IN
MEDICINE

**HOD ACTION: Recommendations in Council on
Science and Public Health Report 7 be adopted as
amended with a change in title, and
Recommendation 1 subsections 6-8 be referred.**

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

1. Our AMA recognizes:

1. the issues with using body mass index (BMI) as a measurement because: (a) of the eugenics behind the history of BMI, (b) of the use of BMI for racist exclusion, and (c) BMI cutoffs are based on the imagined ideal Caucasian and does not consider a person's gender or ethnicity. 2. the significant limitations associated with the widespread use of BMI in clinical settings and suggests its use be in a conjunction with other valid measures of risk such as, but not limited to, measurements of: (a) visceral fat, (b) body adiposity index, (c) body composition, (d) relative fat mass, (e) waist circumference and (f) genetic/metabolic factors.

3. that BMI is significantly correlated with the amount of fat mass in the general population but loses predictability when applied on the individual level. 4. that relative body shape and composition heterogeneity across race/ethnic groups, sexes, and age-span is essential to consider when applying BMI as a measure of adiposity. 5. that in some diagnostic circumstances, the use of BMI should not be used as a sole criterion for appropriate insurance reimbursement. (New HOD Policy)

2. Our AMA supports further research on the application of the extended BMI percentiles and z-scores and its association with other anthropometric measurements, risk factors, and health outcomes. (New HOD Policy)

3. Our AMA supports efforts to educate physicians on the issues with BMI and alternative measures for diagnosing obesity. (New HOD Policy)

4. That our AMA amend 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," to read as follows:

The Clinical Utility of Measuring Body Mass Index, Body Composition, Adiposity, and Waist Circumference in the Diagnosis and Management of Adult Overweight and Obesity, H-440.866

Our AMA supports: (1) greater emphasis in physician educational programs on the risk differences ~~among ethnic and age~~ within and between demographic groups at varying levels of adiposity, BMI, body composition, and waist circumference and the importance of monitoring ~~these waist circumference~~ in all 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. (Modify Current HOD Policy).

5. That our AMA amend policy H-150.965, "Eating Disorders" to read as follows: The AMA (1) adopts the position that overemphasis of bodily thinness is as deleterious to one's physical and mental health as 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 abnormal eating behaviors, dieting, and weight restrictive behaviors in adolescents and to offer education and appropriate referral of adolescents and their families for evidence-based and culturally-informed interventional counseling; and (4) participates in this effort by consulting with appropriate, culturally-informed educational and counseling materials pertaining to unhealthy abnormal eating behaviors, dieting, and weight restrictive behaviors. (Modify Current HOD Policy)

6. That our AMA not adopt Resolution 937-I-22, "Indications for Metabolic and Bariatric Surgery."

Your Reference Committee heard testimony on this report that was mostly supportive. It was noted that the report acknowledges BMI as a clinical tool has shown utility in analyzing certain aspects of health, determining medication dosing requirements, and in its role as a component of research, but there are harms that have resulted from the use of BMI. One amendment was proffered to make clear that our AMA does not necessarily oppose all uses of BMI as a measure, and to suggest that BMI > 35 may continue to be used for risk stratification. Another proffered amendment acknowledged BMI is useful as an initial screener for metabolic health risks. Your Reference Committee agrees with this reasoning, acknowledging that BMI may currently be used as one measure, but more accurate alternative measures should actively be developed. Testimony in opposition called for referral due to concerns about reimbursement. Testimony also acknowledged that the title of the report is no longer in alignment with the recommendations. Your Reference Committee agrees and therefore recommends that the recommendations in Council on Science and Public Health Report 7 be adopted as amended with a change in title.

(13) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
8 – COUNCIL ON SCIENCE AND PUBLIC HEALTH
SUNSET REVIEW OF 2013 HOUSE POLICIES

RECOMMENDATION A:

Recommendation in Council on Science and Public Health Report 8 be amended by addition to read as follows:

That our American Medical Association policies listed in the appendix to this report be acted upon in the manner indicated, with the exception of Policies H-440.931 and H-430.988, which should be amended by addition and deletion to read as follows:

H-430.988 Prevention and Control of HIV/AIDS and Tuberculosis in Correctional Facilities

(1) Medical Testing and Care of Individuals who are incarcerated inmates 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 ~~During incarceration, prisoners inmates~~ should be tested for HIV infection as medically indicated or on their request; c) All individuals who are incarcerated inmates 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 inmates 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 ~~inmates~~ Individuals who are incarcerated should have access to approved therapeutic drugs and generally employed 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 inmate education. 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 inmates; 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 inmates convicted of drug-related crimes and their regular sexual partners;

1 and b) Believes that all parties should recognize that
2 maximum effectiveness in an HIV Partner Notification
3 Program will depend on the truly voluntary participation
4 of inmates and the strict observance of confidentiality
5 at all levels. (CSA Rep. 4, A-03; Modified: CSAPH Rep.
6 1, A-13)

7
8 **H-440.931 Update on Tuberculosis**

9
10 It is the policy of the AMA that: (1) All ~~prison~~ **individuals**
11 **who are incarcerated inmates** should be tuberculin
12 skin-tested upon arrival and annually thereafter. Those
13 who are positive should be managed as medically
14 appropriate, contact tracing performed, and provisions
15 made for the continued treatment and follow-up of
16 those who are released prior to the completion of their
17 therapy. (2) Staff of both prisons and jails should be
18 tuberculin-tested upon employment and annually
19 thereafter. Those who are positive should be managed
20 as medically appropriate and contact tracing
21 performed. (3) Both public and health care worker
22 education about TB, its transmission, and the necessity
23 for preventive as well as therapeutic treatment should
24 be increased. (4) Current CDC guidelines for the
25 prevention of tuberculosis in congregate settings
26 should be fully implemented. The protection of persons
27 who are immunocompromised needs to be addressed
28 especially by treatment centers housing such persons.
29 (5) While powered air-purification respirators may be
30 useful for the protection of HIV-infected and other
31 immunocompromised health care workers who care for
32 patients with infectious TB, their routine use for the
33 prevention of the nosocomial transmission of TB is
34 uncalled for in health care facilities where CDC
35 guidelines are fully implemented. (6) States should
36 review their TB control laws using current CDC
37 recommendations and recent legal and ethical
38 publications as guidelines. Where necessary to further
39 protect the public health from the disease, existing laws
40 should be modified and/or new ones added.

41
42 **RECOMMENDATION B:**

43
44 Recommendation of Council on Science and Public
45 Health Report 8 be adopted as amended and the
46 remainder of the report be filed.

47
48 **HOD ACTION: Recommendation of Council on**
49 **Science and Public Health Report 8 adopted as**
50 **amended and the remainder of the report filed.**
51

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

4
5 Your Reference Committee heard limited testimony on this report. It was noted that there were
6 two policies for which person-first language was not utilized and the appropriate terminology
7 should be “individual who is incarcerated” rather than “inmate.” Your Reference Committee
8 agrees and recommends that Council on Science and Public Health Report 8 be adopted as
9 amended.

- 1 (14) RESOLUTION 402 – ENCOURAGING DISCUSSION OF
2 FAMILY PLANNING COUNSELING AS PART OF
3 RECOMMENDED ROUTINE HEALTH MAINTENANCE
4

5 **RECOMMENDATION A:**
6

7 Resolution 402 be amended by addition and deletion to
8 read as follows:
9

10 **RESOLVED**, That our American Medical Association
11 work with ~~other stakeholders~~ interested parties to
12 encourage discussion of family planning counseling
13 with all individuals with reproductive potential as part
14 of routine health maintenance. (Directive to Take
15 Action)
16

17 **RECOMMENDATION B:**
18

19 Resolution 402 be adopted as amended.
20

21 **HOD ACTION: Resolution 402 adopted as amended.**
22

23 **RESOLVED**, That our American Medical Association work with other stakeholders to
24 encourage discussion of family planning counseling with all individuals with reproductive
25 potential as part of routine health maintenance. (Directive to Take Action)
26

27 Your Reference Committee heard testimony mostly in support of this resolution. Physician-
28 initiated conversations surrounding family planning during routine health care maintenance
29 will reduce stigma associated with infertility and promote a greater understanding of a patient's
30 priorities. The authors submitted an amendment to change the word "stakeholders" to
31 "interested parties," which is the preferred term. Some concerns were raised about an
32 additional unfunded mandate, while others noted that this is something that should be done
33 anyway and there is no need to codify it in policy. The preponderance of the testimony was in
34 support of the resolution; therefore, the Reference Committee recommends that Resolution
35 402 be adopted as amended.
36

- 37 (15) RESOLUTION 403 – DENOUNCING THE USE OF
38 SOLITARY CONFINEMENT IN CORRECTIONAL
39 FACILITIES AND DETENTION CENTERS
40

41 **RECOMMENDATION A:**
42

43 Resolution 403 be amended by addition and deletion to
44 read as follows:
45

46 **RESOLVED**, That our American Medical Association
47 Policy H-430.983 be amended by addition and deletion
48 to read as follows:
49

Reducing ~~Opposing~~ the Use of Restrictive Housing in Solitary Confinement for Incarcerated Persons Prisoners with Mental Illness H-430.983

Our AMA will: (1) ~~support limiting~~ oppose the use of solitary confinement of any length, with rare exceptions, for incarcerated persons with mental illness, in adult correctional facilities and detention centers, (2) recognize that medical isolation for medical reasons is acceptable except for medical isolation or to protect individuals who are at imminent risk or are actively being harmed or will be immediately harmed by a physically violent individual, in which cases confinement medical isolation may be used for as short a time as possible; and (23) recognize that while solitary confinement practices are still in place, support efforts to ensure that the mental and physical health of all individuals placed in solitary confinement are regularly monitored by health professionals; and (34) encourage appropriate parties stakeholders to develop and implement safe, humane, and ethical alternatives to solitary confinement for incarcerated persons in all correctional facilities and detention centers;; and (3) ~~encourage appropriate stakeholders to develop and implement alternatives to solitary confinement for incarcerated persons in all correctional facilities.~~ (Modify Current Policy)

RECOMMENDATION B:

Resolution 403 be adopted as amended.

HOD ACTION: Resolution 403 adopted as amended.

RESOLVED, That our American Medical Association policy H-430.983 be amended by addition and deletion to read as follows:

Reducing ~~Opposing~~ the Use of Restrictive Housing in ~~for~~ Prisoners with Mental Illness H-430.983

Our AMA will: (1) ~~support limiting~~ oppose the use of solitary confinement of any length, with rare exceptions, for incarcerated persons with mental illness, in adult correctional facilities and detention centers, except for medical isolation or to protect individuals who are actively being harmed or will be immediately harmed by a physically violent individual, in which cases confinement may be used for as short a time as possible; and (2) while solitary confinement practices are still in place, support efforts to ensure that the mental and physical health of all individuals placed in solitary confinement are regularly monitored by health professionals; and (3) encourage appropriate stakeholders to develop and implement safe, humane, and ethical alternatives to solitary confinement for incarcerated persons in all correctional facilities;; and (3) ~~encourage appropriate stakeholders to develop and implement alternatives to solitary confinement for incarcerated persons in all correctional facilities.~~ (Modify Current Policy)

1
2 Your Reference Committee heard testimony that was generally supportive of this resolution,
3 but several amendments were proffered for clarity. Testimony from multiple parties attempted
4 to distinguish between solitary confinement, segregation, and medical isolation. It was noted
5 that while solitary confinement should be opposed, the resolution should continue to allow
6 medical isolation for safety concerns which provides facilities appropriate flexibility to make
7 decisions for the safety of the incarcerated population and staff. Your Reference Committee
8 proffers language to clearly delineate between solitary confinement and other types of
9 restrictive housing such as medical isolation and (psychiatric) seclusion. It was suggested to
10 change the word “stakeholders” to “parties,” which is the preferred term. Your Reference
11 Committee recommends that Resolution 403 be adopted as amended.
12

13 (16) RESOLUTION 404 – ADDITIONAL INTERVENTIONS TO
14 PREVENT HUMAN PAPILLOMAVIRUS (HPV)
15 INFECTION AND HPV-ASSOCIATED CANCERS
16

17 **RECOMMENDATION A:**
18

19 **The first Resolve of Resolution 404 be amended by**
20 **addition and deletion to read as follows:**
21

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

27 **Policy H-440.872: HPV Vaccine and Cervical and**
28 **Oropharyngeal Cancer Prevention Worldwide**

29 **1. Our AMA (a) urges physicians and other health care**
30 **professionals to educate themselves and their patients**
31 **about HPV and associated diseases, HPV vaccination,**
32 **as well as routine HPV related cancer screening; and (b)**
33 **encourages the development and funding of programs**
34 **targeted at HPV vaccine introduction and HPV related**
35 **cancer screening in countries without organized HPV**
36 **related cancer screening programs.**

37 **2. Our AMA will intensify efforts to improve awareness**
38 **and understanding about HPV and associated diseases**
39 **in all individuals, regardless of sex, such as, but not**
40 **limited to, cervical cancer, head and neck cancer, anal**
41 **cancer, and genital cancer, the availability and efficacy**
42 **of HPV vaccinations, and the need for routine HPV**
43 **related cancer screening in the general public.**

44 **3. Our AMA:**

45 **(a) encourages the integration of HPV vaccination and**
46 **routine cervical cancer screening into all appropriate**
47 **health care settings and visits,**

48 **(b) supports the availability of the HPV vaccine and**
49 **routine cervical cancer screening to appropriate patient**
50 **groups that benefit most from preventive measures,**

1 including but not limited to low-income and pre-
2 sexually active populations,

3 (c) recommends HPV vaccination for all groups for
4 whom the federal Advisory Committee on Immunization
5 Practices recommends HPV vaccination.

6 4. Our AMA will encourage appropriate ~~stakeholders~~
7 ~~parties~~ to investigate means to increase HPV
8 vaccination rates by facilitating administration of HPV
9 vaccinations in community-based settings including
10 school settings.

11 5. Our AMA will study requiring HPV vaccination for
12 school attendance.

13 6. Our AMA encourages collaboration with
14 ~~stakeholders interested parties to provide make~~
15 ~~available~~ human papillomavirus vaccination to people
16 who are incarcerated for the prevention of HPV-
17 associated cancers. (Modify Current HOD Policy); and
18 be it further

19
20 **RECOMMENDATION B:**

21
22 The second Resolve of Resolution 404 be amended by
23 addition and deletion to read as follows:

24
25 **RESOLVED**, That our AMA amend policy H-55.971,
26 "Screening and Treatment for Breast and Cervical
27 Cancer Risk Reduction", by addition and deletion to
28 read as follows:

29
30 **Policy H-55.971: Screening and Treatment for Breast**
31 **and Cervical Cancer Risk Reduction**

32 1. Our AMA supports programs to screen all women at-
33 risk individuals with relevant anatomy for breast and
34 cervical cancer and that government funded programs
35 be available for low income women individuals; the
36 development of public information and educational
37 programs with the goal of informing all women
38 individuals with relevant anatomy at-risk individuals
39 about routine cancer screening in order to reduce their
40 risk of dying from cancer; and increased funding for
41 comprehensive programs to screen low income women
42 individuals for breast and cervical cancer and to assure
43 access to definitive treatment.

44 2. Our AMA encourages state and local medical
45 societies to monitor local public health screening
46 programs to ensure that they are linked to treatment
47 resources in the public or private sector.

48 3. Our AMA encourages ~~efforts by~~ the Centers for
49 Medicare and Medicaid Services to evaluate and review
50 their current cervical cancer screening policies in an
51 effort to expand coverage for HPV testing including but

not limited to in-office primary HPV testing to ensure coverage is consistent with current evidence-based guidelines. (Modify Current HOD Policy);

RECOMMENDATION C:

The third Resolve of Resolution 404 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA support further research by relevant ~~stakeholders~~ parties of HPV self-sampling in the United States to determine whether it can decrease health care disparities in cervical cancer screening.

RECOMMENDATION D:

Resolution 404 be adopted as amended.

HOD ACTION: Resolution 404 be referred for decision.

RESOLVED, That our American Medical Association amend Policy H-440.872, HPV Vaccine and Cervical Cancer Prevention Worldwide, by addition to read as follows:

HPV Vaccine and Cervical Cancer Prevention Worldwide H-440.872

1. Our AMA (a) urges physicians to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine HPV related cancer screening; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and HPV related cancer screening in countries without organized HPV related cancer screening programs.

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

3. Our AMA:

(a) encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits,

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

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

4. Our AMA will encourage appropriate stakeholders to investigate means to increase HPV vaccination rates by facilitating administration of HPV vaccinations in community-based settings including school settings.

5. Our AMA will study requiring HPV vaccination for school attendance.

6. Our AMA encourages collaboration with stakeholders to provide human papillomavirus vaccination to people who are incarcerated for the prevention of HPV-associated cancers. (Modify Current HOD Policy); and be it further

1 RESOLVED, That our AMA amend policy H-55.971, "Screening and Treatment for Breast and
2 Cervical Cancer Risk Reduction", by addition and deletion to read as follows:

3
4 Screening and Treatment for Breast and Cervical Cancer Risk Reduction H-55.971

5 1. Our AMA supports programs to screen all ~~women~~ individuals with relevant anatomy for
6 breast and cervical cancer and that government funded programs be available for low
7 income ~~women~~ individuals; the development of public information and educational programs
8 with the goal of informing all ~~women~~ individuals with relevant anatomy about routine cancer
9 screening in order to reduce their risk of dying from cancer; and increased funding for
10 comprehensive programs to screen low income ~~women~~ individuals for breast and cervical
11 cancer and to assure access to definitive treatment.

12 2. Our AMA encourages state and local medical societies to monitor local public health
13 screening programs to ensure that they are linked to treatment resources in the public or
14 private sector.

15 3. Our AMA encourages efforts by the Centers for Medicare and Medicaid Services to
16 evaluate and review their current cervical cancer screening policies in an effort to expand
17 coverage for HPV testing including but not limited to in-office primary HPV testing. (Modify
18 Current HOD Policy); and be it further

19
20 RESOLVED, That our AMA support further research by relevant stakeholders of HPV self-
21 sampling in the United States to determine whether it can decrease health care disparities in
22 cervical cancer screening. (New HOD Policy)

23
24 Your Reference Committee heard testimony in support of this resolution. Amendments were
25 proffered to remove language that could be misrepresented as a mandate and update the
26 terminology to ensure the use of more inclusive language. Your Reference Committee
27 considered the term "at-risk" to encompass individuals who are high-risk and individuals who
28 have relevant anatomy. Therefore, Your Reference Committee recommends that Resolution
29 404 be adopted as amended.

30
31 (17) RESOLUTION 405 – AMENDMENT TO AMA POLICY
32 "FIREARMS AND HIGH-RISK INDIVIDUALS H-145.972"
33 TO INCLUDE MEDICAL PROFESSIONALS AS A PARTY
34 WHO CAN PETITION THE COURT

35
36 **RECOMMENDATION A:**

37
38 **Reaffirm Policy H-145.975, "Firearm Safety and**
39 **Research, Reduction in Firearm Violence, and**
40 **Enhancing Access to Mental Health Care," in lieu of the**
41 **first Resolve.**

42
43 **RECOMMENDATION B:**

44
45 **The second Resolve of Resolution 405 be amended by**
46 **addition and deletion to read as follows:**

47
48 **RESOLVED, That our AMA work with relevant**
49 **stakeholders parties to update medical curricula and**
50 **physician with training surrounding regarding how to**

1 approach conversations with patients and families and
 2 to utilize about Extreme Risk Protection Orders/Red
 3 Flag laws with patients and families (Directive to Take
 4 Action); and be it further

5
 6 **RECOMMENDATION C:**

7
 8 The third Resolve of Resolution 405 be amended by
 9 addition and deletion to read as follows:

10
 11 **RESOLVED**, That our AMA support amending policy
 12 “Firearms and High-Risk Individuals H-145.972” by
 13 addition to read as follows:

14
 15 **Firearms and High-Risk Individuals H-145.972**

16
 17 Our AMA supports: (1) the establishment of laws
 18 allowing family members, intimate partners, household
 19 members, and state, federal, local, and tribal law
 20 enforcement personnel to petition a court for the
 21 removal of a firearm when there is a high or imminent
 22 risk for violence; (2) the establishment of laws and
 23 procedures through which physicians and other
 24 medical professionals can, in partnership with
 25 appropriate parties stakeholders, contribute to the
 26 inception and development of such petitions;

27
 28 **RECOMMENDATION D:**

29
 30 **Resolution 405 be adopted as amended.**

31
 32 **HOD ACTION: Resolution 405 adopted as amended.**

33
 34 **RESOLVED**, That our American Medical Association work with relevant stakeholders to
 35 develop state-specific training programs for medical professionals on how to use Extreme
 36 Risk Protection Order/Red Flag Laws (Directive to Take Action); and be it further

37
 38 **RESOLVED**, That our AMA work with relevant stakeholders to update medical curricula with
 39 training surrounding how to approach conversations about Extreme Risk Protection
 40 Order/Red Flag laws with patients and families (Directive to Take Action); and be it further

41
 42 **RESOLVED**, That our AMA support amending policy “Firearms and High-Risk Individuals H-
 43 145.972” by addition to read as follows:

44
 45 **Firearms and High-Risk Individuals H-145.972**

46
 47 Our AMA supports: (1) the establishment of laws allowing family members, intimate partners,
 48 household members, and state, federal, and tribal law enforcement personnel to petition a
 49 court for the removal of a firearm when there is a high or imminent risk for violence; (2) the
 50 establishment of laws and procedures through which physicians and other medical
 51 professionals can, in partnership with appropriate stakeholders, contribute to the inception

1 ~~and development of such petitions; (2)(3) prohibiting persons who are under domestic~~
2 ~~violence restraining orders, convicted of misdemeanor domestic violence crimes or stalking,~~
3 ~~from possessing or purchasing firearms; (3)(4) expanding domestic violence restraining~~
4 ~~orders to include dating partners; (4)(5) requiring states to have protocols or processes in~~
5 ~~place for requiring the removal of firearms by prohibited persons; (5)(6) requiring domestic~~
6 ~~violence restraining orders and gun violence restraining orders to be entered into the National~~
7 ~~Instant Criminal Background Check System; and (6)(7) efforts to ensure the public is aware~~
8 ~~of the existence of laws that allow for the removal of firearms from high-risk individuals.~~
9 ~~(Modify Current HOD Policy)~~

10
11 Your Reference Committee heard testimony mostly in support of this resolution. There were
12 some concerns noted around the implications for the patient-physician relationship and for
13 possible liability as a result of physicians petitioning for ERPOs. Your Board of Trustees noted
14 that the House of Delegates adopted a directive (Policy H-145.975) calling for the
15 development of an Extreme Risk Protection Order (ERPO) toolkit at I.22 to improve utilization
16 of ERPOs by physicians. It was noted that work on the toolkit is currently underway and will
17 be informed by our AMA's gun violence task force. Your Reference Committee believes that
18 this current policy and amendments suggested to the second Resolve cover the intent of the
19 first Resolve. Given the rise in firearm deaths in the United States, Your Reference Committee
20 recommends adoption as amended.

21
22 (18) RESOLUTION 407 – ADDRESSING INEQUITY IN
23 ONSITE WASTEWATER TREATMENT

24
25 **RECOMMENDATION A:**

26
27 **The first Resolve of Resolution 407 be amended by**
28 **addition and deletion to read as follows:**

29
30 **RESOLVED, That our American Medical Association (1)**
31 **support that federal, state, local, and tribal,**
32 **governments suspend enforcement of sanitation laws**
33 **that could result in criminal charges, fines, jail time, and**
34 **potential property loss for residents who lack the**
35 **means to purchase functioning septic systems abate**
36 **individual financial and criminal penalties for**
37 **insufficient wastewater management, especially those**
38 **placed on in underserved communities and American**
39 **Indian reservations due to environmental racism and**
40 **socioeconomic disparities;** (New HOD Policy); and be it
41 further

42
43 **RECOMMENDATION B:**

44
45 **Resolution 407 be amended by the addition of a third**
46 **Resolve to read as follows:**

47
48 **RESOLVED, That our AMA work with interested parties**
49 **to reduce and eliminate inadequate wastewater**
50 **treatment systems. (New HOD Policy)**
51

RECOMMENDATION C:

Resolution 407 be adopted as amended.

HOD ACTION: Resolution 407 adopted as amended.

RESOLVED, That our American Medical Association support that federal, state, and local governments abate individual financial and criminal penalties for insufficient wastewater management, especially those placed on underserved communities and American Indian reservations due to environmental racism and socioeconomic disparities (New HOD Policy); and be it further

RESOLVED, That our AMA support research by federal, state, and local governments to develop strategies to reduce insufficient wastewater management and eliminate detrimental health effects due to inadequate wastewater systems. (New HOD Policy)

Your Reference Committee heard limited but supportive testimony on Resolution 407. In discussion, your Reference Committee determined that the wording of the Resolution needed to be strengthened and clarified and added amendments to that end, with the Reference Committee particularly noting the need to reduce and eliminate inadequate wastewater treatment systems. Therefore, your Reference Committee recommends that Resolution 407 be adopted as amended.

(19) **RESOLUTION 411 – PROTECTING WORKERS DURING CATASTROPHES**

RECOMMENDATION A:

The second Resolve of Resolution 411 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate that the United States Department of Labor, the Occupational Safety and Health Administration (OSHA), and other appropriate ~~stakeholders~~ parties develop and enforce evidence-based policies, guidelines, and protections for workers at their place of employment ~~and traveling to and from their place of employment during catastrophes.~~ (Directive to Take Action)

RECOMMENDATION B:

Resolution 411 be adopted as amended.

HOD ACTION: Resolution 411 adopted as amended.

RESOLVED, That our American Medical Association advocate for legislation that creates federal standards of safety and protection of workers during natural or man-made catastrophes (Directive to Take Action); and be it further

1 RESOLVED, That our AMA advocate that the United States Department of Labor, the
2 Occupational Safety and Health Administration (OSHA), and other appropriate stakeholders
3 develop and enforce evidence-based policies, guidelines, and protections for workers at their
4 place of employment and traveling to and from their place of employment during
5 catastrophes. (Directive to Take Action)
6

7 Your Reference Committee heard mostly positive testimony on Resolution 411. An
8 amendment was proffered that suggested deletion of the clause relating to travel to and from
9 employment, noting that this is not the employer's responsibility and would result in an
10 unreasonable burden. Your Reference Committee agrees with that assessment. Limited
11 testimony in opposition noted that catastrophes are unpredictable, and this will be difficult to
12 regulate. Your Reference Committee wants to clarify that the intent of this resolution is to
13 encourage regulatory bodies to update their policies in this area. Your Reference Committee
14 agrees with the intent and therefore, recommends that Resolution 411 be adopted as
15 amended.
16

17 (20) RESOLUTION 413 – SUPPORTING INTIMATE PARTNER
18 AND SEXUAL VIOLENCE SAFE LEAVE
19

20 **RECOMMENDATION A:**
21

22 **The second Resolve of Resolution 413 be amended by**
23 **addition and deletion to read as follows:**
24

25 **RESOLVED, That our AMA amend the existing policy H-**
26 **420.979, “AMA Statement on Family and Medical Leave**
27 **to promote inclusivity” by addition to read as follows:**
28

29 **AMA Statement on Family, and Medical, and Safe Leave,**
30 **H-420.979**

31 **Our AMA supports policies that provide employees with**
32 **reasonable job security and continued availability of**
33 **health plan benefits in the event leave by an employee**
34 **becomes necessary due to documented medical**
35 **conditions and/or concerns for safety. Such policies**
36 **should provide for reasonable periods of paid or**
37 **unpaid: (1) medical leave for the employee, including**
38 **pregnancy; (2) maternity leave for the employee-**
39 **mother; (3) leave if medically appropriate to care for a**
40 **member of the employee's immediate family, i.e., a**
41 **spouse or children; and (4) leave for adoption or for**
42 **foster care leading to adoption; and (5) safe leave**
43 **provisions for those experiencing any instances of**
44 **violence, including but not limited to intimate partner**
45 **and family violence, sexual violence or coercion, and**
46 **stalking, with appropriate protections for privacy. Such**
47 **periods of leave may differ with respect to each of the**
48 **foregoing classifications, and may vary with reasonable**
49 **categories of employers. Such policies should**
50 **encourage voluntary programs by employers and may**
51 **provide for appropriate legislation (with or without**

financial assistance from government). Any legislative proposals will be reviewed through the Association's normal legislative process for appropriateness, taking into consideration all elements therein, including classifications of employees and employers, reasons for the leave, periods of leave recognized (whether paid or unpaid), obligations on return from leave, and other factors involved in order to achieve reasonable objectives recognizing the legitimate needs of employees and employers. (Modify Current HOD Policy)

RECOMMENDATION B:

Resolution 413 be adopted as amended.

RECOMMENDATION C:

That the title of Resolution 413 be changed.

SUPPORTING SAFE LEAVE

HOD ACTION: Resolution 413 be adopted as amended with a change in title:

SUPPORTING SAFE LEAVE

RESOLVED, That our American Medical Association recognize the positive impact of paid safe leave on public health outcomes and support legislation that offers safe leave (New HOD Policy); and be it further

RESOLVED, That our AMA amend the existing policy H-420.979, "AMA Statement on Family and Medical Leave to promote inclusivity" by addition to read as follows:

AMA Statement on Family and Medical Leave, H-420.979

Our AMA supports policies that provide employees with reasonable job security and continued availability of health plan benefits in the event leave by an employee becomes necessary due to documented medical conditions and/or concerns for safety. Such policies should provide for reasonable periods of paid or unpaid: (1) medical leave for the employee, including pregnancy; (2) maternity leave for the employee-mother; (3) leave if medically appropriate to care for a member of the employee's immediate family, i.e., a spouse or children; ~~and~~ (4) leave for adoption or for foster care leading to adoption; and (5) safe leave provisions for those experiencing any instances of violence, including but not limited to intimate partner violence, sexual violence or coercion, and stalking. Such periods of leave may differ with respect to each of the foregoing classifications, and may vary with reasonable categories of employers. Such policies should encourage voluntary programs by employers and may provide for appropriate legislation (with or without financial assistance from government). Any legislative proposals will be reviewed through the Association's normal legislative process for appropriateness, taking into consideration all elements therein, including classifications of employees and employers, reasons for the leave, periods of leave recognized (whether paid or unpaid), obligations on return from leave, and other factors involved in order to achieve

1 reasonable objectives recognizing the legitimate needs of employees and employers. (Modify
2 Current HOD Policy)
3

4 Your Reference Committee heard testimony in support of this resolution. It was noted that
5 individuals who are seeking safety from intimate partner violence or other forms of violence
6 often encounter a significant disruption from their lives, including absence from work and the
7 threat of termination of employment. There was an amendment proffered to ensure
8 protections for patient privacy. Your Reference Committee agreed. However, your Reference
9 Committee also thought that referencing “any violence” was too broad and decided that
10 limiting safe leave to situations such as intimate partner and family violence, sexual violence
11 or coercion, and stalking was more appropriate. Therefore, your Reference Committee
12 recommends that Resolution 413 be adopted as amended.

(21) RESOLUTION 414 – INCREASED ACCESS TO HIV
TREATMENT AND SUPPORTIVE SERVICES IN THE
UNSTABLY HOUSED AND HOMELESS POPULATION

RECOMMENDATION A:

The first Resolve of Resolution 414 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association support policies that promote stable housing for and encourage retention of the development of regulations and incentives to encourage retention of homeless patients in living with HIV/AIDS treatment programs. (New HOD Policy)

RECOMMENDATION B:

Resolution 414 be adopted as amended.

HOD ACTION: Resolution 414 adopted as amended.

RESOLVED, That our American Medical Association support the development of regulations and incentives to encourage retention of homeless patients in HIV/AIDS treatment programs (New HOD Policy); and be it further

RESOLVED, That our AMA recognize that stable housing promotes adherence to HIV treatment (New HOD Policy); and be it further

RESOLVED, That our AMA amend current policy H-20.922, "HIV/AIDS as a Global Public Health Priority" by addition and deletion to read as follows: HIV/AIDS as a Global Public Health Priority H-20.922

In view of the urgent need to curtail the transmission of HIV infection in every segment of the population, our AMA:

(1) Strongly urges, as a public health priority, that federal agencies (in cooperation with medical and public health associations and state governments) develop and implement effective programs and strategies for the prevention and control of the HIV/AIDS epidemic;

(2) Supports adequate public and private funding for all aspects of the HIV/AIDS epidemic, including research, education, and patient care, and access to stable housing for the full spectrum of the disease. Public and private sector prevention and care efforts should be proportionate to the best available statistics on HIV incidence and prevalence rates;

(3) Will join national and international campaigns for the prevention of HIV disease and care of persons with this disease;

(4) Encourages cooperative efforts between state and local health agencies, with involvement of state and local medical societies, in the planning and delivery of state and community efforts directed at HIV testing, counseling, prevention, and care;

(5) Encourages community-centered HIV/AIDS prevention planning and programs as essential complements to less targeted media communication efforts;

(6) In coordination with appropriate medical specialty societies, supports addressing the special issues of heterosexual HIV infection, the role of intravenous drugs and HIV infection in women, and initiatives to prevent the spread of HIV infection through the exchange of sex for money or goods;

(7) Supports working with concerned groups to establish appropriate and uniform policies for neonates, school children, and pregnant adolescents with HIV/AIDS and AIDS-related conditions;

(8) Supports increased availability of antiretroviral drugs and drugs to prevent active tuberculosis infection to countries where HIV/AIDS is pandemic; and be it further; and

(9) Supports programs raising physician awareness of the benefits of early treatment of HIV and of "treatment as prevention," and the need for linkage of newly HIV-positive persons to clinical care and partner services. (Modify Current HOD Policy)

Your Reference Committee heard testimony in support of this resolution. It was noted that the resolution acknowledges that without stable housing, HIV treatment cannot be successful, even with the highly effective medications available today. An amendment was proffered to ensure that the development of regulations and incentives to encourage retention are not misinterpreted to mean that HIV treatment is required for accessing housing. Testimony also noted that linkage to care is important to treatment. Your Reference Committee notes that item 9 in policy H-20.922 explicitly addresses linkage to care. Therefore, your Reference Committee recommends that Resolution 414 be adopted as amended.

(22) RESOLUTION 415 – ENVIRONMENTAL HEALTH
EQUITY IN FEDERALLY SUBSIDIZED HOUSING

RECOMMENDATION A:

The first Resolve of Resolution 415 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association acknowledge the potential adverse health impacts of living in close proximity to a Superfund sites or other contaminated lands (New HOD Policy); and be it further

RECOMMENDATION B:

The second Resolve of Resolution 415 be amended by addition to read as follows:

RESOLVED, That our AMA advocate for mandated disclosure of Superfund sites or other contaminated lands proximity to those purchasing, leasing, or currently residing in housing in close proximity to Superfund sites or other contaminated lands (Directive to Take Action); and be it further

RECOMMENDATION C:

Resolution 415 be adopted as amended.

HOD ACTION: Resolution 415 adopted as amended.

RESOLVED, That our American Medical Association acknowledge the potential adverse health impacts of living in close proximity to a Superfund site (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for mandated disclosure of Superfund site proximity to those purchasing, leasing, or currently residing in housing in close proximity to Superfund sites (Directive to Take Action); and be it further

RESOLVED, That our AMA support efforts of public agencies to study the safety of proposed public housing expansions with respect to pollutant exposure and to expand construction of new public and publicly subsidized housing properties on lands without demonstrated unsafe levels of hazardous pollutants (New HOD Policy); and be it further

RESOLVED, That our AMA amend Policy D-135.997, "Research into the Environmental Contributors to Disease," by addition and deletion to read as follows:

~~D-135.997 – RESEARCH INTO THE ENVIRONMENTAL CONTRIBUTORS TO DISEASE AND ADVOCATING FOR ENVIRONMENTAL JUSTICE~~

Our AMA will (1) advocate for the greater public and private funding for research into the environment causes of disease, and urge the National Academy of Sciences to undertake an authoritative analysis of environmental causes of disease; (2) ask the steering committee of the Medicine and Public Health Initiative Coalition to consider environmental contributors to disease and environmental racism as a priority public health issues; (3) encourage federal, state, and local agencies to address and remediate environmental injustice, environmental racism, and all other environmental conditions that are adversely impacting health, especially in marginalized communities; and (34) lobby Congress to support ongoing initiatives that include reproductive health outcomes and development particularly in minority populations in Environmental Protection Agency Environmental Justice policies. (Modify Current HOD Policy)

Your Reference Committee heard limited but unanimously supportive testimony on this resolution. This resolution expands on existing environmental toxins policy. An individual noted that the Reference Committee should examine the definition of EPA Superfund sites as used in this policy, as it may not be the most appropriate term as the risk of exposure to contamination varies significantly across all sites. The Reference Committee discussed this issue and believes the expansion of the resolution to include other contaminated lands addressed this concern. Therefore, your Reference Committee recommends that Resolution 415 be adopted as amended.

(23) RESOLUTION 417 – TREATING SOCIAL ISOLATION
AND LONELINESS AS A SOCIAL DRIVER OF HEALTH

RECOMMENDATION A:

The fourth Resolve of Resolution 417 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA work with other interested entities to develop toolkits tools and resources to help clinicians identify and address social isolation and loneliness as a social driver of health (Directive to Take Action);

RECOMMENDATION B:

Resolution 417 be adopted as amended.

HOD ACTION: Resolution 417 adopted as amended.

RESOLVED, That our American Medical Association develop educational programs for healthcare professionals and the lay public regarding the significance of social isolation and loneliness to include promoting social connections through community-based programs and encouraging social participation through volunteering, civic engagement, and community service (Directive to Take Action); and be it further

RESOLVED, That our AMA promote enhancing access, including transportation, to health and social services (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage research to assess how forming networks earlier in life helps to reduce loneliness and social isolation for adults, with a special focus on marginalized populations and communities with limited access to resources (New HOD Policy); and be it further

RESOLVED, That our AMA develop toolkits to help clinicians identify and address social isolation and loneliness as a social driver of health (Directive to Take Action); and be it further

RESOLVED, That our AMA work collaboratively with state medical societies, community-based organizations, social service agencies, and public health departments to promote social connections and enhance social support for patients. (Directive to Take Action)

Your Reference Committee heard testimony in support of Resolution 417. This resolution builds on existing AMA policy identifying loneliness as a public health issue with consequences for physical and mental health. This resolution outlines a comprehensive approach toward combating social isolation and loneliness through research, education, and advocacy. An amendment was proffered to the fourth Resolve clause noting that our AMA should include working with other interested parties addressing this issue. Your Reference Committee agrees that there are opportunities for collaboration and recommends that Resolution 417 be adopted as amended.

(24) RESOLUTION 418 – INCREASING THE AVAILABILITY
OF AUTOMATED EXTERNAL DEFIBRILLATORS

RECOMMENDATION A:

Resolution 418 be amended by addition to read as follows:

RESOLVED, That our American Medical Association amend Policy H-130.938, “Cardiopulmonary Resuscitation (CPR) and Defibrillators,” by addition to read as follows:

Cardiopulmonary Resuscitation (CPR) and Defibrillators H-130.938

Our AMA:

(1) supports publicizing the importance of teaching CPR, including the use of automated external defibrillation;

(2) strongly recommends the incorporation of CPR classes as a voluntary part of secondary school programs;

(3) encourages the American public to become trained in CPR and the use of automated external defibrillators;

(4) advocates the widespread placement of automated external defibrillators, including on all grade K-12 school campuses and locations at which school events are held;

(5) encourages all grade K-12 schools to develop an emergency action plan for sudden cardiac events;

(6) supports increasing government and industry funding for the purchase of automated external defibrillator devices;

(7) endorses increased funding for cardiopulmonary resuscitation and defibrillation training of community organization and school personnel;

(8) supports the development and use of universal connectivity for all defibrillators;

(9) supports legislation that would encourage high school students be trained in cardiopulmonary resuscitation and automated external defibrillator use;

(10) will update its policy on cardiopulmonary resuscitation and automated external defibrillators (AEDs) by endorsing efforts to promote the importance of AED use and public awareness of AED locations, by using solutions such as integrating AED sites into widely accessible mobile maps and applications;

(11) urges AED vendors to remove labeling from AED stations that stipulate that only trained medical professionals can use the defibrillators; and

(12) supports consistent and uniform legislation across

states for the legal protection of those who use AEDs in the course of attempting to aid a sudden cardiac arrest victim; and

(13) encourages the distribution of Automated External Defibrillators in an equitable manner through the development and utilization of targeted placement strategies in order to increase availability and decrease disparities in areas where disproportionate rates of out-of-hospital cardiac arrest episodes exist.

RECOMMENDATION B:

Resolution 418 be adopted as amended.

HOD ACTION: Resolution 418 adopted as amended.

RESOLVED, That our American Medical Association amend Policy H-130.938, "Cardiopulmonary Resuscitation (CPR) and Defibrillators," by addition to read as follows:

Cardiopulmonary Resuscitation (CPR) and Defibrillators H-130.938

Our AMA:

(1) supports publicizing the importance of teaching CPR, including the use of automated external defibrillation;

(2) strongly recommends the incorporation of CPR classes as a voluntary part of secondary school programs;

(3) encourages the American public to become trained in CPR and the use of automated external defibrillators;

(4) advocates the widespread placement of automated external defibrillators, including on all grade K-12 school campuses and locations at which school events are held;

(5) encourages all grade K-12 schools to develop an emergency action plan for sudden cardiac events;

(6) supports increasing government and industry funding for the purchase of automated external defibrillator devices;

(7) endorses increased funding for cardiopulmonary resuscitation and defibrillation training of community organization and school personnel;

(8) supports the development and use of universal connectivity for all defibrillators;

(9) supports legislation that would encourage high school students be trained in cardiopulmonary resuscitation and automated external defibrillator use;

(10) will update its policy on cardiopulmonary resuscitation and automated external defibrillators (AEDs) by endorsing efforts to promote the importance of AED use and public awareness of AED locations, by using solutions such as integrating AED sites into widely accessible mobile maps and applications;

(11) urges AED vendors to remove labeling from AED stations that stipulate that only trained medical professionals can use the defibrillators; and

(12) supports consistent and uniform legislation across states for the legal protection of those who use AEDs in the course of attempting to aid a sudden cardiac arrest victim; and-

(13) encourages the distribution of Automated External Defibrillators in an equitable manner through the utilization of targeted placement strategies in order to increase availability and decrease disparities in areas where disproportionate rates of out-of-hospital cardiac arrest episodes exist. (Modify Current HOD Policy)

1 Your Reference Committee heard testimony in support of Resolution 418. Early use of an
2 AED provides the best chance of survival of cardiac arrest. Most of the country experience
3 large disparities with access to AEDs and the public health approaches outlined in this
4 resolution reduce disparity and inequity of out-of-hospital cardiac arrests. It was also noted
5 that targeted placement strategies for AEDs are beneficial for marginalized communities and
6 rural settings. An amendment was offered suggesting that the development of strategies was
7 also needed in this area. Your Reference Committee agrees and recommends that Resolution
8 418 be adopted as amended.

9
10 (25) RESOLUTION 421 – PRESCRIBING GUIDED PHYSICAL
11 ACTIVITY FOR DEPRESSION AND ANXIETY
12

13 **RECOMMENDATION A:**

14
15 **Resolution 421 be amended by addition to read as**
16 **follows:**

17
18 **RESOLVED, That our American Medical Association**
19 **study evidence of the efficacy of physical activity**
20 **interventions (e.g. group fitness, personal training, or**
21 **physical therapy) on behavioral activation and**
22 **outcomes on depressive and anxiety symptoms.**
23 **(Directive to Take Action)**

24
25 **RECOMMENDATION B:**

26
27 **Resolution 421 be adopted as amended.**

28
29 **HOD ACTION: Resolution 421 adopted as amended.**

30
31 **RESOLVED, That our American Medical Association study evidence of the efficacy of physical**
32 **activity interventions (e.g. group fitness, personal training, or physical therapy) on behavioral**
33 **activation and outcomes on depressive symptoms. (Directive to Take Action)**
34

35 Your Reference Committee heard testimony in support of Resolution 421. It was noted that
36 promoting guided physical activity as a therapeutic intervention for depression and anxiety
37 aligns with our AMA's commitment to preventive health measures. A study could help clarify
38 the appropriate exercises and the necessary duration. An amendment was made to align the
39 language of the resolved to the title of the resolution. Therefore, your Reference Committee
40 recommends that Resolution 421 be adopted as amended.

41
42 (26) RESOLUTION 425 – EXAMINING POLICING THROUGH A
43 PUBLIC HEALTH LENS
44

45 **RECOMMENDATION A:**

46
47 **The first Resolve of Resolution 425 be amended by**
48 **addition and deletion to read as follows:**

49
50 **RESOLVED, That our American Medical Association**
51 **advocate for research to be conducted that examines**

1 the public health consequences of negative
2 interactions with police, including the impact on
3 civilians and law enforcement professionals.
4 interactions (Directive to Take Action)

5 RECOMMENDATION B:

6
7 The second Resolve of Resolution 425 be amended by
8 addition and deletion to read as follows:

9
10 RESOLVED, That our AMA advocate for a change to the
11 U.S. Standard Certificate of Death to include a “check
12 box” that would categorize capture deaths in custody
13 and further categorize the custodial death using cause
14 and manner of death and information from the “How
15 Injury occurred” section of the death certificate, and
16 would create a new statistical grouping with
17 explanations of the range of causes, manner and
18 circumstances of death, within the spectrum of police
19 custody, corrections custody, and legal custody.
20 (Directive to Take Action)

21
22 RECOMMENDATION C:

23
24 Resolution 425 be adopted as amended.

25
26 RECOMMENDATION D:

27
28 The title of Resolution 425 be changed to read as
29 follows:

30
31 PROMOTING STANDARDIZATION OF DEATH
32 CERTIFICATION FOR IN-CUSTODY DEATHS

33
34 HOD ACTION: Resolution 425 adopted as amended
35 with a change in title:

36
37 PROMOTING STANDARDIZATION OF DEATH
38 CERTIFICATION FOR IN-CUSTODY DEATHS

39
40 RESOLVED, That our American Medical Association advocate for research to be conducted
41 that examines the public health consequences of negative police interactions (Directive to
42 Take Action); and be it further

43
44 RESOLVED, That our AMA advocate for a change to the U.S. Standard Certificate of Death
45 to include a “check box” that would categorize deaths in custody and would create a new
46 statistical grouping with explanations of the range of causes, manner and circumstances of
47 death, within the spectrum of police custody, corrections custody, and legal custody. (Directive
48 to Take Action)

49
50 Your Reference Committee heard testimony in support of Resolution 425. It was noted that
51 further research into the public health consequences of negative police interactions is needed.

1 Furthermore, investigating and rendering the cause and manner of death to the community
2 and public health partners is important to help provide the correct epidemiologic data.
3 Amendments were suggested to clarify the second Resolve. Your Reference Committee
4 agrees with these amendments and recommends that Resolution 425 be adopted as
5 amended with a change in title.

(27) RESOLUTION 427 – MINIMIZING THE INFLUENCE OF
SOCIAL MEDIA ON GUN VIOLENCE

RECOMMENDATION A:

The first Resolve of Resolution 427 be amended by deletion to read as follows:

RESOLVED, That our American Medical Association call upon all social media sites ~~and all others~~ that allow posting of videos, photographs, and written online comments encouraging and glorifying the use of guns and gun violence to vigorously and aggressively remove such postings (Directive to Take Action); and be it further

RECOMMENDATION B:

Resolution 427 be adopted as amended.

HOD ACTION: Resolution 427 adopted as amended.

RESOLVED, That our American Medical Association call upon all social media sites and all others that allow posting of videos, photographs, and written online comments encouraging and glorifying the use of guns and gun violence to vigorously and aggressively remove such postings (Directive to Take Action); and be it further

RESOLVED, That our AMA strongly recommend social media sites continuously update and monitor their algorithms in order to detect and eliminate any information that discusses and displays guns and gun violence in a way that encourages viewers to act violently (New HOD Policy); and be it further

RESOLVED, That our AMA work with social media sites to provide educational content on the use of guns, inherent dangers, and gun safety in an effort to end the ongoing and devastating effects of gun violence in our communities. (Directive to Take Action)

Your Reference Committee heard mostly positive testimony in support of this resolution. Your Reference Committee discussed a concern raised regarding the first Resolve and potential conflicts with the First Amendment. Therefore, your Reference Committee deleted “and all others” and believes this will accomplish the intent of the resolution by focusing on social media companies’ terms of service agreements and platform content moderation. As private companies, platforms have the right to exercise editorial judgement. Your Reference Committee notes that our AMA has taken similar positions on medical and public health misinformation on social media, encouraging companies to strengthen their content moderation policies (D-440.915). Therefore, your Reference Committee recommends that Resolution 427 be adopted.

(28) RESOLUTION 428 – MATTRESS SAFETY IN THE HOSPITAL SETTING

RECOMMENDATION A:

Resolution 428 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association work with the accrediting bodies, health care professional organizations, and interested parties ~~stakeholders~~ to make sure all possible appropriate care and maintenance measures be undertaken to mitigate infection related to hospital bed and mattress use (Directive to Take Action).

RECOMMENDATION B:

Resolution 428 be adopted as amended.

HOD ACTION: Resolution 428 adopted as amended.

RESOLVED, That our American Medical Association work with the accrediting bodies and interested stakeholders to make sure all possible appropriate care and maintenance measures be undertaken to mitigate infection related to hospital bed and mattress use (Directive to Take Action).

Your Reference Committee heard testimony in support of this resolution. It was noted that not all hospitals are following proper mattress care recommendations from manufacturers and regulatory agencies, which results in an increased spread of infections. Amendments were offered to encourage our AMA to collaborate with other health care organizations in addressing appropriate care and maintenance measures. Your Reference Committee agrees and recommends that Resolution 428 be adopted as amended.

(29) RESOLUTION 429 – PROMOTING THE HIGHEST QUALITY OF HEALTHCARE AND OVERSIGHT FOR THOSE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM

RECOMMENDATION A:

The first Resolve of Resolution 429 be amended by addition and deletion to read as follows:

RESOLVED, That the American Medical Association ~~supports~~ encourages the following qualifications for the Director and Assistant Director of the Health Services Division within the Federal Bureau of Prisons ~~positions and other administrators supervising physicians and other clinical staff within its facilities:~~

1 1. MD or DO, ~~MBSS~~, or an international equivalent
2 degree with at least five years of clinical experience at
3 a Bureau of Prisons medical facility or a community
4 clinical setting.

5 2. Knowledge of health disparities among Black,
6 American Indian and Alaska Native Indigenous, and
7 people of color, including the pathophysiological basis
8 of the disease process and the social determinants of
9 health that affect disparities.

10 3. Knowledge of the health disparities among
11 individuals who are involved with the criminal justice
12 system (Directive to Take Action).

13
14 **RECOMMENDATION B:**

15
16 The second Resolve of Resolution 429 be amended by
17 addition and deletion to read as follows:

18
19 ~~RESOLVED, That the AMA initiate a public health~~
20 ~~campaign or collaborate with appropriate effort to~~
21 ~~interested parties to promote the highest quality of~~
22 ~~health care and oversight for those who are involved in~~
23 ~~the criminal justice system by advocating for health~~
24 ~~administrators and executive staff to possess~~
25 ~~credentials and experience comparable to individuals~~
26 ~~in the community in similar professional roles~~
27 ~~(Directive to Take Action).~~

28
29 **RECOMMENDATION C:**

30
31 That Resolution 429 be adopted as amended.

32
33 **HOD ACTION: Resolution 429 adopted as amended.**

34
35 RESOLVED, That the American Medical Association supports the following qualifications for
36 the Director and Assistant Director of the Federal Bureau of Prisons positions and other
37 administrators supervising physicians and other clinical staff within its facilities:

38 1. MD or DO, MBSS, degree with at least five years of clinical experience at a Bureau of
39 Prisons medical facility or a community clinical setting.

40 2. Knowledge of health disparities among Black, Indigenous, and people of color, including
41 the pathophysiological basis of the disease process and the social determinants of health that
42 affect disparities.

43 3. Knowledge of the health disparities among individuals who are involved with the criminal
44 justice system (Directive to Take Action).

45
46 RESOLVED, That the AMA initiate a public health campaign or appropriate effort to promote
47 the highest quality of healthcare and oversight for those who are involved in the criminal justice
48 system by advocating for health administrators and executive staff to possess credentials and
49 experience comparable to individuals in the community in similar professional roles (Directive
50 to Take Action).

1 Your Reference Committee heard testimony in support of this resolution. The authors
2 proffered amendments to specify the qualifications were specific to the health services
3 division. Your Reference Committee believes that there may be unintended consequences for
4 extending these qualifications to other administrators supervising physicians and other clinical
5 staff and recommends amendments to remove that language. Testimony was also offered to
6 change “indigenous” to “American Indian and Alaska Native” to be consistent with terminology
7 in existing AMA policy. There were further proffered amendments to the second Resolve to
8 encourage collaboration with interested parties in lieu of an AMA specific campaign to promote
9 the highest quality of health care and oversight for those who are involved in the criminal
10 justice system. Therefore, your Reference Committee recommends that Resolution 429 be
11 adopted as amended.

12
13 (30) RESOLUTION 430 – TEENS AND SOCIAL MEDIA

14
15 **RECOMMENDATION A:**

16
17 **Resolution 430 be amended by deletion to read as**
18 **follows:**

19
20 **RESOLVED, That our American Medical Association**
21 **study and make recommendations for ~~age limits on~~**
22 **teenage use of social media, including proposing**
23 **model state and federal legislation as needed, with a**
24 **report back at the 2024 Annual Meeting. (Directive to**
25 **Take Action)**

26
27 **RECOMMENDATION B:**

28
29 **Resolution 430 be adopted as amended.**

30
31 **HOD ACTION: Resolution 430 adopted as amended.**

32
33 **RESOLVED, That our American Medical Association study and make recommendations for**
34 **age limits on teenage use of social media, including proposing model state and federal**
35 **legislation as needed, with a report back at the 2024 Annual Meeting. (Directive to Take**
36 **Action)**

37
38 Your Reference Committee heard testimony that was mostly in support of this resolution.
39 There was some opposition to including specific age limits on the use of social media, as that
40 approach does not reflect the evidence and is not the nuanced approach that this topic needs.
41 Your Reference Committee agreed with removing the language related to age limits.
42 Therefore, your Reference Committee recommends that Resolution 430 be adopted as
43 amended.

(31) RESOLUTION 431 – QUALIFIED IMMUNITY REFORM

RECOMMENDATION A:

Resolution 431 be amended by addition of a third Resolve to read as follows:

RESOLVED, That our AMA support research on the impact upon employed physicians in law enforcement and the potential risk for exacerbating the physician workforce shortage within correctional medicine if qualified immunity was eliminated. (Directive to Take Action)

RECOMMENDATION B:

Resolution 431 be adopted as amended.

HOD ACTION: Resolution 431 adopted as amended.

RESOLVED, That our American Medical Association recognize the way we police our communities is a social determinant of health (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for the reform of qualified immunity and other measures that shield law enforcement officers from consequences of misconduct to further address systemic racism in policing and mitigate use of excessive force. (Directive to Take Action)

Your Reference Committee heard testimony in support of Resolution 431. It was noted that this resolution is the essential next step for our AMA in promoting accountability, justice, and increased trust in law enforcement. An amendment was proffered to the second Resolve to support research on the potential impact upon employed physicians in law enforcement and the potential risk for exacerbating the physician workforce shortage within correctional medicine if qualified immunity was eliminated. Your Reference Committee agrees that this consideration is important and therefore decided to add a third Resolve. Your Reference Committee recommends that Resolution 431 be adopted as amended.

(32) RESOLUTION 433 – UPHOLDING SCIENTIFICALLY AND MEDICALLY VALID PRACTICES FOR BLOOD TRANSFUSIONS

RECOMMENDATION A:

The third Resolve of Resolution 433 be amended by addition and deletion as follows:

RESOLVED, That AMA oppose all legislation or policy mandating that blood banks accommodate all directed donor requests. patient requests for blood products from specific donors.

RECOMMENDATION B:

1 **Resolution 433 be adopted as amended.**

2
3 **HOD ACTION: Resolution 433 adopted as amended.**

4
5 RESOLVED, That the American Medical Association support scientifically and medically
6 supported transfusion best practices (New HOD Policy); and be it further

7
8 RESOLVED, That AMA discourage patient requests for blood products and components
9 beyond current federal regulations or best-practice guidelines, including requests to exclude
10 products from individuals who have received COVID-19 vaccines (New HOD Policy); and be
11 it further

12
13 RESOLVED, That AMA oppose all legislation or policy mandating patient requests for blood
14 products from specific donors. (New HOD Policy)

15
16 Your Reference Committee heard testimony in support of this resolution. Testimony noted
17 that blood banks have been receiving specific requests for blood from individuals who have
18 not received a COVID-19 vaccine. Further, testimony noted that some state legislatures have
19 tried to ban blood from individuals who have been vaccinated against COVID-19, a practice
20 which perpetuates vaccine misinformation and is not evidence-based. Furthermore, it is
21 important that we do not create two separate blood supplies. An amendment was proffered
22 by the authors to clarify the third Resolve which is specific to legislation and blood bank
23 accommodation of directed donor requests. Therefore, your Reference Committee
24 recommends that Resolution 433 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

- (33) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
4 – SCHOOL RESOURCE OFFICER VIOLENCE DE-
ESCALATION TRAINING AND CERTIFICATION
RESOLUTION 408 – SCHOOL-TO-PRISON PIPELINE

RECOMMENDATION A:

The first Recommendation in Council on Science and Public Health Report 4 be amended by addition to read as follows:

1. That our AMA amend Policy H-60.902, “School Resource Officer Qualifications and Training” as follows:

1. Our AMA encourages: (1) an evaluation of existing national standards (and legislation, if necessary) to have qualifications by virtue of training and certification that includes child and adolescent psychology and development, trauma-informed care, restorative justice, peer mediation, conflict resolution, crime awareness, implicit/explicit biases, how to work with children with disabilities and special needs, diversity inclusion, cultural humility competence of the distinct cultural groups represented at schools, de-escalation training, bullying and cyberbullying training, and individual and institutional safety and others deemed necessary for school resource officers; and (2) the development of policies that foster the best environment for learning through protecting the health and safety of those in school, including students, teachers, staff and visitors. (Modify HOD Policy)

RECOMMENDATION B:

The second Recommendation in Council on Science and Public Health Report 4 be amended by addition and deletion to read as follows:

2. That our AMA encourage: (1) school districts initiating SROs develop and those with existing SROs maintain an up-to-date Memorandum of Understanding (MOU) that clearly outlines processes for officer selection and assessment, defines roles and responsibilities of SROs and their scope relative to school personnel, identifies data to be collected, and establishes a mechanism for program evaluation and

oversight; (2) SROs to have access to local public health resources; (3) schools with SRO programs to collect and report data to help evaluate the impact of SROs in schools; and (4) federal and state grant programs which provide funding for SRO programs, require collection and reporting of data to inform policymaking on these programs; and (5) adequate federal funding to the Bureau of Indian Education to develop and implement SRO programs in consultation with tribal leaders. (New HOD Policy)

RECOMMENDATION C:

The third Recommendation in Council on Science and Public Health Report 4 be amended by addition to read as follows:

3. That our AMA acknowledges that: (1) if a school chooses to utilize SROs, they are part of the school staff at large and their responsibilities should be defined within the context of the school team; and (2) community-based policing practices are essential for a successful SRO program. (New HOD Policy)

RECOMMENDATION D:

Council on Science and Public Health Report 4 be amended by the addition of a fourth recommendation to read as follows:

4. That our AMA supports: (1) efforts to address physical and mental trauma experienced by children in preschool-12th grade by eliminating disproportionate punitive disciplinary actions and the involvement of law enforcement in student discipline; (2) transitions to restorative approaches that individually address students' medical, social, and educational needs; and (3) ensuring that any law enforcement presence in preschool-12th grade schools focuses on maintaining student and staff safety and not on disciplining students. (New HOD Policy)

RECOMMENDATION E:

Recommendations in Council on Science and Public Health Report 4 be adopted as amended in lieu of Resolution 408.

RECOMMENDATION F:

The Council on Science and Public Health Report 4 be filed.

HOD ACTION: Recommendations in Council on Science and Public Health Report 4 adopted as amended in lieu of Resolution 408 and the Report filed.

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

1. That our AMA amend Policy H-60.902, "School Resource Officer Qualifications and Training" as follows:

1. Our AMA encourages: (1) an evaluation of existing national standards (and legislation, if necessary) to have qualifications by virtue of training and certification that includes child and adolescent psychology and development, trauma-informed care, restorative justice, peer mediation, conflict resolution, crime awareness, implicit/explicit biases, how to work with children with disabilities and special needs, diversity inclusion, cultural humility competence of the distinct cultural groups represented at schools, de-escalation training, and individual and institutional safety and others deemed necessary for school resource officers; and (2) the development of policies that foster the best environment for learning through protecting the health and safety of those in school, including students, teachers, staff and visitors. (Modify HOD Policy)

2. That our AMA encourage: (1) school districts initiating SROs develop and those with existing SROs maintain an up-to-date Memorandum of Understanding (MOU) that clearly outlines processes for officer selection and assessment, defines roles and responsibilities of SROs and their scope relative to school personnel, identifies data to be collected, and establishes a mechanism for program evaluation and oversight; (2) SROs to have access to local public health resources; (3) schools with SRO programs to collect and report data to help evaluate the impact of SROs in schools; and (4) federal and state grant programs which provide funding for SRO programs, require collection and reporting of data to inform policymaking on these programs. (New HOD Policy)

3. That our AMA acknowledges: (1) SROs are part of the school staff at large and their responsibilities should be defined within the team; and (2) community-based policing practices are essential for a successful SRO program. (New HOD Policy)

RESOLVED, That our American Medical Association amend H-60.900 by addition to read as follows:

Student-Centered Approaches for Reforming School Disciplinary Policies H-60.900

Our AMA supports:

(1) evidence-based frameworks in K-12 schools that focus on school-wide prevention and intervention strategies for student misbehavior; ~~and~~

(2) the consultation with school-based mental health professionals in the student discipline process; ~~;~~

(3) efforts to address physical and mental trauma experienced by children in K-12 education by reducing disproportionate punitive disciplinary actions and the involvement of law enforcement in student discipline;

1 (4) transitions to restorative approaches that individually address students' medical, social,
2 and educational needs;

3 (5) ensuring that any law enforcement presence in K-12 schools focuses on maintaining
4 student and staff safety and not on disciplining students; and

5 (6) limiting the presence of law enforcement patrolling in schools to only those settings and
6 times where student and staff safety is at active risk. (Modify Current HOD Policy)

7
8 Testimony on this report was supportive. It was noted that this report is inclusive of all parties
9 involved, addresses issues of equity, and encourages support and resources for SRO
10 programs. Testimony in opposition noted that sworn law enforcement should not be present
11 in schools. One amendment was proffered to ensure inclusion of health and education
12 services provided to American Indian and Alaska Native Tribes and Villages. Another
13 amendment was proffered to clarify that the intent is to classify SROs as part of the school-
14 based team, if utilized, and not as a separate entity. An additional proposed amendment
15 wanted to ensure children in preschool were included, noting that trauma and experience with
16 law enforcement happens before kindergarten. Your Reference Committee agrees with this
17 amendment and has ensured inclusion of children in preschool. Your Reference Committee
18 thought that provision 6 of Resolution 408 was not in alignment with the spirit of the remaining
19 provisions and therefore recommends that the alternate recommendations be adopted in lieu
20 of Council on Science and Public Health Report 4 and Resolution 408.

- (34) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
6 – STUDY OF BEST PRACTICES FOR ACUTE CARE OF
PATIENTS IN THE CUSTODY OF LAW ENFORCEMENT
OR CORRECTIONS
RESOLUTION 432 – CORRECTIONAL MEDICINE

RECOMMENDATION A:

The first Recommendation in Council on Science and Public Health Report 6 be amended by addition and deletion to read as follows:

1. That our AMA amend policy D-430.993, “Study of Best Practices for Acute Care of Patients in the Custody of Law Enforcement or Corrections” to read as follows:

~~1. Our AMA will study best practices for interactions between hospitals, other acute care facilities, clinicians, and members of law enforcement or correctional agencies to ensure that patients in custody of such law enforcement or correctional agencies (including patients without decision-making capacity), their surrogates, and the clinicians caring for them are provided the autonomy and privacy protections afforded to them by law and in concordance with professional ethical standards and report its findings to the AMA House of Delegates by the 2023 Annual Meeting.~~

1. Our AMA supports the development of: (1) best practices for acute care of patients in the custody of law enforcement or corrections, (2) clearly defined and consistently implemented processes between health care professionals and law enforcement that (a) can best protect patient confidentiality, privacy, and dignity while meeting the needs of patients, health professionals, and law enforcement and (b) ensures security measures do not interfere with the capacity to provide medical, mental health, pregnancy, end of life care, palliative care, and substance use care, especially in emergency situations, and (3) if conflict arises during an incarcerated individual’s hospitalization that the hospital’s bioethics committee should convene to address the issue and not a law enforcement liaison a hospital or health system-based health care professional and law enforcement liaison team, that includes, but is not limited to, clinicians, members of the ethics committee, hospital security, and legal services to serve as an immediate resource when questions or conflicts arise. (Amend Current HOD Policy)

RECOMMENDATION B:

Council on Science and Public Health Report 6 be amended by the addition of a fourth and fifth recommendation to read as follows:

4. That our AMA supports universal coverage of essential health benefits for all individuals in the custody of law enforcement or corrections and who are incarcerated. (New HOD Policy)

5. That our AMA work with interested parties, including but not limited to, the American College of Emergency Physicians and the American College of Correctional Physicians, to develop model federal legislation requiring health care facilities to inform patients in custody about their rights as a patient under applicable federal and state law. (Directive to Take Action)

RECOMMENDATION C:

Recommendations in Council on Science and Public Health Report 6 be adopted as amended lieu of Resolution 432.

RECOMMENDATION D:

The Council on Science and Public Health Report 6 be filed.

HOD ACTION: Recommendations in Council on Science and Public Health Report 6 adopted as amended lieu of Resolution 432 and Report filed.

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

1. That our AMA amend policy D-430.993, "Study of Best Practices for Acute Care of Patients in the Custody of Law Enforcement or Corrections" to read as follows:

~~1. Our AMA will study best practices for interactions between hospitals, other acute care facilities, clinicians, and members of law enforcement or correctional agencies to ensure that patients in custody of such law enforcement or correctional agencies (including patients without decision-making capacity), their surrogates, and the clinicians caring for them are provided the autonomy and privacy protections afforded to them by law and in concordance with professional ethical standards and report its findings to the AMA House of Delegates by the 2023 Annual Meeting.~~

1. Our AMA supports the development of: (1) best practices for acute care of patients in the custody of law enforcement or corrections, (2) clearly defined and consistently implemented processes between health care professionals and law enforcement that (a) can best protect

1 patient confidentiality, privacy, and dignity while meeting the needs of patients, health
2 professionals, and law enforcement and (b) ensures security measures do not interfere with
3 the capacity to provide medical, mental health, pregnancy, end of life/palliative, and substance
4 use care, especially in emergency situations, and (3) a hospital or health system-based health
5 care professional and law enforcement liaison team, that includes, but is not limited to,
6 clinicians, members of the ethics committee, hospital security, and legal services to serve as
7 an immediate resource when questions or conflicts arise. (Amend Current HOD Policy)
8

9 2. That our AMA affirms that: (1) the adoption of best practices in the acute care of patients in
10 the custody of law enforcement or corrections is an important effort in achieving overall health
11 equity for the U.S. as a whole, and (2) it is the responsibility of the medical staff to ensure
12 quality and safe delivery of care for incarcerated patients. (New HOD Policy)
13

14 3. That our AMA reaffirm Policy D-430.997 "Support for Health Care Services to Incarcerated
15 Persons" and Policy H-420.957 "Shackling of Pregnant Women in Labor." (Reaffirm HOD
16 Policy)
17

18 **RESOLVED**, That our American Medical Association work with interested parties and key
19 stake holders, including the American College of Emergency Physicians, to develop model
20 federal legislation requiring health care facilities to inform patients in custody about their rights
21 as a patient under applicable federal and state law. (Directive to Take Action)
22

23 Testimony on this report was mostly supportive. It was noted that doctors have a responsibility
24 to provide ethical care to all patients and it is a tenet of medicine to put the patient first. One
25 amendment was proffered to ensure consistency with the standard definitions of palliative
26 care and with AMA policy. An additional amendment was proffered to ensure support of
27 universal coverage of essential health care benefits are provided for all individuals in the
28 custody of law enforcement or corrections and who are incarcerated to ensure adequate
29 access to care. Another proffered amendment ensures that the hospital's bioethics committee
30 intervenes if conflict arises instead of law enforcement. Another proffered amendment
31 supported inclusion of the American College of Correctional Physicians (ACCP) when
32 developing model federal legislation given their expertise in this field. Your Reference
33 Committee agrees with the amendments and therefore recommends that alternate
34 recommendations be adopted in lieu of Council on Science and Public Health Report 6 and
35 Resolution 432.

(35) RESOLUTION 401 – METERED DOSE INHALERS AND
GREENHOUSE GAS EMISSIONS

RECOMMENDATION:

Alternate Resolution 401 be adopted in lieu of Resolution 401.

RESOLVED, That our AMA advocate to reduce the climate effects of hydrofluorocarbon propellants in metered-dose inhalers and encourage strategies for encouraging the development of alternative inhalers and propellants with equal efficacy and less adverse effect on our climate; and be it further

RESOLVED, That to keep inhaler medications affordable and accessible, our AMA urge FDA to consider metered-dose inhaler propellant substitutions for the purposes of climate protection as drug reclassifications, without new patent or exclusivity privileges, and not allow these substitutions to classify as new drug applications; and be it further

RESOLVED, That our AMA study options for reducing hydrofluorocarbon use in the medical sector.

HOD ACTION: Alternate Resolution 401 adopted in lieu of Resolution 401.

RESOLVED, That our American Medical Association study the climate effects of metered-dose inhalers, options for reducing hydrofluorocarbon use in the medical sector, and strategies for encouraging the development of alternative inhalers with equal efficacy and less adverse effect on our climate. (Directive to Take Action)

Your Reference Committee heard limited but supportive testimony for Resolution 401. It was noted that there are frequent shortages of breathing treatments that do not use hydrofluorocarbons and that any future actions to discourage the use of these products should address these shortages. Furthermore, alternatives should be readily available, cost effective, and fully covered by health insurance. Your Reference Committee heard that when propellants were previously changed in inhalers, they were determined to be new medications which allowed them to be patented, drastically increasing cost and decreasing accessibility. An alternate resolution was proffered to address these concerns. Your Reference Committee agrees with this alternate language and recommends that alternate Resolution 401 be adopted in lieu of the original resolution.

(36) RESOLUTION 412 – WASTE RECEPTACLES IN ALL
RESTROOM STALLS FOR MENSTRUAL PRODUCT
DISPOSAL

RECOMMENDATION A:

Alternate Resolution 412 be adopted in lieu of Resolution 412.

Our AMA will advocate for the inclusion of medical waste receptacles in all restrooms, including male designated stalls, for safe and discreet disposal of medical waste, inclusive of used menstrual products by people who menstruate. (New HOD Policy)

RECOMMENDATION B:

The title of Resolution 412 be changed to read as follows:

MEDICAL WASTE RECEPTACLES IN ALL RESTROOM STALLS

HOD ACTION: Alternate Resolution 412 adopted in lieu of Resolution 412 with a change in title:

MEDICAL WASTE RECEPTACLES IN ALL RESTROOM STALLS

RESOLVED, That our American Medical Association amend H-65.964 “Access to Basic Human Services for Transgender Individuals” by addition and deletion to read as follows:

Access to Basic Human Services for Transgender Individuals H-65.964

Our AMA (1) opposes policies preventing transgender individuals from accessing basic human services and public facilities in line with one’s gender identity, including, but not limited to, the use of restrooms; ~~and~~ (2) will advocate for the creation of policies that promote social equality and safe access to basic human services and public facilities for transgender individuals according to one’s gender identity, and (3) will advocate for the inclusion of waste receptacles in all restrooms, including male designated stalls, for safe and discreet disposal of used menstrual products by people who menstruate. (Modify Current HOD Policy)

Your Reference Committee heard limited testimony that was unanimously supportive of the intent of the resolution. It was noted that availability of waste receptacles in all restrooms will help individuals who menstruate to evade undue scrutiny and ridicule and will protect their identities and their safety. Offered amendments broadened the resolution to include individuals experiencing other medical conditions that could benefit from waste receptacles in bathrooms without affecting the original intent to protect transgender individuals. Your Reference Committee felt that this broadening of the language resulted in it being outside of the scope of the original policy being amended in Resolution 412. Therefore, your Reference

- 1 Committee recommends that a new policy be created by alternate Resolution 412 and existing
- 2 policy H-65.964 remain as is.

(37) RESOLUTION 422 – NATIONAL EMERGENCY FOR
CHILDREN

RECOMMENDATION A:

Alternate Resolution 422 be adopted in lieu of Resolution 422.

RESOLVED, That our AMA along with other interested parties advocate that children's mental health and barriers to mental health care access for children represent a national emergency that requires urgent attention from all interested parties, and be it further

RESOLVED, That our AMA join with other interested parties to advocate for efforts to increase the mental health workforce to address the increasing shortfall in access to appropriate mental health care for children.

RECOMMENDATION B:

The title of Resolution 422 be changed to read as follows:

**ADVOCATE FOR A NATIONAL EMERGENCY FOR
CHILDREN'S MENTAL HEALTH**

HOD ACTION: Alternate Resolution 422 adopted in lieu of Resolution 422 with a change in title:

**ADVOCATE FOR A NATIONAL EMERGENCY FOR
CHILDREN'S MENTAL HEALTH**

RESOLVED, That our American Medical Association declare a national state of emergency in children's mental health. (New HOD Policy)

Your Reference Committee heard testimony in strong support of the intent of this resolution. One in five children in the country have a mental health issue and access continues to be a problem. It was noted that a national emergency declaration is critical for treating this issue as a crisis and to drive funding and support to address this problem. Alternate Resolution statements were proffered to clarify that our AMA cannot formally declare a national emergency but can work with interested parties toward this goal. Therefore, your Reference Committee recommends that alternate Resolution 422 be adopted.

RECOMMENDED FOR REFERRAL

(38) RESOLUTION 423 – REDUCING SODIUM INTAKE TO
IMPROVE PUBLIC HEALTH

RECOMMENDATION:

Resolution 423 be referred.

HOD ACTION: Resolution 423 referred.

RESOLVED, That our American Medical Association work with all relevant stakeholders to advocate and advise salt reduction through public outreach that may include, but not be limited to, policy changes, ad campaigns, educational programs, including those starting in schools, and food labeling (Directive to Take Action); and be it further

RESOLVED, That our AMA study and report back at the 2024 Annual Meeting the effectiveness and feasibility of salt reduction strategies with specific interventions such as:

1. Consumer awareness and empowerment of populations through social marketing and mobilization to raise awareness of salt alternatives and the need to reduce salt intake
2. Government policies, including appropriate fiscal policies and regulation, to ensure food manufacturers produce healthier affordable low-sodium foods and retailers make such products available
3. Integrating salt reduction strategies and alternatives into the training curriculum of food handlers
4. Removing opportunistic use of saltshakers
5. Introducing and regulating “High in Sodium” (or similar) front-of-pack product labels or prominent shelf labels
6. Automating targeted sodium dietary advice to people visiting health facilities
7. Advocating for people to limit their intake of products high in salt and advocating that they reduce the amount of salt used for cooking
8. Educating and providing a supportive environment for children to encourage early adoption of low salt diets
9. Reducing salt in food served by restaurants and catering outlets, and labelling the sodium content of this food. (Directive to Take Action)

Your Reference Committee heard testimony that was mixed on this resolution. The testimony acknowledged that decreasing sodium intake to improve public health is important. Your Board of Trustees noted that this is an important issue but cautioned that the ask for a patient-centric media campaign has a significant fiscal ask. The Council on Science and Public Health supported referral of this item, noting that their last report on this issue was in 2007. Your Reference Committee believes that studying the best strategies to reduce sodium intake to inform a possible campaign is the most prudent approach toward achieving this goal. Therefore, your Reference Committee recommends that Resolution 423 be referred.

RECOMMENDED FOR REFERRAL FOR DECISION

- (39) RESOLUTION 409 – EXPANDING INCLUSION OF
DIVERSE MANNEQUINS USED IN CPR AND AED
TRAINING

RECOMMENDATION:

Resolution 409 be referred for decision.

HOD ACTION: Resolution 409 referred for decision.

RESOLVED, That our American Medical Association support use of diverse mannequins in CPR and AED training, including, but not limited to, mannequins with breasts, mannequins representing pregnant persons, mannequins representing persons with disabilities, and mannequins of varying body sizes (New HOD Policy); and be it further

RESOLVED, That our AMA support the efforts of relevant stakeholders to develop diverse mannequins or modify current mannequins to reflect diverse patient populations, including, but not limited to, those representing pregnant persons or persons with physical disabilities (New HOD Policy); and be it further

RESOLVED, That our AMA collaborate with relevant stakeholders to increase accessibility of CPR and AED training equipment representing diverse gender and body types in basic life support and advanced certified life support programs nationwide to ensure optimal competency for trainees of all education levels. (Directive to Take Action)

Your Reference Committee heard mixed testimony on Resolution 409. It was noted that CPR gives individuals the best chance of survival and it is important to provide anatomically diverse mannequins to prepare individuals for realistic situations. Opposing testimony noted that the original mannequins were created in the likeness of individuals and have historical significance. In addition, they are costly to replace. It was noted that modifications to existing mannequins are currently available and are less costly. It was further noted that consideration for diverse mannequins might be more appropriate when worn mannequins are replaced. Your Reference Committee acknowledges that there are disparities in outcomes of out of hospital cardiac arrest and resuscitation for women and individuals with various body types and that the intent of the resolution is to improve training to alleviate these disparities. Given the mixed testimony, your Reference Committee recommends that Resolution 409 be referred for decision.

RECOMMENDED FOR NOT ADOPTION

- (40) RESOLUTION 426 – ACCURATE ABORTION
REPORTING WITH DEMOGRAPHICS BY THE CENTER
FOR DISEASE CONTROL

RECOMMENDATION:

Resolution 426 be not adopted.

HOD ACTION: Resolution 426 not adopted.

RESOLVED, That our American Medical Association call upon the Center for Disease Control (CDC) to develop and mandate collection of abortion statistics from each state that at minimum include the following data:

- 1) Age of the woman.
- 2) Race of the woman.
- 3) Facility [Hospital, Ambulatory Surgery Center, Private Center meeting ASC standards, Private Center not meeting ASC standards.
- 4) Gestational age of pregnancy.
- 5) The abortion procedure or medication chosen.
- 6) Reason for abortion [life of the mother, rape, incest, choice].
- 7) Miles traveled to obtain the abortion and whether the woman had to go out of state due to state laws prohibiting abortion care. (New HOD Policy)

Your Reference Committee heard overwhelming testimony in strong opposition to this resolution. The CDC took no position, but noted reporting of data to the CDC by jurisdictions is voluntary. Others noted in testimony that this adds unnecessary burdens for physicians and threatens both patient privacy and the physician-patient relationship. Furthermore, it was noted that collecting this data is menacing and harmful, posing an imminent criminal threat to physicians and patients. Therefore, your Reference Committee recommends that Resolution 426 not be adopted.

- 1 Madam Speaker, this concludes the report of Reference Committee D. I would like to thank
2 Cynthia C. Romero, MD, Druv Bhagavan, Dale M. Mandel, MD, Meghan Scott, DO, Richard
3 G. Soper, MD, Barbara Weissman, MD, and Yasser Zeid, MD; all those who testified before
4 the Committee as well as our AMA staff, Mary Soliman, PhD, Andrea Garcia, JD, MPH,
5 Lindsey Realmuto, MPH, and Sofia Fernandez, MPH.

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