

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 417
(A-24)

Introduced by: California

Subject: Reducing Job-Related Climate Risk Factors

Referred to: Reference Committee D

1 Whereas, heat causes more deaths per year in the U.S. than any other weather hazard; and

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3 Whereas, individuals who work outdoors, especially those working in construction and
4 agriculture, may be frequently exposed to extreme heat conditions and be at-risk for
5 occupational heat-related illnesses, such as dehydration, heat exhaustion, and heat stroke;¹³
6 and

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8 Whereas, the Occupational Safety and Health Administration Heat Illness Prevention tool
9 includes “indoor work in warm/hot environments with heat sources such as ovens, fires, hot tar,
10 and/or other radiant heat sources,” as a job-related risk factor for heat exposure at a
11 workplace;¹⁴ and

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13 Whereas, indoor and outdoor cold work conditions need to be addressed as well; therefore be it

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15 RESOLVED, that our American Medical Association support enforcement of existing outdoor
16 health standards and the establishment of enforceable indoor heat and outdoor cold illness
17 prevention standards, for occupational settings, schools, licensed health care and other
18 congregate facilities. (New HOD Policy)

19
Fiscal Note: Minimal - less than \$1,000

Received: 4/23/2024

REFERENCES

1. Brenda Jacklitsch, Jon Williams, Kristin Musolin, Aitor Coca, Jung-Hyun Kim, & Nina Turner, *Criteria for a Recommended Standard: Occupational Exposure to Heat and Hot Environments, Revised Criteria 2016*, NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (February 2016), available at <https://www.cdc.gov/niosh/docs/2016-106/pdfs/2016-106.pdf?id=10.26616/NIOSH PUB2016106>.
2. *Employer Checklist for Outdoor and Indoor Heat-Related Injury and Illness Prevention*, Occupational Safety and Health Administration website at https://www.osha.gov/sites/default/files/Activity_FF_EmployerHeatChecklist.pdf.

RELEVANT AMA POLICY

D-135.967 Advocating for Heat Exposure Protections for All Workers

Our AMA: (1) will advocate for all workers to have access to preventive cool-down rest periods in shaded, ventilated, and/or cooled areas for prevention of injury from sun exposure and heat injury as well as appropriate access to emergency services when signs and symptoms of heat exposure injury; (2) will advocate for legislation that creates federal standards for protections against heat stress and sun exposure specific to the hazards of the workplace; (3) supports policy change at the federal level via legislation or administrative rule changes by the Occupational Safety and Health Administration (OSHA) that would require that workers receive health educational materials about prevention and recognition

of heat exhaustion and heat exposure injury that is in the worker's primary language: (4) will work with the United States Department of Labor, OSHA, and other appropriate federal stakeholders to develop and enforce evidence-based policies, guidelines, and protections against heat injury for workers independent of legal status; and (5) recognizes there are particular medical conditions and medications, including but not limited to psychotropics, which increase an individual's vulnerability to the negative impacts of heat and sun exposure and advocate for recognition of this, as well as additional protections as part of any guidelines, legislation or other policies. [Res. 502, I-21]

H-130.951 Heat-Related Illness

The AMA recognizes the significant public health threat imposed by heat-related emergencies, and provides the following policy: (1) Physicians should identify patients at risk for extreme heat-related illness such as the elderly, children, individuals with physical or mental disabilities, alcoholics, the chronically ill, and the socially isolated. Patients, family members, friends, and caretakers should be counseled about prevention strategies to avoid such illness. Physicians should provide patients at risk with information about cooling centers and encourage their use during heat emergencies. (2) The AMA encourages patients at risk for heat-related illness to consider wearing appropriate medical identification. [Reaffirmed: CSAPH Rep. 01, A-17; Reaffirmed: CSAPH Rep. 3, A-07; CSA Rep. 10, A-97]

H-135.938 Global Climate Change and Human Health

Our AMA: 1. Supports scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes have adversely affected the physical and mental health of people. We recognize that minoritized and marginalized populations, children, pregnant people, the elderly, rural communities, and those who are economically disadvantaged will suffer disproportionate harm from climate change. 2. Supports educating the medical community on the adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies. 3. (a) Recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and (b) recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes. 4. Encourages physicians to assist in educating patients and the public on the physical and mental health effects of climate change and on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability. 5. Encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently, and that adaptation interventions are equitable and prioritize the needs of the populations most at risk. 6. Supports epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment. 7. Encourages physicians to assess for environmental determinants of health in patient history-taking and encourages the incorporation of assessment for environmental determinants of health in patient history-taking into physician training. [Modified: CSAPH Rep. 2, I-22; Modified: Res. 424, A-22; Reaffirmation: I-19; Reaffirmed: CSAPH Rep. 04, A-19; Reaffirmation A-14; CSAPH Rep. 3, I-08]

D-135.966 Declaring Climate Change a Public Health Crisis

1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals. 2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at a 50 percent reduction in emissions by 2030 and carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens. 3. Our AMA will consider signing on to the Department of Health and Human Services Health Care Pledge or making a similar commitment to lower its own greenhouse gas emissions. 4. Our AMA encourages the health sector to lead by example in committing to carbon neutrality by 2050. 5. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting. [Appended: CSAPH Rep. 02, I-22; Res. 420, A-22]

H-135.923 AMA Advocacy for Environmental Sustainability and Climate

Our AMA (1) supports initiatives to promote environmental sustainability and other efforts to halt global climate change; (2) will incorporate principles of environmental sustainability within its business operations; and (3) supports physicians in adopting programs for environmental sustainability in their practices and help physicians to share these concepts with their patients and with their communities. [Reaffirmation: I-19; Res. 924, I-16]

D-135.997 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 environmental 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 (4) lobby Congress to support ongoing initiatives that include reproductive health outcomes and development particularly in minority populations in Environmental Protection Agency Environmental Justice policies. [Modified: Res. 415, A-23; Reaffirmed in lieu of: Res. 505, A-19; Appended: Res. 927, I-11; Res. 402, A-03]

D-440.912 AMA Public Health Strategy

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 public health crisis of climate change, and centralize our AMA's efforts towards environmental justice and an equitable transition to a net-zero carbon society by 2050. 2. Our AMA Board of Trustees will 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 recommendation for further action to address these issues at I-2023. 3. Our AMA Board of Trustees will provide a strategic plan or outline for the AMA's plan to address and combat the health effects of climate change at I-2023. 4. Our AMA Board of Trustees will provide an update on the efforts and initiatives of the AMA's gun violence task force at I-2023. 5. Our AMA will continue to support increased funding for public health infrastructure and workforce, which should include funding for preventative medicine-related residency programs, to increase public health leadership in this country. [Modified: BOT Rep. 05, I-23; BOT Rep. 17, A-23]

H-135.973 Stewardship of the Environment

The AMA: (1) encourages physicians to be spokespersons for environmental stewardship, including the discussion of these issues when appropriate with patients; (2) encourages the medical community to cooperate in reducing or recycling waste; (3) encourages physicians and the rest of the medical community to dispose of its medical waste in a safe and properly prescribed manner; (4) supports enhancing the role of physicians and other scientists in environmental education; (5) endorses legislation such as the National Environmental Education Act to increase public understanding of environmental degradation and its prevention; (6) encourages research efforts at ascertaining the physiological and psychological effects of abrupt as well as chronic environmental changes; (7) encourages international exchange of information relating to environmental degradation and the adverse human health effects resulting from environmental degradation; (8) encourages and helps support physicians who participate actively in international planning and development conventions associated with improving the environment; (9) encourages educational programs for worldwide family planning and control of population growth; (10) encourages research and development programs for safer, more effective, and less expensive means of preventing unwanted pregnancy; (11) encourages programs to prevent or reduce the human and environmental health impact from global climate change and environmental degradation. (12) encourages economic development programs for all nations that will be sustainable and yet nondestructive to the environment; (13) encourages physicians and environmental scientists in the United States to continue to incorporate concerns for human health into current environmental research and public policy initiatives; (14) encourages physician educators in medical schools, residency programs, and continuing medical education sessions to devote more attention to environmental health issues; (15) will strengthen its liaison with appropriate environmental health agencies, including the

National Institute of Environmental Health Sciences (NIEHS); (16) encourages expanded funding for environmental research by the federal government; and (17) encourages family planning through national and international support. [Reaffirmation I-16; Reaffirmed in lieu of Res. 402, A-10; Reaffirmed in lieu of Res. 417, A-04; Amended: CSA Rep. 8, A-03; Amended: CLRPD Rep. D, I-92; CSA Rep. G, I-89]

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