

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2025 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-25)

Final Report of Reference Committee D

Kim Templeton, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. CSAPH 02 - Addressing Social Determinants of Health Through Closed Loop Referral Systems
2. CSAPH 07 - Addressing the Health Issues Unique to Minority Communities in Rural Areas
3. Resolution 402 - Protecting In-Person Prison Visitations to Reduce Recidivism
4. Resolution 407 - Sleep Deprivation as a Public Health Crisis
5. Resolution 410 - Hate Speech is a Public Health Concern
6. Resolution 412 - Supporting inclusive long-term care facilities
7. Resolution 413 - Preservation of Public Funding for Physicians and Hospitals Providing LGBTQ+ Care
8. Resolution 414 - Expanding Sexually Transmitted Infection Care for Persons with Unstable or No Housing
9. Resolution 415 - Promoting Child Welfare and Communication Rights in Immigration Detention
10. Resolution 416 - Culturally and Religiously Inclusive Food Options
11. Resolution 418 - AMA Study on Plastic Pollution Reduction
12. Resolution 419 - Advocating for Universal Summer Electronic Benefit Transfer Program for Children (SEBTC)
13. Resolution 422 - Protecting the Integrity of the U.S. Healthcare System from Misinformation and Policy
14. Resolution 428 - Public Health Implications of US Food Subsidies
15. Resolution 429 - Addressing the Health Consequences of Microplastics in Humans
16. Resolution 434 - Breast Cancer Risk Reduction

RECOMMENDED FOR ADOPTION AS AMENDED

17. BOT 20 – Guardianship and Conservatorship Reform
18. CSAPH 03 - Protections Against Surgical Smoke Exposure
19. CSAPH 04 - Condemning the Universal Shackling of Every Incarcerated Patient in Hospitals
20. CSAPH 06 - Fragrance Regulation
21. Resolution 401 - Reducing Pickleball-Related Ocular Injuries

22. Resolution 403 - Promoting Evidence-Based Responses to Measles and Misuse of Vitamin A
23. Resolution 406 - Call for Study: Should Petroleum-Powered Emergency Medical Services (EMS) Vehicles in Urban Service Areas be Replaced by Renewably-Powered Electric Vehicles?
24. Resolution 409 - Guidelines for Restricting Cell Phones in K-12 Schools
25. Resolution 411 - Protecting Access to mRNA Vaccines
26. Resolution 420 - Study of Plant-Based & Lab-Grown Meat
27. Resolution 423 - Requiring Universal Vaccine reporting to a National Immunization Registry and Access to a National Immunization Information System
28. Resolution 430 - Addressing the Health Impacts of Ultraprocessed Foods
29. Resolution 431 - Alcohol & Breast Cancer Risk
30. Resolution 433 - Clinical Lactation Care

RECOMMENDED FOR ADOPTION IN LIEU OF

31. Resolution 405 - Health Warning Labels on Alcoholic Beverage Containers
- Resolution 417 - Updating Alcohol Health Warning Labels to Reflect Evidence-Based Health Risks and Supporting National Labeling and Signage Policy Reform
- Resolution 425 - Alcohol Consumption and Health
32. Resolution 426 - Addressing Patient Safety and Environmental Stewardship of Single-Use and Reusable Medical Devices
33. Resolution 427 - Elevate Obesity as a Strategic Objective
34. Resolution 432 - Support for Long-Term Sequelae of Pregnancy

RECOMMENDED FOR REFERRAL

35. Resolution 404 - Improving Public Awareness of Lung Cancer Screening and CAD in Chronic Smokers
36. Resolution 408 - Removing Artificial Turf in Schools, Parks, and Public Places
37. Resolution 421 - Mitigating Air and Noise Pollution from Aviation in Minority Communities Disproportionately Impacted and Vulnerable Communities
38. Resolution 424 - Supporting the Integration of Blood Pressure Variability Data in Electronic Medical Records

RECOMMENDED FOR FILING

39. Board of Trustees Report 25 – AMA Public Health Strategy Update

Amendments

If you wish to propose an amendment to an item of business, click here:

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RECOMMENDED FOR ADOPTION

- (1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
02 - ADDRESSING SOCIAL DETERMINANTS OF
HEALTH THROUGH CLOSED LOOP REFERRAL
SYSTEMS

RECOMMENDATION:

Your Reference Committee recommends that the
Recommendations in the Council on Science and
Public Health (CSAPH) Report 2 be adopted and the
remainder of the report be filed.

**HOD ACTION: CSAPH Report 2 be adopted and the
remainder of the report be filed.**

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

- 1) Our AMA acknowledges closed loop referral systems are a mechanism to address social determinants of health (SDOH) through a community-level, system approach that connects clinicians and the patients they serve to health care services and social support services.
- 2) Our AMA supports the continued evaluation of closed loop referral systems in addressing SDOH and health-related social needs to identify best practices and improve health outcomes.
- 3) Our AMA supports continued research to streamline the workflow processes and ensure two-way communication for closed loop referrals between health care systems and community-based organizations to address SDOH and health-related social needs.
- 4) Our AMA supports: (a) using data to foster hospitals, health insurance, private sector, philanthropic organizations, and community- and faith-based organizations investment in addressing SDOH, (b) reducing barriers to using grants to address SDOH, and (c) promoting federal- and state- initiatives to expand funding for SDOH health-related social needs interventions. (New HOD Policy)

Your Reference Committee heard unanimously supportive testimony for this report noting that the report carefully considers how closed loop referral systems can be used in addressing SDOH and health-related social needs by connecting clinicians, patients, and community-based organizations. Therefore, your Reference Committee recommends that the recommendations in Council on Science and Public Health Report 2 be adopted and the remainder of the report be filed.

(2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
07 - ADDRESSING THE HEALTH ISSUES UNIQUE TO
MINORITY COMMUNITIES IN RURAL AREAS

RECOMMENDATION:

**Your Reference Committee recommends that the
Recommendations in the Council on Science and
Public Health Report 7 be adopted and the remainder of
the report be filed.**

**HOD ACTION: CSAPH Report 7 be adopted and the
remainder of the report be filed.**

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

1. That Policy H-350.937, "Improving Healthcare of Minority Communities in Rural
Areas" be amended by addition and deletion to read as follows:

1. Our American Medical Association encourages health promotion, access to care, and
disease prevention through educational efforts and publications specifically tailored to
minority communities in rural areas.
2. Our AMA encourages enhanced understanding by federal, state and local
governments of the unique health and health-related needs, including mental health,
of minority communities in rural areas in an effort to improve their quality of life.
3. Our AMA encourages the collection of vital statistics and other relevant demographic
data of minority communities in rural areas.
4. Our AMA will advise organizations of the importance of minority health in rural areas.
- ~~5. Our AMA will research and study health issues unique to minority communities in rural
areas, such as access to care difficulties.~~
- ~~6.~~ 5. Our AMA will channel existing policy for telehealth to support improved broadband
internet access in minority communities in rural areas to increase the availability of
telemedicine where clinically appropriate.
- ~~7.~~ 6. Our AMA encourages our Center for Health Equity to support minority health in rural
areas through programming, equity initiatives, and other representation efforts.
7. Our AMA encourages the development of strategies and mechanisms for communities
to share resources and best practices to serve their rural minority populations. (Modify
Current HOD Policy)

2. That Policy H-135.905, "Furthering Environmental Justice and Equity H-135.905"
be amended by addition and deletion to read as follows:

1. Our American Medical Association supports prioritizing greenspace access and tree
canopy coverage for communities that received a "D" rating from the Home Owners'
Loan Corporation, otherwise known as being "redlined," or those that have been
impacted by other discriminatory development, loan servicing, and building practices
with full participation by the community residents in these decisions.
2. Our AMA supports measures to protect frontline communities from the health harms
of proximity to historical and current harmful industrial and mining operations,

1 including fossil fuel extraction, refining and combustion, and large-scale
2 agriculture, such as using the best available technology to reduce local pollution
3 exposure from oil refineries, or health safety buffers from oil
4 extraction industrial operations.

5
6 Your Reference Committee heard overall supportive testimony of the report and the
7 proposed recommendations. There was a proffered amendment by one section to add two
8 clauses to Policy H-350.937 focused on supporting existing research, funding, and
9 surveillance systems for Native American communities, which was supported by another
10 individual. However, others testified, including the report authors, that these amendments
11 were out of scope of the report and noted the existence of other mechanisms to achieve
12 more immediate action. Due to the overall support of the recommendations as written,
13 your Reference Committee recommends adoption of CSAPH Report 7.

14
15 **(3) RESOLUTION 402 - PROTECTING IN-PERSON PRISON**
16 **VISITATIONS TO REDUCE RECIDIVISM**

17
18 **RECOMMENDATION:**

19
20 **Your Reference Committee recommends that**
21 **Resolution 402 be adopted.**

22
23 **HOD ACTION: Resolution 402 be adopted.**

24
25 **RESOLVED**, that our American Medical Association support local, state, and federal
26 efforts that protect and improve accessibility to in-person visitations at correctional
27 facilities to reduce recidivism while encouraging and supporting all custodial efforts to
28 reduce (or eliminate) the introduction of illegal substances and contraband during such in-
29 person visitations. (New HOD Policy)

30
31 Your Reference Committee heard unanimously supportive testimony on Resolution 402
32 noting that maintaining family and social connections through a primary means of
33 telephone calls, written correspondence (including email), and in-person visits is critical
34 for the mental health of justice-involved individuals. Testimony also noted that protecting
35 in-person visitation aligns with longstanding AMA policies supporting the welfare of
36 incarcerated individuals and that appropriate custodial precautions must be taken to
37 prevent the introduction of illegal substances. Therefore, your Reference Committee
38 recommends that Resolution 402 be adopted.

(4) RESOLUTION 407 - SLEEP DEPRIVATION AS A PUBLIC
HEALTH CRISIS

RECOMMENDATION:

**Your Reference Committee recommends that
Resolution 407 be adopted.**

HOD ACTION: Resolution 402 be adopted.

RESOLVED, that our American Medical Association recognizes the role of sleep health for all people, the contributions of sleep duration and quality on chronic health outcomes, mental health, and trauma, and the systemic drivers of modern living contributing towards poorer sleep (New HOD Policy); and be it further

RESOLVED, that our AMA declare sleep deprivation a public health crisis in the United States and to declare sleep health a public health priority (New HOD Policy); and be it further

RESOLVED, that our AMA support efforts to increase research into the socioeconomic, psychosocial, environmental, technologic, and commercial drivers of sleep deprivation, poor sleep quality, and shortened sleep duration (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for public health interventions and policies to improve sleep health. (Directive to Take Action)

Your Reference Committee heard testimony from multiple delegations, sections and individuals voicing approval of the intent of this resolution. However, an amendment was proposed to the second Resolve to change the wording from public health “crisis” to public health “concern” noting that overusing the term “public health crisis” will dilute its meaning and would take away from current resources used to address other public health crises such as gun violence. It was further noted that it is difficult to implement public health interventions to address sleep given how complex this issue is. This amendment received mixed feedback with some in support but a narrow majority favored the original language noting the importance of sleep hygiene as well as the increasing prevalence of sleep deprivation and its negative health consequences. Due to the overall support for the resolution as originally drafted, your Reference Committee recommends adoption of Resolution 407.

(5) RESOLUTION 410 - HATE SPEECH IS A PUBLIC HEALTH CONCERN

RECOMMENDATION:

Your Reference Committee recommends that Resolution 410 be adopted.

HOD ACTION: Resolution 410 be adopted.

RESOLVED, that our American Medical Association declare hate speech a public health concern (New HOD Policy); and be it further

RESOLVED, that our AMA support public and professional campaigns to educate against hate speech and its detrimental effects on the mental and physical well-being of the public (New HOD Policy); and be it further

RESOLVED, that our AMA encourage internet social media and search engines to establish and enforce meaningful content moderation to protect against the spread of hate speech on their platforms. (New HOD Policy)

Your Reference Committee heard mostly supportive testimony on this item, noting that calling attention to the public health harms of hate speech is in line with previous AMA policy and principles that physicians should be in favor of to prevent further harm to their patients, colleagues, and communities. Multiple individuals expressed concern, noting that it is difficult to determine what is considered hate speech and stated that hate speech should be clearly defined in the resolution. Given that AMA has existing policy on hate speech and the majority of the testimony supported this item, your Reference Committee recommends that Resolution 410 be adopted.

(6) RESOLUTION 412 - SUPPORTING INCLUSIVE LONG-TERM CARE FACILITIES

RECOMMENDATION:

Your Reference Committee recommends that Resolution 412 be adopted.

HOD ACTION: Resolution 412 be adopted.

RESOLVED, that our American Medical Association supports federal and state policies for making long-term care facilities LGBTQ+ inclusive. (New HOD Policy)

Your Reference Committee heard generally supportive testimony for adoption of this item. Two sections and one delegation were in strong support. Testimony noted that older LGBTQ+ individuals experience higher rates of mental health concerns like depression and anxiety and are also more likely to face discrimination and isolation in long-term care settings. An individual was in support of the recommendation of reaffirmation of existing policy. However, testimony from supporters highlighted that existing policy makes no

specific recommendations regarding the inclusivity of LGBTQ+ older adults in long-term care facilities. Therefore, your Reference Committee recommends Resolution 412 be adopted.

(7) RESOLUTION 413 - PRESERVATION OF PUBLIC FUNDING FOR PHYSICIANS AND HOSPITALS PROVIDING LGBTQ+ CARE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 413 be adopted.

HOD ACTION: Resolution 413 be adopted.

RESOLVED, that our American Medical Association supports preservation and maintenance of federal and state public funding for physicians and institutions engaged in clinical care, research, and medical education regarding LGBTQ+ populations. (New HOD Policy)

Your Reference Committee heard unanimously supportive testimony on this item. Given that there are increasing limitations in federal funding based on providing evidence-based and life-saving care for transgender and gender diverse people, it is imperative that the AMA supports public funding for physicians and hospitals caring for LGBTQ+ patients. Therefore, your Reference Committee recommends that Resolution 413 be adopted.

(8) RESOLUTION 414 - EXPANDING SEXUALLY TRANSMITTED INFECTION CARE FOR PERSONS WITH UNSTABLE OR NO HOUSING

RECOMMENDATION:

Your Reference Committee recommends Resolution 414 be adopted.

HOD ACTION: Resolution 414 be adopted.

RESOLVED, that our American Medical Association support federal and state efforts to expand access to comprehensive sexually transmitted infection (STI) screening, treatment, and prevention services for persons with unstable or no housing. (New HOD Policy)

Your Reference Committee heard supportive testimony on adoption of this item. Testimony noted that this resolution addresses the urgent need for equitable, targeted STI care for people with unstable or no housing—particularly those from LGBTQ+ and other marginalized communities. While one individual was in support of the recommendation of reaffirmation, testimony from multiple sections and delegations supported adoption and not reaffirmation of existing policy. Proponents of adoption versus reaffirmation stated that existing policy addresses general principles of STI control, public health funding, and care for LGBTQ+ and homeless populations, but does not explicitly integrate or prioritize

1 access to STI care for individuals with unstable or no housing. Therefore, your Reference
2 Committee recommends Resolution 414 be adopted.

3
4 **(9) RESOLUTION 415 - PROMOTING CHILD WELFARE AND**
5 **COMMUNICATION RIGHTS IN IMMIGRATION**
6 **DETENTION**

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8 **RECOMMENDATION:**

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10 **Your Reference Committee recommends Resolution**
11 **415 be adopted.**

12
13 **HOD ACTION: Resolution 415 be adopted.**

14
15 RESOLVED, that our American Medical Association advocate for the implementation of
16 evidence-based, child-centered, and trauma-informed policies across all detention
17 centers, ensuring detained minors have access to developmentally appropriate
18 socioemotional care, including physical contact, and for all detained people, free,
19 unfettered communication access including regular in-person communication, phone
20 calls, and letters (Directive to Take Action); and be it further

21
22 RESOLVED, that our AMA support efforts to address and mitigate concerns and
23 accusations of child abuse and neglect in detention centers. (New HOD Policy)

24
25 Your Reference Committee heard mostly supportive testimony on this item. It was noted
26 that this resolution ensures that all detention facilities adopt child-centered, trauma-
27 informed practices, provide developmentally appropriate socioemotional care (such as
28 allowing physical comfort), and guarantee free, unrestricted access to communication for
29 all detainees. An individual noted that this resolution needs clarification as written to define
30 what is meant by “free and unfettered access” and what is meant by “regular” with respect
31 to in-person, telephone, and letter communication. Given that the majority of the testimony
32 was in support of this resolution, your Reference Committee recommends that Resolution
33 415 be adopted.

34
35 **(10) RESOLUTION 416 - CULTURALLY AND RELIGIOUSLY**
36 **INCLUSIVE FOOD OPTIONS**

37
38 **RECOMMENDATION:**

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40 **Your Reference Committee recommends Resolution**
41 **416 be adopted.**

42
43 **HOD ACTION: Resolution 416 be adopted.**

44
45 RESOLVED, that our American Medical Association amend Policy H-150.949 “Healthful
46 Food Options in Health Care Facilities” by addition to read as follows:

47
48 Healthful Culturally and Religiously Inclusive Food Options in Health Care Facilities H-
49 150.949

- 1) Our American Medical Association encourages healthful, culturally and religiously inclusive food options be available, at reasonable prices and easily accessible, on the premises of health care facilities.
- 2) Our AMA hereby calls on all health care facilities to improve the health of patients, staff, and visitors by:
 - a. Providing a variety of healthy food, including plant-based meals, and meals that are low in saturated and trans fat, sodium, and added sugars.
 - b. Eliminating processed meats from menus.
 - c. Providing and promoting healthy beverages.
 - d. Improving access to culturally and religiously inclusive food options.
- 3) Our AMA hereby calls for health care facility cafeterias and inpatient meal menus to publish nutrition information.
- 4) Our AMA will work with relevant stakeholders to define “access to food” for medical trainees to include overnight access to fresh, culturally and religiously inclusive food and healthy meal options within all training hospitals.

Your Reference Committee heard mostly supportive testimony on this item. Testimony noted the proposed amendments were important in meeting the varied dietary needs of patients and staff from diverse backgrounds. Those testifying in support felt this policy supported wellness, respect, and dignity in the workplace. Your Reference Committee acknowledges the policy as written covers staff at all times of day and trainees at all levels. One individual was opposed to modifying the current policy and recommended a standalone policy that supported improving access to culturally and religiously inclusive food options in health care facilities. However, other individuals and groups testifying felt the modification of H-150.949 was appropriate and creation of new policy was not warranted. There was no additional testimony in support of making this a standalone policy. Therefore, your Reference Committee recommends that Resolution 416 be adopted.

(11) RESOLUTION 418 - AMA STUDY ON PLASTIC POLLUTION REDUCTION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 418 be adopted.

HOD ACTION: Resolution 418 be adopted.

RESOLVED, that our American Medical Association will study and report back with policy recommendations on ways to reduce plastic pollution and its impact on climate change and health, including but not limited to federal, state, and local taxes and limitations on the

1 use of single-use plastic consumer products and other types of plastic, interventions to
2 reduce microplastics, and alternatives to plastic. (Directive to Take Action)

3
4 Your Reference Committee heard largely supportive testimony on this item with one
5 individual preferring an amended resolve clause that would change the resolution from
6 asking AMA to study microplastics to one supporting further research on this topic, citing
7 concerns over the fiscal note. The fiscal note for this item is Modest (\$1000 to \$5000),
8 which is consistent with any resolution asking our AMA to study a topic. Supportive
9 testimony noted plastic pollution is not only an environmental concern but also a growing
10 public health threat. While there were a few calls for Resolutions 418 and 429 to be
11 combined into one resolution, your Reference Committee felt it was reasonable to keep
12 these as two separate policies as they are sufficiently unique and there was minimal
13 benefit in combining them together. Based on the largely supportive testimony for the
14 resolution as written, your Reference Committee recommends that Resolution 418 be
15 adopted.

16
17 **(12) RESOLUTION 419 - ADVOCATING FOR UNIVERSAL**
18 **SUMMER ELECTRONIC BENEFIT TRANSFER**
19 **PROGRAM FOR CHILDREN (SEBTC)**

20
21 **RECOMMENDATION:**

22
23 **Your Reference Committee recommends that**
24 **Resolution 419 be adopted.**

25
26 **HOD ACTION: Resolution 419 be adopted.**

27
28 **RESOLVED**, that our American Medical Association support federal and state efforts to
29 reduce childhood food insecurity, including expansion of the Summer Electronic Benefits
30 Transfer for Children Program. (Directive to Take Action)

31
32 Your Reference Committee heard unanimously supportive testimony on Resolution 419.
33 Testimony noted the high prevalence of food insecurity among children in the U.S. and
34 the importance of this program in helping address that issue. Therefore, your Reference
35 Committee recommends adoption of Resolution 419.

36
37 **(13) RESOLUTION 422 - PROTECTING THE INTEGRITY OF**
38 **THE U.S. HEALTHCARE SYSTEM FROM**
39 **MISINFORMATION AND POLICY**

40
41 **RECOMMENDATION:**

42
43 **Your Reference Committee recommends that**
44 **Resolution 422 be adopted.**

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46 **HOD ACTION: Resolution 422 be adopted.**

47
48 **RESOLVED**, that our American Medical Association will work to educate both medical
49 professionals and the public on the importance of scientific literacy and medical accuracy,

1 the risks associated with healthcare misinformation, and the importance of continued
2 advancement of evidence-based healthcare. (Directive to Take Action)

3
4 Your Reference Committee heard testimony that was supportive of this resolution. With
5 the widespread accessibility of information through mobile devices and other technology,
6 it is important to know how to filter this information for accurate, evidence-based materials.
7 The spreading of unreliable information on health topics amplifies vaccine hesitancy,
8 promotes unproven treatments, erodes public trust, contributes to stigma, and is harmful
9 to patients. An amendment sought to clarify the ask of this resolution and potentially
10 decrease the fiscal note. The amendment had limited support, and it was unclear whether
11 it would significantly change the directive or the fiscal note. Therefore, your Reference
12 Committee recommends adoption of Resolution 422.

13
14 **(14) RESOLUTION 428 - PUBLIC HEALTH IMPLICATIONS OF**
15 **US FOOD SUBSIDIES**

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17 **RECOMMENDATION:**

18
19 **Your Reference Committee recommends that**
20 **Resolution 428 be adopted.**

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22 **HOD ACTION: Resolution 428 be adopted.**

23
24 **RESOLVED**, that our American Medical Association study the public health implications
25 of United States Food Subsidies, focusing on: (1) how these subsidies influence the
26 affordability, availability, and consumption of various food types across different
27 demographics; (2) potential for restructuring food subsidies to support the production and
28 consumption of more healthful foods, thereby contributing to better health outcomes and
29 reduced healthcare costs related to diet-related diseases; and (3) avenues to advocate
30 for policies that align food subsidies with the nutritional needs and health of the American
31 public, ensuring that all segments of the population benefit from equitable access to
32 healthful, affordable food. (Directive to Take Action)

33
34 Your Reference Committee heard unanimously supportive testimony for this resolution
35 from multiple sections and societies. Testimony noted that federal food and agricultural
36 policy play a critical role in shaping our food environment and that diet is not shaped solely
37 by individual choices. This proposed study would help elucidate some of the structural
38 causes of our unhealthy food environment in the U.S. and the resulting health disparities,
39 particularly in underserved communities. Testimony also noted that poor nutrition is the
40 leading risk factor for all-cause mortality, highlighting the importance of this proposed
41 study. Therefore, your Reference Committee recommends adoption of Resolution 428.

42
43 **(15) RESOLUTION 429 - ADDRESSING THE HEALTH**
44 **CONSEQUENCES OF MICROPLASTICS IN HUMANS**

45
46 **RECOMMENDATION:**

47
48 **Your Reference Committee recommends that**
49 **Resolution 429 be adopted.**

HOD ACTION: Resolution 429 be adopted.

RESOLVED, that our American Medical Association recognize the potential health risks associated with microplastics exposure and encourage increased research to better understand the human health effects of microplastics (Directive to Take Action); and be it further

RESOLVED, that our AMA support the respective specialty medical societies with subject matter expertise and federal and state public health agencies, including the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA), to develop evidence-based guidelines for monitoring and mitigating microplastic exposure in water, food, air, and other consumer products (Directive to Take Action); and be it further

RESOLVED, that our AMA collaborate with relevant stakeholders to promote public education about microplastics, their sources, potential health risks, and possible strategies for reducing exposure. (Directive to Take Action)

Your Reference Committee heard mostly supportive testimony for this resolution. Testimony noted continued monitoring of the evidence as it evolves is important as this issue is relatively nascent, while others discussed the ubiquitous presence of microplastics in our lives and bodies as a cause for concern and thus the relevance and timeliness of this resolution. While there were limited calls for Resolution 429 and Resolution 418 to be combined, the Reference Committee feels it is more appropriate to keep them as separate, standalone policy (as noted previously). Therefore, your Reference Committee recommends adoption of Resolution 429.

(16) RESOLUTION 434 - BREAST CANCER RISK REDUCTION**RECOMMENDATION:**

Your Reference Committee recommends that Resolution 434 be adopted.

HOD ACTION: Resolution 434 be adopted.

RESOLVED, that our American Medical Association supports efforts to educate the public about the benefits of lifestyle changes that may reduce breast cancer risk, including regular physical activity, maintenance of a healthy body weight, a healthy plant-based diet, and limiting alcohol intake (New HOD Policy); and be it further

RESOLVED, that our AMA encourages physicians to regularly discuss with their individual patients the benefits of lifestyle changes that may reduce cancer risk; and be it further. (New HOD Policy)

Your Reference Committee heard testimony unanimously in support of Resolution 434. It was noted that breast cancer is the second most common cancer among women in the U.S., and the incidence has been increasing. Multiple delegations, sections, and individuals highlighted the importance and value of educating patients and the public about multiple lifestyle-based interventions associated with breast cancer risk and risk mitigation

- 1 to improve health outcomes. Therefore, your Reference Committee recommends that this
- 2 resolution be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED**(17) BOARD OF TRUSTEES REPORT 20 – GUARDIANSHIP
AND CONSERVATORSHIP REFORM****RECOMMENDATION A:**

Your Reference Committee recommends that the Recommendations in Board of Trustees Report 20 be amended by addition to read as follows:

3. That our AMA supports efforts to reduce predatory behavior by participants in a guardianship system who may have potential financial conflicts of interest, including private organizations and entities, through education and regulation.

RECOMMENDATION B:

Your Reference Committee recommends that the Recommendations in Board of Trustees Report 20 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Board of Trustees Report 20 be adopted as amended and the remainder of the report be filed.

The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 402-A-24, and the remainder of the report be filed:

1. That our AMA encourages efforts to standardize laws concerning the establishment, modification, or termination of a guardianship, and favors less restrictive alternatives to guardianship, which should be viewed as a last resort. (New HOD Policy)
2. That Policy H-140.845, "Encouraging the Use of Advance Directives and Health Care Powers of Attorney" be reaffirmed.

Your Reference Committee heard limited, but supportive testimony on the recommendations in this Board of Trustees report. Testimony noted that making clinical decisions to support guardianship is complex and there is wide variability across states. A proposed amendment called for the AMA to support efforts to reduce predatory behavior and to regulate parties involved in guardianship. The authors supported this amendment, with minor updates in wording, as an additional measure to proactively guard against predatory actions by entities with potential financial conflicts of interest. Therefore, your Reference Committee recommends that the recommendations of this Board of Trustees report be adopted as amended and the remainder of the report be filed.

(18) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
03 – PROTECTIONS AGAINST SURGICAL SMOKE
EXPOSURE

RECOMMENDATION A:

Your Reference Committee recommends that the Recommendation of CSAPH 3 be amended by deletion to read as follows:

That our American Medical Association:

(1) supports efforts to limit surgical smoke exposure in ~~operating rooms~~, including where exposure to infectious diseases ~~such as human papillomavirus~~ may occur, using various methods such as smoke evacuators, appropriate ventilation, and/or appropriate personal protective equipment;

(2) recommends education on surgical smoke among medical students and health care professionals ~~that work and/or train in operating rooms~~ to improve awareness of the potential dangers of surgical smoke and preventive measures that can be taken; and

(3) encourages ongoing monitoring, data collection, and longitudinal research into the health impacts of surgical smoke to better inform understanding of potential health risks and evidence-based interventions to reduce risk. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that the Recommendations in the Council on Science and Public Health Report 3 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in CSAPH Report 3 be adopted as amended and the remainder of the report be filed.

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

That our American Medical Association:

(1) supports efforts to limit surgical smoke exposure in operating rooms, including where exposure to infectious diseases such as human papillomavirus may occur, using

various methods such as smoke evacuators, appropriate ventilation, and/or appropriate personal protective equipment;

(2) recommends education on surgical smoke among medical students and health care professionals that work and/or train in operating rooms to improve awareness of the potential dangers of surgical smoke and preventive measures that can be taken; and

(3) encourages ongoing monitoring, data collection, and longitudinal research into the health impacts of surgical smoke to better inform understanding of potential health risks and evidence-based interventions to reduce risk. (New HOD Policy)

Your Reference Committee heard testimony that was mostly supportive of the recommendations in CSAPH Report 3. Testimony noted that this was a well-researched report with an important emphasis on preventive measures. Supportive testimony highlighted the lack of federal standards or regulations for health care professionals who are regularly exposed to surgical smoke and thus the importance of AMA policy on this issue that addresses education and research. Testimony highlighted that ergonomics are something we need to pay attention to, and surgeons need choices that help ensure both comfort and health. These recommendations are flexible enough to accomplish that, while still addressing the issue at hand. One proposed amendment called for the deletion of the reference to human papillomavirus (HPV) in the recommendations as data supporting exposure to HPV via surgical smoke is limited. Your Reference Committee also believes it is prudent to remove reference to operating rooms as these recommendations are applicable to other health care settings as well. Therefore, your Reference Committee recommends CSAPH Report 3 be adopted as amended and the remainder of the report be filed.

**(19) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
4 - CONDEMNING THE UNIVERSAL SHACKLING OF
EVERY INCARCERATED PATIENT IN HOSPITALS**

RECOMMENDATION A:

Your Reference Committee recommends that the second Recommendation in CSAPH Report 4 be amended by addition to read as follows:

2) Our AMA encourages health care facilities in collaboration with carceral facility leadership and hospital security, to develop and implement policies that eliminate or reduce universally shackling of patients who are incarcerated while receiving health care. Such policies should include:

a) individualized assessments that allow patients who are incarcerated to be unshackled when appropriate, particularly when incapacitating medical conditions are present such as weakness due to age or clinical condition, sedation, paralysis,

dependence on life support, or while receiving end of life care;

b) clearly delineated procedures for shackle removal and/or replacement of shackles with the least restrictive means necessary; and

c) expeditious procedures for health care professionals to communicate to and collaborate with the decision-making authority of carceral facilities and hospital security ~~when~~ to allow timely shackle removal when is medically necessary to provide the standard of care. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends CSAPH Report 4 be amended by addition of a fourth Recommendation to read as follows:

4. Our AMA urges through its representation on the National Commission on Correctional Health Care development and implementation of policies that eliminate or reduce universal shackling of patients who are incarcerated while receiving health care.

RECOMMENDATION C:

Your Reference Committee recommends that Council on Science and Public Health Report 4 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in CSAPH Report 4 be adopted as amended and the remainder of the report be filed.

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

1. Our AMA opposes the universal shackling of patients in medical settings who are incarcerated as a means of punishment, control, and oppression and believes shackling should only be used when there is an immediate and serious threat of self-harm, harm to others, or risk of elopement, that cannot be reasonably mitigated by other least restrictive means necessary. (New HOD Policy)
2. Our AMA encourages health care facilities in collaboration with carceral facilities and hospital security, to develop and implement policies that eliminate or reduce universally shackling of patients who are incarcerated while receiving health care. Such policies should include:

- a) individualized assessments that allow patients who are incarcerated to be unshackled when appropriate, particularly when incapacitating medical conditions are present such as weakness due to age or clinical condition, sedation, paralysis, dependence on life support, or while receiving end of life care;
 - b) clearly delineated procedures for shackle removal and/or replacement of shackles with the least restrictive means necessary; and
 - c) expeditious procedures for health care professionals to communicate to and collaborate with carceral facilities and hospital security when shackle removal is medically necessary to provide the standard of care. (New HOD Policy)
3. That our AMA reaffirm Policy H-420.957 "Shackling of Pregnant Women in Labor." (Reaffirm HOD Policy)

Your Reference Committee heard mostly supportive testimony on this item. Testimony in support noted that the recommendations encourage health care facilities to develop and implement policies that eliminate or reduce universal shackling of patients who are incarcerated while receiving health care. The authors of this report proffered an amendment to emphasize that "timely" collaboration can keep patients and staff safe while allowing medical personnel to provide standard of care. Your Reference Committee agrees with the amendment. Another amendment was proffered to clarify that efforts should be directed towards correctional staff with authority to make such decisions since not all correctional staff have that authority. Further, a delegation proffered an amendment to add another recommendation that advocates for the implementation of these recommendations through AMA representation at the National Commission on Correctional Health Care (NCCHC). Your Reference Committee agrees given that the authors supported this amendment and that current AMA policy supports NCCHC guidelines. Therefore, your Reference Committee recommends that the Recommendations in CSAPH Report 4 be adopted as amended and the remainder of the report be filed.

**(20) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
06 - FRAGRANCE REGULATION**

RECOMMENDATION A:

Your Reference Committee recommends that the Recommendation in the Council on Science and Public Health Report 6 be amended by addition to read as follows:

That our American Medical Association:

(1) recognizes that some environmental exposures may have the potential to substantially limit major life activities of an individual with fragrance sensitivity and related disorders.

(2) encourages health care facilities, government agencies, and nonprofit organizations to adopt and promote fragrance-free policies that recommend individuals avoid or limit use of fragrances and support the use of fragrance-free products when feasible in consultation with relevant medical specialists when possible.

(3) encourages research on fragrance sensitivity to (a) improve diagnostic tools; (b) understand the impact of fragrances on other diseases; (c) evaluate the impact of fragrances on health; and (d) evaluate the impact of fragrance-free intervention.

(4) supports the identification of fragrance allergens and disclosure of fragrance ingredients as part of labeling of personal care products, cosmetics, and drugs. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that the Recommendations in the Council on Science and Public Health Report 6 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in CSAPH Report 6 be adopted as amended and the remainder of the report be filed.

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

That our American Medical Association:

- (1) recognizes that some environmental exposures may have the potential to substantially limit major life activities of an individual with fragrance sensitivity and related disorders.
- (2) encourages health care facilities, government agencies, and nonprofit organizations to adopt and promote fragrance-free policies that recommend individuals avoid or limit use of fragrances and support the use of fragrance-free products when feasible.
- (3) encourages research on fragrance sensitivity to (a) improve diagnostic tools; (b) understand the impact of fragrances on other diseases; (c) evaluate the impact of fragrances on health; and (d) evaluate the impact of fragrance-free intervention.
- (4) supports the identification of fragrance allergens and disclosure of fragrance ingredients as part of labeling of personal care products, cosmetics, and drugs. (New HOD Policy)

1 Your Reference Committee heard largely supportive testimony on this report. There were
2 two amendments offered. The first amendment suggested adding, “in consultation with
3 relevant specialists (e.g. dermatologists, allergists, occupational and environmental
4 medicine physicians) to ensure policies are evidence-based and patient-centered” to the
5 second clause of the recommendation. However, testimony from CSAPH noted concerns
6 as the proposed amendments could be burdensome. In response to support for the spirit
7 of this amendment, your Reference Committee made a slight revision to the second
8 recommendation to more clearly articulate incorporation of insight from medical specialists
9 in policy design in a manner consistent with available evidence and resources when
10 possible. The second proposed amendment suggested adding, “and encourages the U.S.
11 Food and Drug Administration to establish regulations for fragrance allergen labeling” to
12 the fourth clause. Yet, as noted by the CSAPH, this amendment likely exceeds the scope
13 of the report. In person testimony was supportive of CSAPH’s recommendation. Due to
14 the overall support of the amendment to recommendation two, your Reference Committee
15 recommends adoption of CSAPH Report 6 as amended.

16
17 **(21) RESOLUTION 401 - REDUCING PICKLEBALL-RELATED**
18 **OCULAR INJURIES**

19
20 **RECOMMENDATION A:**

21
22 **Your Reference Committee recommends the first**
23 **Resolve clause of Resolution 401 be amended by**
24 **addition and deletion to read as follows:**

25
26 **RESOLVED, that our American Medical Association**
27 **advocate for international, national, and local pickleball**
28 **organizations, leagues, and recreational facilities to**
29 **adopt eye pickleball-related injury prevention**
30 **strategies—such as mandating recommending**
31 **protective eyewear—particularly for older adults and**
32 **individuals with pre-existing ocular conditions which**
33 **could increase their risk for injury while playing**
34 **pickleball. (Directive to Take Action); and be it further**

35
36 **RECOMMENDATION B:**

37
38 **Your Reference Committee recommends the second**
39 **Resolve clause of Resolution 401 be amended by**
40 **addition and deletion to read as follows:**

41
42 **RESOLVED, that our AMA support targeted educational**
43 **initiatives on pickleball-related eye injury prevention,**
44 **with specific outreach to older adults, high-risk**
45 **individuals, and healthcare professionals, to promote**
46 **safe play and increase awareness of ocular pickleball-**
47 **related injury risks, such as ocular injuries (Directive to**
48 **Take Action); and be it further**

RECOMMENDATION C:

Your Reference Committee recommends the third Resolve clause of Resolution 401 be amended by deletion.

RESOLVED, that our AMA encourage continued research and injury surveillance efforts to evaluate the long-term impact of pickleball-related eye injuries on healthcare costs, rehabilitation outcomes, and the effectiveness of preventive strategies (Directive to Take Action); and be it further

RECOMMENDATION D:

Your Reference Committee recommends the fourth Resolve clause of Resolution 401 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA recognize the growing popularity of pickleball among aging populations and encourage physicians to incorporate counseling on sports-pickleball-related eye injury prevention, such as ocular injury, as part of routine patient care. (New HOD Policy)

RECOMMENDATION E:

Your Reference Committee recommends that Resolution 401 be adopted as amended.

RECOMMENDATION F:

Your Reference Committee recommends that the title of Resolution 401 be changed to read as follows:

REDUCING PICKLEBALL-RELATED INJURIES

HOD ACTION: Resolution 401 be adopted as amended with a title change.

RESOLVED, that our American Medical Association advocate for international, national, and local pickleball organizations, leagues, and recreational facilities to adopt eye injury prevention strategies—such as mandating protective eyewear—particularly for older adults and individuals with pre-existing ocular conditions. (Directive to Take Action); and be it further

RESOLVED, that our AMA support targeted educational initiatives on pickleball-related eye injury prevention, with specific outreach to older adults, high-risk individuals, and

1 healthcare professionals, to promote safe play and increase awareness of ocular injury
2 risks (Directive to Take Action); and be it further
3

4 RESOLVED, that our AMA encourage continued research and injury surveillance efforts
5 to evaluate the long-term impact of pickleball-related eye injuries on healthcare costs,
6 rehabilitation outcomes, and the effectiveness of preventive strategies (Directive to Take
7 Action); and be it further
8

9 RESOLVED, that our AMA recognize the growing popularity of pickleball among aging
10 populations and encourage physicians to incorporate counseling on sports-related eye
11 injury prevention as part of routine patient care. (New HOD Policy)
12

13 Your Reference Committee heard mixed testimony online. One individual supported
14 reaffirmation. Two individuals acknowledged that while existing policy addresses the
15 issue, they highlighted the value of the resolution to raise awareness. Finally, one
16 delegation was supportive of the resolution in spirit, but proposed amendments to expand
17 the language to cover all pickleball related injuries rather than focusing only on ocular
18 injuries. Your Reference Committee agrees with expanding to all pickleball-related injuries
19 but also wanted to include language calling attention to ocular injury given the intent of the
20 original resolution. Since the Reference Committee agreed with the expansion of the
21 resolution to cover a broader array of injuries from pickle-ball, it also felt the title should be
22 changed to reflect that broader focus. In person testimony was limited, but unanimously
23 supportive of the proposed amendments. Therefore, your Reference Committee
24 recommends that Resolution 401 be adopted as amended.
25

26 **(22) RESOLUTION 403 - PROMOTING EVIDENCE-BASED**
27 **RESPONSES TO MEASLES AND MISUSE OF VITAMIN A**
28

29 **RECOMMENDATION A:**
30

31 Your Reference Committee recommends the first
32 Resolve clause of Resolution 403 be amended by
33 addition and deletion to read as follows:
34

35 **RESOLVED, that our American Medical Association will**
36 **make will use available materials and references and**
37 **widely distribute a public statement to actively counter**
38 **misinformation regarding vitamin A as more than an**
39 **adjunct for treatment, particularly claims that suggest it**
40 **can replace vaccination, cure the disease, or be safely**
41 **used as a self-treatment practice for measles (Directive**
42 **to Take Action); and be it further**
43

44 **RECOMMENDATION B:**
45

46 Your Reference Committee recommends the second
47 Resolve clause of Resolution 403 be amended by
48 addition to read as follows:

1 **RESOLVED**, that our AMA will educate the public and
2 healthcare professionals about the proper role of
3 vitamin A in measles management under the
4 supervision of a physician—specifically, that while it
5 may reduce the risk of measles-related complications,
6 including but not limited to blindness, it neither
7 prevents nor cures measles (Directive to Take Action);
8 and be it further

9
10 **RECOMMENDATION C:**

11
12 Your Reference Committee recommends the third
13 Resolve clause of Resolution 403 be deleted.

14
15 ~~**RESOLVED**, that our AMA will advocate for the use of~~
16 ~~vitamin A in the context of measles only under the~~
17 ~~supervision of a competent healthcare professional~~
18 ~~(Directive to Take Action); and be it further~~

19 **RECOMMENDATION D:**

20
21 Your Reference Committee recommends that
22 Resolution 403 be adopted as amended.

23
24 **HOD ACTION:** Resolution 403 be adopted as
25 amended.

26
27 **RESOLVED**, that our American Medical Association will make and widely distribute a
28 public statement to actively counter misinformation regarding vitamin A as more than an
29 adjunct for treatment, particularly claims that suggest it can replace vaccination, cure the
30 disease, or be safely used as a self-treatment practice (Directive to Take Action); and be
31 it further

32
33 **RESOLVED**, that our AMA will educate the public and healthcare professionals about the
34 proper role of vitamin A in measles management—specifically, that while it may reduce
35 the risk of measles-related complications, including but not limited to blindness, it neither
36 prevents nor cures measles (Directive to Take Action); and be it further

37
38 **RESOLVED**, that our AMA will advocate for the use of vitamin A in the context of measles
39 only under the supervision of a competent healthcare professional (Directive to Take
40 Action); and be it further

41
42 **RESOLVED**, that our AMA will continue to support the use of FDA-licensed measles
43 vaccines, currently measles-mumps-rubella (MMR) and measles-mumps-rubella varicella
44 (MMRV) as the most effective method of preventing measles and will promote efforts to
45 improve public confidence in immunization through transparent, science-based
46 communication. (New HOD Policy)

47
48 Your Reference Committee heard mostly supportive testimony on this item. Testimony in
49 support from multiple delegations and sections highlighted it is critical that our AMA
50 reaffirm that the best protection against measles is the MMRV vaccine which provides

1 long-lasting protection, and that Vitamin A does not prevent measles. Testimony also
2 noted that Vitamin A deficiency is relatively uncommon in the U.S. One delegation
3 supported reaffirmation of D-440.915 and H-440.830 in lieu of this item and supported
4 adoption of an alternate resolution asserting that “the AMA unequivocally state that any
5 statements regarding Vitamin A supplementation being a replacement for vaccination is
6 health misinformation and highlight the harms of a Vitamin A overdose.” Your Reference
7 Committee heard no further testimony in support of this. Multiple delegations, individuals,
8 and CSAPH supported deletion of the third Resolve clause noting that the way the resolve
9 is worded could be misinterpreted as advocating for the use of Vitamin A in the context of
10 measles. Your Reference Committee agrees with this. Further, the CSAPH proffered an
11 amendment to the second Resolve clause to include language “under the supervision of
12 a physician” to further emphasize that Vitamin A use in measles management is supported
13 only when under the supervision of a physician. Your Reference Committee agrees with
14 this amendment. The author proffered an amendment to the first Resolve clause online to
15 clarify that the AMA will “use available materials and references” rather than “make” them.
16 Another delegation proffered an amendment to the first Resolve clause to clarify that the
17 topic is specifically regarding vitamin A as a self-treatment for measles. Your Reference
18 committee agrees with these amendments, as did the resolution author. Therefore, your
19 Reference Committee recommends that Resolution 403 be adopted as amended.

20
21 **(23) RESOLUTION 406 - CALL FOR STUDY: SHOULD**
22 **PETROLEUM-POWERED EMERGENCY MEDICAL**
23 **SERVICES (EMS) VEHICLES IN URBAN SERVICE**
24 **AREAS BE REPLACED BY RENEWABLY-POWERED**
25 **ELECTRIC VEHICLES?**

26
27 **RECOMMENDATION A:**

28
29 **Your Reference Committee recommends that the first**
30 **Resolve clause of Resolution 406 be amended by**
31 **addition and deletion to read as follows:**

32
33 **RESOLVED, that our American Medical Association**
34 **encourages study pilot studies on the potential**
35 **feasibility of that our nation's urban ambulance fleets**
36 **being replaced with renewably-powered electric**
37 **vehicles when current petroleum-powered EMS**
38 **ambulances become retired from service, with a report**
39 **back at the next meeting of the AMA House of**
40 **Delegates; and be it further**

41
42 **RECOMMENDATION B:**

43
44 **Your Reference Committee recommends that the**
45 **second Resolve clause of Resolution 406 be deleted.**

46
47 **RESOLVED, that our AMA will forward the results of this**
48 **study to health care journalists, hospital regulators,**
49 **hospital executives, EMS system leaders, and other**
50 **relevant parties, toward the eventual implementation of**

~~the findings and recommendations that are anticipated to be reached. (Directive to Take Action)~~

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 406 be adopted as amended.

RECOMMENDATION D:

Your Reference Committee recommends that the title of Resolution 406 be changed to read as follows:

UNDERSTANDING THE FEASIBILITY OF REPLACING PETROLEUM-POWERED EMERGENCY MEDICAL SERVICES (EMS) VEHICLES IN URBAN SERVICE AREAS WITH RENEWABLY-POWERED VEHICLES

HOD ACTION: Resolution 406 be adopted as amended with a title change.

RESOLVED, that our American Medical Association study the potential feasibility that our nation's urban ambulance fleet be replaced with renewably-powered electric vehicles when current petroleum-powered EMS ambulances become retired from service, with a report back at the next meeting of the AMA House of Delegates; (Directive to Take Action) and be it further

RESOLVED, that our AMA will forward the results of this study to health care journalists, hospital regulators, hospital executives, EMS system leaders, and other relevant parties, toward the eventual implementation of the findings and recommendations that are anticipated to be reached. (Directive to Take Action)

Your Reference Committee heard mixed testimony for this resolution. Supporters of the resolution noted that the proposed resolution was both well aligned with existing AMA policy on climate change and sustainability and would contribute to existing knowledge and inform future considerations in reducing health care's environmental impact. Several individuals and CSAPH testified that they did not believe there was enough data currently available on electric vehicles in the U.S. and that the greenhouse gas emissions from EMS vehicles make up a relatively small portion of overall emissions, therefore the aims of this resolution are too narrow. Additionally, it was noted that the second Resolve seemed overly prescriptive in terms of how the report would be disseminated. A number of individuals felt the Reference Committee's preliminary recommendation for referral was appropriate. Due to the lack of data but noting the importance of the issue, CSAPH proffered an amendment that would encourage others to study the feasibility of renewably powered vehicles as opposed to the AMA, which several others supported. Another individual provided an amendment asking for the deletion of the word 'electric' from vehicles, noting that other new technologies that use renewable energy could be used in vehicles that aren't necessarily 'electric' (e.g. fuel cells). Your Reference Committee believes the amendments provided by CSAPH keep the original intent of the resolution, in that more study is needed on the feasibility of renewably powered EMS vehicles, but more

evidence is needed before AMA takes this on as a study. Thus, your Reference Committee recommends that Resolution 406 be adopted as amended.

**(24) RESOLUTION 409 - GUIDELINES FOR RESTRICTING
CELL PHONES IN K-12 SCHOOLS**

RECOMMENDATION A:

Your Reference Committee recommends the first
Resolve clause of Resolution 409 be amended by
addition to read as follows:

RESOLVED, that our American Medical Association support the establishment of uniform guidelines for cell phone and smart device access in K-12 schools and best practices for use outside school including recommendations for nighttime device access for children (New HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends the second
Resolve clause of Resolution 409 be amended by
addition and deletion to read as follows:

RESOLVED, that our AMA support K-12 schools implementing limitations on cell phone and smart device ~~phone~~ usage during school hours that consider individual, school, and community needs (e.g., emergency contact, medical needs, etc.) (New HOD Policy); and be it further

RECOMMENDATION C:

Your Reference Committee recommends the third
Resolve clause of Resolution 409 be amended by
addition to read as follows:

RESOLVED, that our AMA encourage parents and children to limit children's nighttime cell phone and smart device usage before bedtime. (New HOD Policy)

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 409 be adopted as amended.

HOD ACTION: Resolution 409 be adopted as amended.

1 RESOLVED, that our American Medical Association support the establishment of uniform
2 guidelines for cell phone and smart device access in schools and best practices for use
3 outside school including recommendations for nighttime device access for children (New
4 HOD Policy); and be it further

5
6 RESOLVED, that our AMA support schools implementing limitations on smartphone
7 usage during school hours (New HOD Policy); and be it further

8
9 RESOLVED, that our AMA encourage parents and children to limit children's nighttime
10 phone usage before bedtime. (New HOD Policy)

11
12 Your Reference Committee heard strong support for the spirit of this resolution. Multiple
13 amendments were suggested regarding: (1) adding "smart devices" and "cell phones" to
14 all resolve clauses, and (2) inclusion of provisions to allow use in certain circumstances
15 (e.g., emergency contact, medical needs, etc.). Additionally, concerns were raised about
16 the feasibility of implementation. To address these concerns and allow more flexibility with
17 respect to policy design and implementation, the Reference Committee revised the
18 second clause to add language to, "consider individual, school, and community needs
19 (e.g., emergency contact, medical needs, etc.)." K-12 was also added in all relevant
20 resolved clauses to add clarity and support their ability to stand on their own. Due to
21 unanimous support for the spirit of the resolution, your Reference Committee recommends
22 adoption of Resolution 409 as amended.

23
24 **(25) RESOLUTION 411 - PROTECTING ACCESS TO MRNA**
25 **VACCINES**

26
27 **RECOMMENDATION A:**

28
29 **Your Reference Committee recommends that the first**
30 **Resolve clause of Resolution 411 be amended by**
31 **addition and deletion to read as follows:**

32
33 **RESOLVED, that our AMA actively lobby**
34 **for support protections for use, research and**
35 **development of mRNA vaccines for infectious diseases**
36 **and cancer treatment; and be it further**

37
38 **RECOMMENDATION B:**

39
40 **Your Reference Committee recommends that the**
41 **second Resolve clause of Resolution 411 be amended**
42 **by addition and deletion to read as follows:**

43
44 **RESOLVED, that our AMA ~~develop state level model~~**
45 **~~legislation to promote state level protections for work~~**
46 **~~with interested state and specialty medical~~**
47 **~~associations to oppose state legislation that would limit~~**
48 **~~or ban the use, research and or development of mRNA~~**
49 **~~vaccines with report back at I-25.~~**

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 411 be adopted as amended.

HOD ACTION: Resolution 411 be adopted as amended.

RESOLVED, that our American Medical Association actively lobby for protections for use, research and development of mRNA vaccines for infectious diseases and cancer treatment (Directive to Take Action); and be it further

RESOLVED, that our AMA develop state level model legislation to promote state level protections for use, research and development of mRNA vaccines with report back at I-25. (Directive to Take Action)

Your Reference Committee heard unanimously supportive testimony on this item noting that this is a timely issue, given recent legislation introduced in several states aiming to ban or limit the use of mRNA technology. Testimony highlighted how mRNA vaccines have revolutionized approaches to treatment for cancer, infectious disease, and played a critical role in reducing COVID-19-related morbidity and mortality. An amendment was proffered by the Council on Legislation that calls for our AMA to work with state and specialty medical associations to oppose state legislation that would ban mRNA vaccines and to authorize the AMA to support and protect the use, research, and development of mRNA vaccines broadly, and not be limited to lobbying activities. The Council stated support for the intent of the resolution but noted that enacting AMA model legislation would not be effective in preventing state legislators from banning mRNA vaccines in the future. An amendment was proffered to add the word “actively” back into the first Resolve clause to ensure ongoing support for protections. Your Reference Committee agrees with these amendments and therefore recommends that Resolution 411 be adopted as amended.

(26) RESOLUTION 420 - STUDY OF PLANT-BASED & LAB-GROWN MEAT

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 420 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association supports further research ~~study and report back with policy recommendations~~ on the health- and climate-related effects of consuming plant-based and lab-grown meat. ~~(Directive to Take Action)~~(New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 420 be adopted as amended.

HOD ACTION: Resolution 420 be adopted as amended.

RESOLVED, that our American Medical Association study and report back with policy recommendations on the health- and climate-related effects of consuming plant-based and lab-grown meat. (Directive to Take Action)

Your Reference Committee heard limited but mixed testimony on this item. Supportive testimony noted that plant-based and lab-grown meat alternatives have the potential to shift the global food system and that a whole food, plant-based diet is one of the six pillars of the Lifestyle Medicine specialty. There was also CSAPH testimony recommending not adoption of this resolution, noting that there is limited evidence available to justify a study but welcomed the return of this resolution in future meetings. Your Reference Committee believes this is an important issue but agrees with CSAPH's testimony that the lack of available data would make it difficult for the AMA to do a study, and thus amending the resolution to encourage further research addresses the original intent while addressing the lack of evidence concern. Therefore, your Reference Committee recommends Resolution 420 be adopted as amended.

(27) RESOLUTION 423 - REQUIRING UNIVERSAL VACCINE REPORTING TO A NATIONAL IMMUNIZATION REGISTRY AND ACCESS TO A NATIONAL IMMUNIZATION INFORMATION SYSTEM

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 423 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association ~~seek legislation for~~ support the creation of a national immunization registry as well as universal mandatory vaccine reporting for all vaccines administered in the United States and its territories to improve the public health of our society.

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 423 be adopted as amended.

HOD ACTION: Resolution 423 be adopted as amended.

1 RESOLVED, that our American Medical Association seek legislation for a national
2 immunization registry as well as universal mandatory vaccine reporting for all vaccines
3 administered in the United States and its territories to improve the public health of our
4 society. (Directive to Take Action)

5
6 Your Reference Committee heard mostly supportive testimony on this item noting that
7 Immunization Information Systems would be most effective for pediatricians and other
8 health care professionals if there was a nationwide network and repository of immunization
9 data, given the current limitations of data sharing across jurisdictions. Limited testimony
10 noted that promoting interoperability across state registries may be a more palatable way
11 of approaching this issue. Your Reference committee acknowledges that there may be
12 challenges in implementing a national registry, while acknowledging that current AMA
13 policy already supports using integrated and interoperable systems to facilitate access to
14 accurate and complete immunization data and to improve information-sharing among all
15 vaccine providers ([H-440.877](#)) as well as a network of state-based immunization registries
16 that meet a set of minimum standards and allow for access at a national level ([D-440.961](#)).
17 Further, a delegation proffered an amendment to support the creation of a national
18 immunization registry, without necessarily requiring a legislative approach. Your
19 Reference Committee agrees and therefore recommends that Resolution 423 be adopted
20 as amended.

21
22 **(28) RESOLUTION 430 - ADDRESSING THE HEALTH**
23 **IMPACTS OF ULTRAPROCESSED FOODS**

24
25 **RECOMMENDATION A:**

26
27 **Your Reference Committee recommends that the first**
28 **Resolve of Resolution 430 be amended by addition and**
29 **deletion to read as follows:**

30
31 **RESOLVED, that our American Medical Association**
32 **support and promote public awareness and education**
33 **about the ~~health risks of differences between healthful~~**
34 **foods and unhealthful ultraprocessed foods (UPF) and**
35 **the benefits of minimally processed and unprocessed**
36 **foods (Directive to Take Action); and be it further**

37
38 **RECOMMENDATION B:**

39
40 **Your Reference Committee recommends that the third**
41 **Resolve of Resolution 430 be amended by addition to**
42 **read as follows:**

43
44 **RESOLVED, that our AMA encourage the integration of**
45 **nutrition education into all levels of medical education**
46 **to empower clinicians to best counsel patients**
47 **efficiently and effectively on reducing unhealthful UPF**
48 **consumption (New HOD Policy); and be it further**

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 430 be adopted as amended.

HOD ACTION: Resolution 430 be adopted as amended.

RESOLVED, that our American Medical Association support and promote public awareness and education about the health risks of ultraprocessed foods and the benefits of minimally processed and unprocessed foods (Directive to Take Action); and be it further

RESOLVED, that our AMA support federal, state, and local policies that promote and incentivize the production and distribution of healthier, affordable, minimally-processed and unprocessed foods (New HOD Policy); and be it further

RESOLVED, that our AMA encourage the integration of nutrition education into all levels of medical education to empower clinicians to best counsel patients efficiently and effectively on reducing UPF consumption (New HOD Policy); and be it further

RESOLVED, that our AMA support increased funding to the FDA for research into the health impacts of ultraprocessed foods and strategies to mitigate their risks. (New HOD Policy)

Your Reference Committee heard overall supportive testimony, particularly in regard to the intent of this resolution, and there were several proposed amendments. Suggested amendments included clarification on differences between healthful foods and unhealthful ultraprocessed foods and the other proposed deletion of the fourth resolve clause, suggesting AMA support of this statement could be construed as politicized in the current federal political environment. The resolution authors supported amendments included in the preliminary reference report and there was no further testimony in support of the deletion of the fourth Resolve clause. Your Reference Committee would also like to note that a [letter](#) sent earlier this year by the AMA to the US Department of Health and Human Services and the U.S. Department of Agriculture supported continued research into ultraprocessed foods and their health impacts. Therefore, your Reference Committee recommends Resolution 430 be adopted as amended.

(29) RESOLUTION 431 - ALCOHOL & BREAST CANCER RISK

RECOMMENDATION A:

Your Reference Committee recommends the second Resolve clause of Resolution 431 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA supports evidence-based efforts to minimize ~~prevent excessive~~ alcohol use, including eliminating the use of “pinkwashing” to market alcohol products and supporting warning labels on the ingredients and products.

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 431 be adopted as amended.

HOD ACTION: Resolution 431 be adopted as amended.

RESOLVED, that our American Medical Association work with relevant parties to (1) promote public education about the risks between alcohol use and cancer, especially breast cancer; and (2) educate clinicians regarding the influence of alcohol use and breast cancer as well as other cancer risks and treatment complications; and be it further

RESOLVED, that our AMA supports evidence-based efforts to prevent excessive alcohol use, including eliminating the use of “pinkwashing” to market alcohol products and supporting warning labels on the ingredients and products.

Testimony on Resolution 431 was limited, but supportive. Despite evidence that even low levels of alcohol use increase the risk of several cancers, public awareness remains alarmingly low. One individual testified that the focus of the resolution on breast cancer was too narrow. Another individual called for deletion of the word “excessive” in the second Resolve, to acknowledge the risk of alcohol-related harm, including cancer, begins with any level of consumption. Your Reference Committee agrees with this assessment and acknowledges that deleting the word ‘excessive’ is better aligned with existing AMA policy. However, when the word excessive was deleted, it was deemed necessary to modify the ‘prevent’ to ‘minimize’ to help align the resolution to its original intent. Therefore, your Reference Committee recommends that Resolution 431 be adopted as amended.

(30) RESOLUTION 433 - CLINICAL LACTATION CARE**RECOMMENDATION A:**

Your Reference Committee recommends that Resolution 433 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association recognizes the importance of qualified clinical lactation care and advocates for the use of a multidisciplinary approach that involves clinicians, community lactation support, family members, employers, and childcare providers to help parents overcome obstacles to their desired infant feeding approach ~~clinical lactation care provided by qualified clinicians and clinical professionals.~~

1 **RECOMMENDATION B:**

2
3 Your Reference Committee recommends that
4 Resolution 433 be amended by addition of a second and
5 third Resolve to read as follows:

6
7 RESOLVED, that our AMA will collaborate with other
8 physician specialty organizations to support educating
9 physicians on the myriad of lactation personnel with
10 information as to the education and competencies of
11 each credential so that physicians can make
12 appropriate referrals and patients can receive the risk-
13 appropriate care that they need.

14
15 RESOLVED, that our AMA, in the interest of patient
16 safety, recognizes the importance of clinical lactation
17 care provided by qualified individuals.

18
19 **RECOMMENDATION C:**

20
21 Your Reference Committee recommends that
22 Resolution 433 be adopted as amended.

23
24 **HOD ACTION:** Resolution 433 be adopted as
25 amended.

26
27 RESOLVED, that our American Medical Association recognizes the importance of clinical
28 lactation care provided by qualified clinicians and clinical professionals.

29
30 Your Reference Committee heard unanimously supportive testimony for Resolution 433.
31 However, one delegation proposed an amendment to provide a broader, multidisciplinary
32 approach to what constitutes lactation support. This was unanimously supported in the in-
33 person testimony. One delegation also proposed two new resolves and there was some
34 support for these additional resolve clauses. However, the Reference Committee revised
35 the language of the first resolve clause to more broadly address the importance of clinical
36 lactation care, without highlighting specific certification bodies or health care
37 professionals, which could limit access to care and increase disparities, particularly in rural
38 and other remote settings that don't have access to those certified specialists. Your
39 Reference Committee was also concerned about including specific certifying bodies within
40 policy as these may change over time. Due to the overall supportive proposed
41 amendments, your Reference Committee recommends adoption of Resolution 433 as
42 amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

- (31)** RESOLUTION 405 - HEALTH WARNING LABELS ON
ALCOHOLIC BEVERAGE CONTAINERS
RESOLUTION 417 - UPDATING ALCOHOL HEALTH
WARNING LABELS TO REFLECT EVIDENCE-BASED
HEALTH RISKS AND SUPPORTING NATIONAL
LABELING AND SIGNAGE POLICY REFORM
RESOLUTION 425 - ALCOHOL CONSUMPTION AND
HEALTH

RECOMMENDATION:

Your Reference Committee recommends that alternate Resolution 405 be adopted in lieu of Resolution 405, Resolution 417, and Resolution 425.

**SUPPORTING LABELING AND DIETARY GUIDELINE
CLARITY FOR ALCOHOLIC BEVERAGES**

RESOLVED, That our American Medical Association support federal and state legislation and regulations requiring standardized, front-of-package labeling on all alcoholic beverages that discloses:

(a) the number of standard drinks per container and aligns with current guidelines on alcohol consumption; and

(b) the best available science, including appropriate acknowledgment of alcohol's causal link to cancer and the evidence that the risk of harm increases with greater alcohol consumption (New HOD Policy); and be it further

RESOLVED, That our AMA support legislation and regulations ensuring:

(a) alcohol labeling is presented with sufficient prominence, legibility, and design features, such as minimum font size, and color contrast, and optional pictorial elements, to enhance readability and support informed decision-making across populations; and

(b) clear, evidence-based point-of-sale warning signage in physical and digital retail environments where alcohol is sold (New HOD Policy); and be it further

RESOLVED, That our AMA support extending alcohol labeling requirements to "non-alcoholic" or "zero proof" beverages that are manufactured, packaged, or marketed in a manner similar to alcoholic beverages, to

1 ensure consistent transparency regarding alcohol
2 content (New HOD Policy); and be it further
3

4 **RESOLVED**, that our American Medical Association
5 continue to strongly urge the Dietary Guidelines
6 Advisory Committee to explicitly warn about the risks
7 of alcohol consumption and its relationship to certain
8 cancers and other diseases and affirm that there is no
9 safe threshold for alcohol consumption (Directive to
10 Take Action); and be it further
11

12 **RESOLVED**, That our AMA submit a public comment in
13 response to the Alcohol and Tobacco Tax and Trade
14 Bureau's proposed rule on Alcohol Facts Statements,
15 calling for labeling standards that include standard
16 drink information, health risk disclosures, consumer-
17 centric design, and harmonization with federal dietary
18 guidance and emerging public health evidence
19 (Directive to Take Action); and be it further
20

21 **RESOLVED**, that our AMA support research and
22 evaluation initiatives to determine the impact of alcohol
23 warning labels and signage on consumer knowledge
24 and behavior, health outcomes, and alcohol sales
25 patterns, with ongoing assessment to ensure future
26 labeling interventions are evidence-informed and
27 population-appropriate. (New HOD Policy)
28

29 **HOD ACTION: Alternate Resolution 405 be adopted**
30 **in lieu of Resolution 405, Resolution 417, and**
31 **Resolution 425.**
32

33 **RESOLUTION 405 - HEALTH WARNING LABELS ON ALCOHOLIC BEVERAGE**
34 **CONTAINERS**
35

36 **RESOLVED**, that our AMA support regulations that mandate alcoholic beverage
37 containers to display the number of standard drinks in the container, paired with national
38 dietary guidelines for alcohol use; and be it further
39

40 **RESOLVED**, that our AMA support regulations that ensure alcohol containers have labels
41 which are large in size, use contrasting colors, use large text, have accompanying
42 graphics, and display in the label in a prominent position.
43

44 **RESOLUTION 417 - UPDATING ALCOHOL HEALTH WARNING LABELS TO REFLECT**
45 **EVIDENCE-BASED HEALTH RISKS AND SUPPORTING NATIONAL LABELING AND**
46 **SIGNAGE POLICY REFORM**
47

48 **RESOLVED**, that our American Medical Association support the modernization of alcohol
49 health warning labels to reflect the best available science, including explicit

1 acknowledgment of alcohol's causal link to cancer and the evidence that the risk of harm
2 increases with greater alcohol consumption; and be it further

3
4 RESOLVED, that our AMA support federal and state policy measures requiring clear,
5 evidence-based point-of-sale warning signage in physical and digital retail environments
6 where alcohol is sold; and be it further

7
8 RESOLVED, that our AMA support research and evaluation initiatives to study the impact
9 of alcohol warning labels and signage on consumer knowledge and behavior, health
10 outcomes, and alcohol sales patterns, with ongoing assessment to ensure future labeling
11 interventions are evidence-informed and population-appropriate.

12
13 RESOLUTION 425 - ALCOHOL CONSUMPTION AND HEALTH

14
15 RESOLVED, that our American Medical Association encourage the US Department of
16 Health and Human Services and the U.S. Department of Agriculture to reassess alcohol
17 limit guidelines based on an overall assessment of the health risks associated with alcohol
18 consumption as stated in the Surgeon General's 2025 advisory report and make
19 recommendations for the next edition of the Dietary Guidelines that is scheduled to be
20 released in 2025; and be it further

21
22 RESOLVED, that our AMA encourage the US Department of Treasury to reassess the
23 health warning label required to appear on distilled spirit labels as per the Alcoholic
24 Beverage Labeling Act (ABLA) of 1988 with the recent data on cancer risk included in the
25 Surgeon General's 2025 advisory report and subsequently send a updated warning label
26 to congress that includes cancer risk.

27
28 Online testimony on Resolutions 405, 417, and 425 was mostly supportive, but there were
29 some calls to amend and combine the alcohol-related resolutions and some proposed
30 ways of doing so. In drafting the preliminary report, your Reference Committee agreed
31 that streamlining and combining the related resolutions would make the most sense for
32 our AMA to have clear, consistent policy and to ensure that the policy has the highest
33 impact. At the in-person hearing, alternate Resolution 405 was largely supported, and it
34 was noted that your Reference Committee "really ate with this one." The authors of
35 resolution 425 noted that they would have preferred that their first Resolve be included in
36 this alternate resolution. Your Reference Committee notes that a [letter](#) was sent earlier
37 this year by the AMA to the US Department of Health and Human Services and the U.S.
38 Department of Agriculture encouraging them to reassess alcohol limit guidelines as part
39 of the Scientific Report of the 2025 Dietary Guidelines. However, your Reference
40 Committee agrees that it is important to adopt policy that continues to strongly urge the
41 Dietary Guidelines Advisory Committee to explicitly warn about the risks of alcohol
42 consumption and its relationship to certain cancers and other diseases and affirm that
43 there is no safe threshold for alcohol consumption. Therefore, your Reference Committee
44 recommends that alternate Resolution 405 be adopted.

1 **(32) RESOLUTION 426 - ADDRESSING PATIENT SAFETY**
2 **AND ENVIRONMENTAL STEWARDSHIP OF SINGLE-**
3 **USE AND REUSABLE MEDICAL DEVICES**
4

5 **RECOMMENDATION:**
6

7 **Your Reference Committee recommends that Alternate**
8 **Resolution 426 be adopted in lieu of Resolution 426.**
9

10 **RESOLVED, that our American Medical Association**
11 **encourages appropriate stakeholders to lead the**
12 **development of standardized, evidence-based life-cycle**
13 **assessments for single-use versus reusable medical**
14 **devices, with physician input as end users.**
15

16 **HOD ACTION: Alternate Resolution 426 be adopted**
17 **in lieu of Resolution 426.**
18

19 RESOLVED, that our American Medical Association work with interested stakeholders to
20 develop and/or confirm a comprehensive cradle-to-grave life-cycle assessment for single-
21 use versus reusable medical devices factoring safety relative to cost effectiveness and
22 environmental impact (Directive to Take Action); and be it further
23

24 RESOLVED, that our AMA advocate for federal regulation on medical devices that
25 addresses patient safety as it intersects with fiscal and environmental considerations and
26 promotes the use of a “gold standard” life-cycle assessment for single-use and reusable
27 medical devices (Directive to Take Action).
28

29 Your Reference Committee heard mixed testimony on this resolution. One individual felt
30 reaffirmation of existing AMA policy D-480.955, *Promoting the Use of Multi-Use Devices*
31 *and Sustainable Practices in the Operating Room*, was warranted, while another
32 supported the intent of the resolution but felt that the level of technical expertise required
33 on this subject was outside of the purview of the AMA. A delegation commented that while
34 it agreed with the overall intent of the resolution, they opposed the resolution in its current
35 form in part due to issues of feasibility and scope in the first resolve. Another person
36 proposed referral for study. An alternate first Resolve clause was proffered, which was
37 supported by others testifying. Your Reference Committee believes the proposed alternate
38 resolution addresses the original intent of the resolution and does not support referral for
39 study since AMA only recently completed a report on reusable versus single-use
40 equipment in 2023. Thus, your Reference Committee recommends that alternate
41 Resolution 426 be adopted.

1 **(33) RESOLUTION 427 - ELEVATE OBESITY AS A**
2 **STRATEGIC OBJECTIVE**

3
4 **RECOMMENDATION:**

5
6 **Your Reference Committee recommends that Alternate**
7 **Resolution 427 be adopted in lieu of Resolution 427.**

8
9 **ELEVATE OBESITY AS AN AMA PUBLIC HEALTH**
10 **PRIORITY**

11
12 **RESOLVED, that our American Medical Association**
13 **elevate obesity to be one of its public health priorities**
14 **(Directive to Take Action).**

15
16 **HOD ACTION: Alternate Resolution 427 be adopted**
17 **in lieu of Resolution 427.**

18
19 **RESOLVED, that our American Medical Association adopt addressing the public health**
20 **issue of obesity including prevention and treatment as a strategic objective (New HOD**
21 **Policy).**

22
23 Your Reference Committee heard mostly supportive testimony on this item. Testimony in
24 support from multiple delegations and sections noted the impact of obesity on the U.S.
25 population and highlighted the importance for the AMA to take action on addressing this
26 issue by making it a priority. Testimony noted it is also important to address prevention
27 and treatment to allow health care professionals to intervene as early as possible to
28 improve health outcomes. The Board of Trustees noted that there would need to be careful
29 consideration on how AMA would get the resources to adequately prioritize this work if it
30 became a strategic objective and proffered an amendment to address this concern while
31 keeping the intent of the resolution. An alternate resolution was proffered that called for
32 elevating obesity to a "public health priority," along with current AMA priorities of
33 hypertension and pre-diabetes which are often comorbidities associated with obesity. Your
34 Reference Committee agrees with this alternate resolution because it elevates obesity as
35 a priority but also addresses the Board of Trustees concern about calling out obesity as a
36 strategic objective. Your Reference Committee included a title change to accurately reflect
37 the ask in the alternate resolution. Further, a delegation and an individual online were in
38 support of referral of this item noting that before adopting this resolution, there needs to
39 be data supporting that there are no long-term complications or adverse health effects
40 from treatment, and that the potential effects on health care premiums should be
41 examined. However, given the overall support of this resolution, your Reference
42 Committee recommends that alternate Resolution 427 be adopted.

1 **(34) RESOLUTION 432 - SUPPORT FOR LONG-TERM**
2 **SEQUELAE OF PREGNANCY**

3
4 **RECOMMENDATION:**

5
6 **Your Reference Committee recommends that Alternate**
7 **Resolution 432 be adopted in lieu of Resolution 432.**

8
9 **ADDRESSING LONG-TERM SEQUELAE OF**
10 **PREGNANCY**

11
12 **RESOLVED, that our American Medical Association**
13 **support research to reduce disparities in maternal**
14 **health outcomes, including research on the long-term**
15 **health sequelae and treatment of pregnancy-related**
16 **diseases and diseases diagnosed or identified during**
17 **pregnancy; and be it further**

18
19 **RESOLVED, that our AMA will support further**
20 **insurance coverage for conditions related to long-term**
21 **sequelae of pregnancy (New HOD Policy); and be it**
22 **further**

23
24 **RESOLVED, that our AMA will support appropriate**
25 **organizations working to improve awareness and**
26 **education among patients, families, and clinicians of**
27 **the risks of long-term sequelae of pregnancy. (Directive**
28 **to Take Action)**

29
30 **HOD ACTION: Alternate Resolution 432 be adopted**
31 **in lieu of Resolution 432.**

32
33 **RESOLVED, that our American Medical Association will work with relevant parties to**
34 **support research on the long-term sequelae of pregnancy, their development, and**
35 **possible treatments, including reducing disparities in maternal health outcomes (Directive**
36 **to Take Action); and be it further**

37
38 **RESOLVED, that our AMA will support further insurance coverage of treatments for**
39 **conditions related to long-term sequelae of pregnancy (New HOD Policy); and be it further**

40
41 **RESOLVED, that our AMA will support appropriate organizations working to improve**
42 **awareness and education among patients, families, and clinicians of the risks of long-term**
43 **sequelae of pregnancy. (Directive to Take Action)**

44
45 **Your Reference Committee heard generally supportive testimony with multiple**
46 **delegations voicing support for the resolution as drafted. One delegation provided a total**
47 **rewrite of the first Resolve to more accurately describe the long-term health sequelae and**
48 **treatment of pregnancy-related diseases and diseases diagnosed or identified during**
49 **pregnancy. The proposed amendment was unanimously supported. Finally, one individual**
50 **proposed an amendment to the language of second Resolve to ensure insurance was**

1 addressed as broadly as possible. Your Reference Committee also thought a title change
2 would bring clarity to the overall intention of this resolution. In light of the significant
3 amendments to the original resolution, your Reference Committee recommends adoption
4 of alternate Resolution 432.

RECOMMENDED FOR REFERRAL

(35) RESOLUTION 404 - IMPROVING PUBLIC AWARENESS
OF LUNG CANCER SCREENING AND CAD IN CHRONIC
SMOKERS

RECOMMENDATION:

Your Reference Committee recommends that
Resolution 404 be referred.

HOD ACTION: Resolution 404 be referred.

RESOLVED, that our American Medical Association will partner with other professional and public health organizations as well as key stakeholders in cardiology, pulmonology, oncology, and imaging specialties to increase awareness amongst chronic smokers (who would benefit from appropriate lung cancer screening) regarding their risk for both lung cancer and coronary artery disease and encourage their participation in screening programs through a joint public campaign effort (Directive to Take Action); and be it further

RESOLVED, that our AMA promote physician education and awareness regarding the value of chest CT in detecting both lung cancer and calcified atherosclerotic plaque and encourage reporting the extent of coronary artery calcification in non-contrast chest CT studies performed as a part of lung cancer screening program. (Directive to Take Action)

Your Reference Committee heard mixed online testimony. In general, delegations and individuals were supportive of the overall aims of the resolution. However, three delegations support referral for study, whereas two delegations and one individual support the resolution with amendments to: (1) develop and disseminate guidelines for the use of LDCT instead of promoting education and awareness in the first Resolve and (2) add support for population health research on joint outcomes of lung cancer and coronary artery disease screening. In person testimony was almost unanimously supportive of referral. A few sections raised concerns around underutilization of LDCT screening among chronic smokers, the needs of specific populations (e.g., veterans), and the limited data in support of LDCT for lung cancer in detecting coronary artery calcification. Due to the overall support for the spirit of the resolution and acknowledgement of the need for more research, your Reference Committee recommends that Resolution 404 be referred.

(36) RESOLUTION 408 - REMOVING ARTIFICIAL TURF IN SCHOOLS, PARKS, AND PUBLIC PLACES

RECOMMENDATION:

Your Reference Committee recommends that Resolution 408 be referred.

HOD ACTION: Resolution 408 be referred.

RESOLVED, that our American Medical Association recommend replacing artificial turf with natural, drought-tolerant and hardiness zone appropriate turfgrass in parks, sports fields and lawns when it is to be replaced (New HOD Policy); and be it further

RESOLVED, that our AMA support natural, drought-tolerant and hardiness zone appropriate turfgrass as the preferred choice on sports fields or lawns, in all public and private schools and colleges, as well as in city parks. (New HOD Policy)

Your Reference Committee heard testimony that was largely in support of referral on this resolution. While the resolution authors provided testimony in support of adoption noting the health concerns around chemicals and plastics in artificial turf, increased risk of injury, and absorption of heat, others testifying felt more study was appropriate. Those in support of referral noted that grass fields are more challenging for adaptive-sports users (i.e., wheelchair athletes) and in parts of the country with challenging weather conditions during the winter, and thus considerations should be made to make sports fields accessible for all athletes. Due to the majority of testimony being in support of referral, your Reference Committee recommends referral of Resolution 408.

(37) RESOLUTION 421 - MITIGATING AIR AND NOISE POLLUTION FROM AVIATION IN MINORITY COMMUNITIES DISPROPORTIONATELY IMPACTED AND VULNERABLE COMMUNITIES

RECOMMENDATION:

Your Reference Committee recommends that Resolution 421 be referred.

HOD ACTION: Resolution 404 be referred.

RESOLVED, that our American Medical Association seek a study and report back providing recommendations at the federal level to reduce the adverse impact of air and noise pollution in disproportionately impacted and vulnerable communities from aviation, including the following areas:

1. Promotion of Sustainable Aviation Fuels: Advocate for the adoption of sustainable alternative jet fuels, which have been shown to decrease premature death rates in communities near airports and downwind.

2. Implementation of Noise Abatement Procedures: Encourage the use of flight paths and operational procedures that minimize noise impact on residential areas, particularly those inhabited by minority populations disproportionately impacted communities.
3. Investment in Noise Mitigation Infrastructure: Support the installation of soundproofing materials in homes, schools, and healthcare facilities located in high-noise areas to reduce the adverse health effects of noise pollution as well as non-combustion engines (i.e. solar or electric).
4. Community Engagement and Education: Foster partnerships with affected communities to raise awareness about the health impacts of air and noise pollution and involve them in decision-making processes regarding aviation operations.
5. Research and Monitoring: Advocate for ongoing research to monitor air and noise pollution levels in minority populations disproportionately impacted communities and study the effectiveness of implemented interventions. (Directive to Take Action)

Your Reference Committee heard mixed testimony for this resolution. While there was support for the intent of this resolution, there were multiple calls for referral. Those in support of referral noted that while the resolution addresses an important and preventable public health problem that disproportionately impacts low-income and minority communities, the specific asks within the current resolution (numbers 1 through 5) should not be accepted as official AMA policy without the study to support them. One individual proposed amending the resolution text and separating it into two different polices – one that addresses noise pollution and one that addresses air pollution from aviation. However, no specific amendment text was proffered. Due to multiple delegations in support of referral and the original resolution authors noting they were okay with referral, your Reference Committee recommends referral of Resolution 421.

**(38) RESOLUTION 424 - SUPPORTING THE INTEGRATION
OF BLOOD PRESSURE VARIABILITY DATA IN
ELECTRONIC MEDICAL RECORDS**

RECOMMENDATION:

**Your Reference Committee recommends that
Resolution 424 be referred.**

HOD ACTION: Resolution 404 be referred.

RESOLVED, that our American Medical Association support the integration of blood pressure variability data into electronic medical records, emphasizing automated calculation capabilities similar to those established for body mass index (New HOD Policy); and be it further

RESOLVED, that our AMA support research efforts to establish pathological BPV thresholds to guide dietary and exercise recommendations, sleep evaluation, risk stratification, and other evidence-based interventions by healthcare providers. (New HOD Policy)

1 Your Reference Committee heard testimony largely in support of referral for further study,
2 noting that more research is needed regarding blood pressure variability thresholds prior
3 to electronic health record integration. Even the resolution author noted further information
4 is warranted and supported referral. Therefore, your Reference Committee recommends
5 Resolution 424 be referred.

RECOMMENDED FOR FILING

(39) BOARD OF TRUSTEES REPORT 25 – AMA PUBLIC
HEALTH STRATEGY UPDATE

RECOMMENDATION:

**Your Reference Committee recommends that Board of
Trustees Report 25 be filed.**

HOD ACTION: Board of Trustees Report 25 be filed.

This informational report covers activities between March 2024 and March 2025 and is an effort to provide regular updates on the status of the AMA's mission critical public health work to the House of Delegates (HOD).

Board of Trustees Report 25 is an informational report that provides an annual update on the AMA's public health work through March of 2025. This report was extracted, and it was noted by those who testified that this report is missing the point and fails to address recent developments that threaten U.S. public health infrastructure and workforce. However, there was no specific recommendation offered. Since this is an annual report, your Reference Committee encourages the Board of Trustees to further outline how it is addressing the recent, unprecedented threats to public health infrastructure in its next annual report.

1 This concludes the report of Reference Committee D. I would like to thank Kevin
2 Bernstein, MD, MMS, Jean Hausheer, MD, Daniel Kerekes, MD, MHS, George Morris,
3 MD, Michael Visenio, MD, MPH, Sriharsha Sripadrao, MS, and all those who testified
4 before the Committee as well as our AMA staff Andrea Garcia, Jane Sachs, Lindsey
5 Realmuto, and Mary Soliman.

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