AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-22)

Report of Reference Committee K

Robert H. Emmick Jr., MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Council on Science and Public Health Report 1 – Drug Shortages: 2022 Update
2. Resolution 902 - Reducing the Burden of Incarceration on Public Health
3. Resolution 918 - Opposition to Alcohol Industry Marketing Self-Regulation
4. Resolution 926 - Limit the Pornography Viewing by Minors Over the Internet

RECOMMENDED FOR ADOPTION AS AMENDED

5. Council on Science and Public Health Report 2 – Climate Change and Human Health
6. Resolution 904 - Immigration Status Is a Public Health Issue
7. Resolution 905 - Minimal Age of Juvenile Justice Jurisdiction in the United States
8. Resolution 907 - A National Strategy for Collaborative Engagement, Study, and Solutions to Reduce the Role of Illegal Firearms in Firearm Related Injury
9. Resolution 908 - Older Adults and the 988 Suicide and Crisis Lifeline
10. Resolution 909 - Decreasing Gun Violence and Suicide in Seniors
11. Resolution 910 - Gonad Shields: Regulatory and Legislation Advocacy to Oppose Routine Use
12. Resolution 915 - Pulse Oximetry in Patients with Pigmented Skin
13. Resolution 916 - Non-Cervical HPV Associated Cancer Prevention
14. Resolution 919 - Decreasing Youth Access to E-cigarettes
15. Resolution 921 - Firearm Injury and Death Research and Prevention
16. Resolution 924 - Domestic Production of Personal Protective Equipment
17. Resolution 928 - Expanding Transplant Evaluation Criteria to Include Patients that May Not Satisfy Center-Specific Alcohol Sobriety Requirements
18. Resolution 929 - Opposing the Marketing of Pharmaceuticals to Parties Responsible for Captive Populations
19. Resolution 931 - Amending H-160.903 Eradicating Homelessness to Include Support for Street Medicine Programs
20. Resolution 933 - Reducing Disparities in HIV Incidence through Pre-Exposure Prophylaxis (PrEP) for HIV

RECOMMENDED FOR ADOPTION IN LIEU OF

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

RECOMMENDED FOR REFERRAL

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

RECOMMENDED FOR REFERRAL FOR DECISION

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

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

Amendments
If you wish to propose an amendment to an item of business, click here: Submit New Amendment

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

- Resolution 903 - Supporting Further Study of Kratom
- Resolution 914 - Greenhouse Gas Emissions from Health Care
- Resolution 922 - Firearm Safety and Technology
- Resolution 925 - Incorporation of Social Determinants of Health Concepts into Climate Change Work of the AMA
- Resolution 927 - Off-Label Policy
- Resolution 932 - Increase Employment Services Funding for People with Disabilities
- Resolution 934 - Denouncing the use of Solitary Confinement in Correctional Facilities and Detention Centers
- Resolution 939 - Mattress Safety in the Hospital Setting

RECOMMENDED FOR ADOPTION

(1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 1 – DRUG SHORTAGES: 2022 UPDATE

RECOMMENDATION:

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

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

1) Policy H-100.956, "National Drug Shortages" be amended by addition to read as follows:

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

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

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

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

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

6. Our AMA urges continued analysis of the root causes of drug shortages that includes consideration of federal actions, evaluation of manufacturer, Group Purchasing Organization (GPO), pharmacy benefit managers, and distributor practices, contracting practices by market participants on competition, access to drugs, pricing, and analysis of economic drivers, and supports efforts by the Federal Trade Commission to oversee and regulate such forces.

7. Our AMA urges regulatory relief designed to improve the availability of prescription drugs by ensuring that such products are not removed from the market or caused to stop production

due to compliance issues unless such removal is clearly required for significant and obvious safety reasons.

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

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

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

RECOMMENDATION:

Resolution 904 be adopted.

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

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

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

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

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

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

RECOMMENDATION:

Resolution 918 be adopted.

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

H-30.940, Labeling, Advertising, and Promotion of Alcoholic Beverages

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

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

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

(4.) (a) Urges producers and distributors of alcoholic beverages to discontinue all advertising directed toward youth, including ~~such as~~ promotions on high school and college campuses; (b) urges advertisers and broadcasters to cooperate in eliminating television program content that depicts the irresponsible use of alcohol without showing its adverse consequences (examples of such use include driving after drinking, drinking while pregnant, or drinking to enhance performance or win social acceptance); (e) supports continued warnings against the irresponsible use of alcohol and challenges the liquor, beer, and wine trade groups to include in their advertising specific warnings against driving after drinking; and (f) commends those automobile and alcoholic beverage companies that have advertised against driving while under the influence of alcohol. (Modify Current HOD Policy)

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

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

RECOMMENDATION:

Resolution 926 be <u>adopted</u>.

RESOLVED, That our American Medical Association amend existing policy H-60.934, "Internet Pornography Protecting Children and Youth Who Use the Internet and Social Media," by addition to read as follows:
Our AMA:
(1) Recognizes the positive role of the Internet in providing health information to children and youth.
(2) Recognizes the negative role of the Internet in connecting children and youth to predators and exposing them to pornography.
(3) Supports federal legislation that restricts Internet access to pornographic materials in designated public institutions where children and youth may use the Internet.
(4) Encourages physicians to continue efforts to raise parent/guardian awareness about the importance of educating their children about safe Internet and social media use.
(5) Supports school-based media literacy programs that teach effective thinking, learning, and safety skills related to Internet and social media use.
<u>(6) Actively support legislation that would strengthen child-centric content protection by internet service providers and/or search engines in order to limit the access of pornography to minors on the internet and mobile applications.</u> (Modify Existing Policy)

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

RECOMMENDED FOR ADOPTION AS AMENDED

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

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

RECOMMENDATION C:

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

RECOMMENDATION D:

That policies H-135.921, "AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments in Fossil Fuel Companies" and D-135.969, "AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments in Fossil Fuel Companies" be reaffirmed.

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

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

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

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

Our AMA: 1. Supports ~~the findings of the Intergovernmental Panel on Climate Change's fourth assessment report and concurs with the~~ scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes have adversely affected the physical and mental health of people. ~~will create conditions that affect public health, with~~ We recognize that minoritized and marginalized populations, children, the elderly, rural communities, and those who are economically disadvantaged will suffer disproportionate ~~impacts~~ harms from of climate change ~~on vulnerable populations, including children, the elderly, and the poor~~.
2. Supports educating the medical community on the ~~potential~~ adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies.

3. (a) Recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and (b) recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes.
4. Encourages physicians to assist in educating patients and the public on the physical and mental health effects of climate change and on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability.
5. Encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently, and that adaptation interventions are equitable and prioritize the needs of the populations most at risk~~, and that the AMA's Center for Public Health Preparedness and Disaster Response assist in this effort~~.
6. Supports epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment.
7. Encourages physicians to assess for environmental determinants of health in patient history-taking and encourages the incorporation of assessment for environmental determinants of health in patient history-taking into physician training. (Modify Current HOD Policy)

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

Our AMA: (1) supports practices and policies in medical schools, hospitals, and other health care 41 facilities that support and model a healthy and ecologically sustainable food system, which provides food and beverages of naturally high nutritional quality; (2) encourages the development of a healthier food system through tax incentive programs, community-level initiatives and federal legislation; and (3) will consider working with other health care and public health organizations to educate the health care community and the public about the importance of healthy and ecologically sustainable food systems. (Reaffirm HOD Policy)

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

~~Our AMA: (1) endorses the need for additional research on atmospheric monitoring and climate simulation models as a means of reducing some of the present uncertainties in climate forecasting;~~
~~(2) urges Congress to adopt a comprehensive, integrated natural resource and energy utilization policy that will promote more efficient fuel use and energy production;~~
~~(3) endorses increased recognition of the importance of nuclear energy's role in the production of electricity;~~
~~(4) encourages research and development programs for improving the utilization efficiency and reducing the pollution of fossil fuels; and~~
~~(5) encourages humanitarian measures to limit the burgeoning increase in world population.~~
(Rescind HOD Policy)

Testimony for this item was robust and largely supportive. The Council was praised for this initial report updating our AMA’s position on climate change. A member of the Board of Trustees also noted their upcoming report outlining the AMA’s strategy on climate change and health. Several amendments were offered that your Reference Committee agreed with including: 1) to add pregnant people to the list of populations that will suffer disproportionate impacts, 2) to strengthen existing policy around climate change and food insecurity, and 3) to

reaffirm the AMA's existing policies related to divestment from fossil fuels. There were some additional amendments that your Reference Committee believes are outside of the scope of this report, including adding language around nutritional guidelines. Therefore, your Reference Committee recommends that CSAPH Report 2 be adopted as amended.

Policies recommended for reaffirmation:

> H-135.921 AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments in Fossil Fuel Companies
> 1. Our AMA will: (a) choose for its commercial relationships, when fiscally responsible, vendors, suppliers, and corporations that have demonstrated environmental sustainability practices that seek to minimize their fossil fuels consumption; and (b) support efforts of physicians and other health professional associations to proceed with divestment, including to create policy analyses, support continuing medical education, and to inform our patients, the public, legislators, and government policy makers.
>
> 2. Our AMA: (a) declares that climate change is an urgent public health emergency, and calls upon all governments, organizations, and individuals to work to avert catastrophe; (b) urges all health and life insurance companies, including those that provide insurance for medical, dental, and long-term care, to work in a timely, incremental, and fiscally responsible manner to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels; and (c) will send letters to the nineteen largest health or life insurance companies in the United States to inform them of AMA policies concerned with climate change and with fossil fuel divestments, and urging these companies to divest.
>
> D-135.969 AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments in Fossil Fuel Companies
> Our AMA, AMA Foundation, and any affiliated corporations will work in a timely, incremental, and fiscally responsible manner, to the extent allowed by their legal and fiduciary duties, to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels.

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

RECOMMENDATION A:

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

RESOLVED, That our AMA partner with ~~the American Public Health Association~~ public health organizations and other interested stakeholders to urge Congress, the Department of Justice, ~~and~~ the Department of Health and Human Services, and state officials and agencies to minimize the negative health effects of incarceration by supporting programs that facilitate employment at a living

wage, and safe, affordable ~~and~~ housing opportunities for formerly incarcerated individuals, as well as research into alternatives to incarceration. (Directive to Take Action)

RECOMMENDATION B:

Resolution 902 be adopted as amended.

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Resolution 905 be adopted as amended.

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RESOLVED, That our AMA work with key stakeholders including, but not limited to, firearm manufacturers, firearm advocacy groups, law enforcement agencies, public health agencies, firearm injury victims advocacy groups, healthcare providers, and state and federal government agencies, to ~~study and~~ develop evidence-informed public

health recommendations to mitigate the effects of violence committed with illegally possessed firearms (Directive to Take Action); and be it further

RECOMMENDATION C:

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

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

RECOMMENDATION D:

Resolution 907 be adopted as amended.

RECOMMENDATION E:

That the title or Resolution 907 be changed to read as follows:

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

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

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

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

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

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

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

RECOMMENDATION A:

Policy D-345.974, "Awareness Campaign for 988 National Suicide Prevention Lifeline" be amended by addition and deletion to read as follows:

Our AMA will: (1) utilize their existing communications channels to educate the physician community and the public on the new 9-8-8 National Suicide Prevention Lifeline program; (2) work with the Federation and other stakeholders to advocate for adequate federal and state funding for the 9-8-8 system, including the development of model legislation; and (3) collaborate with the Substance Abuse and Mental Health Services Administration, ~~and~~ the 9-8-8 partner community, and other interested stakeholders, to strengthen suicide prevention and mental health crisis services that prioritize education and outreach to those populations at highest risk for suicide attempts, suicide completions, and self-injurious behavior.

RECOMMENDATION B:

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

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

RESOLVED, That our AMA advocate that the Department of Health and Human Services (HHS) prioritize education and outreach activities for use of the 988 Suicide and Crisis Lifeline

to those who are at highest risk for suicide completion with a special emphasis on those over age 65. (Directive to Take Action)

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Resolution 909 be adopted as amended.

RECOMMENDATION D:

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

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

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

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

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

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

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

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

RECOMMENDATION A:

The first Resolve of Resolution 910 be <u>amended by addition</u> to read as follows:

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

Resolution 910 be adopted as amended.

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

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

Resolution 915 be adopted as amended.

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

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

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

RECOMMENDATION A:

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

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

HPV Vaccine and Cervical Cancer Prevention Worldwide, H-440.872

1. Our AMA (a) urges physicians to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine ~~cervical~~ cancer screening for those at risk; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and cervical cancer screening in countries without organized cervical cancer screening programs.
2. Our AMA will intensify efforts to improve awareness and understanding about HPV and associated diseases~~,~~ in all individuals, regardless of sex, such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and ~~penile~~ genital cancer, the availability and efficacy of HPV vaccinations, and the need for routine cervical cancer screening in the general public.
3. Our AMA:
(a) encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits ~~for adolescents and young adults~~,
(b) supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations,
(c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.
4. Our AMA encourage appropriate stakeholders to investigate means to increase HPV vaccination rates by~~:~~
~~a.~~ facilitating administration of HPV vaccinations in community-based settings including school settings~~; and~~
~~b. supporting state mandates for HPV vaccination for school attendance~~. (Modify Current HOD Policy);

RECOMMENDATION B:

Resolution 916 be adopted as amended.

RECOMMENDATION C:

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

HPV-ASSOCIATED CANCER PREVENTION

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

HPV Vaccine and Cervical Cancer Prevention Worldwide, H-440.872
1. Our AMA (a) urges physicians to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine ~~cervical~~ cancer screening for those at risk; and (b) encourages the development and funding of programs targeted at HPV vaccine

introduction and cervical cancer screening in countries without organized cervical cancer screening programs.
2. Our AMA will intensify efforts to improve awareness and understanding about HPV and associated diseases, in all individuals regardless of sex, such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and penile cancer, the availability and efficacy of HPV vaccinations, and the need for routine cervical cancer screening in the general public.
3. Our AMA:
(a) encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits ~~for adolescents and young adults~~,
(b) supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations,
(c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.
4. Our AMA encourage appropriate stakeholders to investigate means to increase HPV vaccination rates by:
a. facilitating administration of HPV vaccinations in community-based settings including school settings, and
b. supporting state mandates for HPV vaccination for school attendance. (Modify Current HOD Policy); and be it further

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

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

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

RECOMMENDATION A:

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

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

Tobacco Product Sales and Distribution, H-495.986
Our AMA:

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

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

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

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

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

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

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

(8) (a) publicly commends (and so urges local medical societies) pharmacies and pharmacy owners who have chosen not to sell tobacco products, and asks its members to encourage patients to seek out and patronize pharmacies that do not sell tobacco products; (b) encourages other pharmacists and pharmacy owners individually and through their professional associations to remove such products from their stores; (c) urges the American Pharmacists Association, the National Association of Retail Druggists, and other pharmaceutical associations to adopt a position calling for their members to remove tobacco products from their stores; and (d) encourages state medical associations

to develop lists of pharmacies that have voluntarily banned the sale of tobacco for distribution to their members; ~~and~~
(9) opposes the sale of tobacco at any facility where health services are provided; ~~and~~
(10) supports that the sale of tobacco products be restricted to tobacco specialty stores~~.~~:and
(11) supports measures that prevent retailers from opening new tobacco specialty stores in proximity to elementary schools, middle schools, and high schools~~;~~ and
~~(12) support measures that decrease the overall density of tobacco specialty stores, including but not limited to, preventing retailers from opening new tobacco specialty stores in proximity to existing tobacco specialty stores~~.
(Modify Current HOD Policy)

RECOMMENDATION B:

Resolution 919 be adopted as amended.

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

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

Tobacco Product Sales and Distribution, H-495.986
Our AMA:
(1) recognizes the use of e-cigarettes and vaping as an urgent public health epidemic and will actively work with the Food and Drug Administration and other relevant stakeholders to counteract the marketing and use of addictive e-cigarette and vaping devices, including but not limited to bans and strict restrictions on marketing to minors under the age of 21;
(2) encourages the passage of laws, ordinances and regulations that would set the minimum age for purchasing tobacco products, including electronic nicotine delivery systems (ENDS) and e-cigarettes, at 21 years, and urges strict enforcement of laws prohibiting the sale of tobacco products to minors;
(3) supports the development of model legislation regarding enforcement of laws restricting children's access to tobacco, including but not limited to attention to the following issues: (a) provision for licensure to sell tobacco and for the revocation thereof; (b) appropriate civil or criminal penalties (e.g., fines, prison terms, license revocation) to deter violation of laws restricting children's access to and possession of tobacco; (c) requirements for merchants to post notices warning minors against attempting to purchase tobacco and to obtain proof of age for would-be purchasers; (d) measures to facilitate enforcement; (e) banning out-of-package cigarette sales ("loosies"); and (f) requiring tobacco purchasers and vendors to be of legal smoking age;
(4) requests that states adequately fund the enforcement of the laws related to tobacco sales to minors;
(5) opposes the use of vending machines to distribute tobacco products and supports ordinances and legislation to ban the use of vending machines for distribution of tobacco products;

(6) seeks a ban on the production, distribution, and sale of candy products that depict or resemble tobacco products;
(7) opposes the distribution of free tobacco products by any means and supports the enactment of legislation prohibiting the disbursement of samples of tobacco and tobacco products by mail;
(8) (a) publicly commends (and so urges local medical societies) pharmacies and pharmacy owners who have chosen not to sell tobacco products, and asks its members to encourage patients to seek out and patronize pharmacies that do not sell tobacco products; (b) encourages other pharmacists and pharmacy owners individually and through their professional associations to remove such products from their stores; (c) urges the American Pharmacists Association, the National Association of Retail Druggists, and other pharmaceutical associations to adopt a position calling for their members to remove tobacco products from their stores; and (d) encourages state medical associations to develop lists of pharmacies that have voluntarily banned the sale of tobacco for distribution to their members; and (9) opposes the sale of tobacco at any facility where health services are provided; and
(10) supports that the sale of tobacco products be restricted to tobacco specialty stores.
(11) supports measures that prevent retailers from opening new tobacco specialty stores in proximity to elementary schools, middle schools, and high schools; and
(12) support measures that decrease the overall density of tobacco specialty stores, including but not limited to, preventing retailers from opening new tobacco specialty stores in proximity to existing tobacco specialty stores. (Modify Current HOD Policy)

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

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

RECOMMENDATION A:

Policy D-145.999, "Epidemiology of Firearm Injuries" be amended by addition in lieu of the first Resolve of Resolution 921.

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

RECOMMENDATION B:

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

RESOLVED, That our AMA advocate for repeal of laws ~~the 2003 Tiahrt amendment~~ which prohibit~~s~~ the release of firearm tracing data for research (Directive to Take Action);

RECOMMENDATION C:

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

RECOMMENDATION D:

Resolution 921 be adopted as amended.

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

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

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

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

Policies recommended for reaffirmation:

D-145.994 Removing Restrictions on Federal Funding for Firearm Violence Research Our AMA will provide an informational report on recent and current organizational actions taken on our existing AMA policies (e.g. H-145.997) regarding removing the

restrictions on federal funding for firearms violence research, with additional recommendations on any ongoing or proposed upcoming actions.

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

H-145.997 Firearms as a Public Health Problem in the United States - Injuries and Death
1. Our AMA recognizes that uncontrolled ownership and use of firearms, especially handguns, is a serious threat to the public's health inasmuch as the weapons are one of the main causes of intentional and unintentional injuries and deaths.

Therefore, the AMA:
(A) encourages and endorses the development and presentation of safety education programs that will engender more responsible use and storage of firearms;
(B) urges that government agencies, the CDC in particular, enlarge their efforts in the study of firearm-related injuries and in the development of ways and means of reducing such injuries and deaths;
(C) urges Congress to enact needed legislation to regulate more effectively the importation and interstate traffic of all handguns;
(D) urges the Congress to support recent legislative efforts to ban the manufacture and importation of nonmetallic, not readily detectable weapons, which also resemble toy guns; (5) encourages the improvement or modification of firearms so as to make them as safe as humanly possible;
(E) encourages nongovernmental organizations to develop and test new, less hazardous designs for firearms;
(F) urges that a significant portion of any funds recovered from firearms manufacturers and dealers through legal proceedings be used for gun safety education and gun-violence prevention; and
(G) strongly urges US legislators to fund further research into the epidemiology of risks related to gun violence on a national level.

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Resolution 924 be adopted as amended.

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

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

Resolution 928 be adopted as amended.

RECOMMENDATION C:

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

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Resolution 929 be adopted as amended.

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

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

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

Your Reference Committee heard testimony reflecting the complexities of providing care for captive populations in the correctional system, and how dramatically care can vary from federal, state, and county systems. Many testified to the implicit bias that pharmaceutical advertising or gifts to clinicians of captive populations can have, even if the physician is acting

with integrity and exercising strict adherence to an ethical code. In addition, several speakers testified to concerns over non-physician decision makers that may be included in the contracting of medication formularies who may not uphold the same rigorous ethical standards as physicians, and utility of pharmacists to support evidence-based formulary decision-making. Amendments were offered to remove specific reference to individuals or professions involved in pharmaceutical decision-making to alleviate concerns that the resolution may be inadvertently excluding people involved in the process. Therefore, your Reference Committee recommends that this resolution be adopted as amended.

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

Eradicating Homelessness, H-160.903 Our AMA:
(1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services;
(2) recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless;
(3) recognizes adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address this societal problem on a long-term basis;
(4) supports the use of physician-led, team-based street medicine programs, which travel to individuals who are unhoused or unsheltered and provide healthcare and social

services, as well as funds, including Medicaid and other public insurance reimbursement, for their maintenance;

(~~4~~5) recognizes the need for an effective, evidence-based national plan to eradicate homelessness;

(~~5~~6) encourages the National Health Care for the Homeless Council to study the funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons;

(~~6~~7) will partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of homeless patients and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians' role therein, in addressing these needs;

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

(~~8~~9) encourages the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social service organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of homeless patients;

(~~9~~10) (a) supports laws protecting the civil and human rights of individuals experiencing homelessness, and (b) opposes laws and policies that criminalize individuals experiencing homelessness for carrying out life-sustaining activities conducted in public spaces that would otherwise be considered non-criminal activity (i.e., eating, sitting, or sleeping) when there is no alternative private space available; and

(~~10~~11) recognizes that stable, affordable housing is essential to the health of individuals, families, and communities, and supports policies that preserve and expand affordable housing across all neighborhoods; ~~and~~

(~~11~~12) (a) supports training to understand the needs of housing insecure individuals for those who encounter this vulnerable population through their professional duties; (b) supports the establishment of multidisciplinary mobile homeless outreach teams trained in issues specific to housing insecure individuals; and (c) will make available existing educational resources from federal agencies and other stakeholders related to the needs of housing-insecure individuals~~; and~~

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

RECOMMENDATION C:

Resolution 931 be adopted as amended.

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

RESOLVED, That our AMA recognizes and supports the use of Street Medicine programs by amending policy H-160.903 Eradicating Homelessness by addition and deletion to read as follows:
Eradicating Homelessness, H-160.903 Our AMA:
(1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services;
(2) recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless;
(3) recognizes adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address this societal problem on a long-term basis;
(4) supports the use of street medicine programs, which travel to individuals who are unhoused or unsheltered and provide healthcare and social services, as well as funds, including Medicaid and other public insurance reimbursement, for their maintenance;
(45) recognizes the need for an effective, evidence-based national plan to eradicate homelessness;
(56) encourages the National Health Care for the Homeless Council to study the funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons;
(67) will partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of homeless patients and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians' role therein, in addressing these needs;
(78) encourages the development of holistic, cost-effective, evidence-based discharge plans for homeless patients who present to the emergency department but are not admitted to the hospital;
(89) encourages the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social service organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of homeless patients;
(910) (a) supports laws protecting the civil and human rights of individuals experiencing homelessness, and (b) opposes laws and policies that criminalize individuals experiencing homelessness for carrying out life-sustaining activities conducted in public spaces that would otherwise be considered non-criminal activity (i.e., eating, sitting, or sleeping) when there is no alternative private space available; and
(1011) recognizes that stable, affordable housing is essential to the health of individuals, families, and communities, and supports policies that preserve and expand affordable housing across all neighborhoods; and
(1112) (a) supports training to understand the needs of housing insecure individuals for those who encounter this vulnerable population through their professional duties; (b) supports the establishment of multidisciplinary mobile homeless outreach teams trained in issues specific to housing insecure individuals; and (c) will make available existing educational resources

from federal agencies and other stakeholders related to the needs of housing-insecure individuals; and
(13) supports federal and state efforts to enact just cause eviction statutes and examine and restructure punitive eviction practices; instate inflation-based rent control; guarantee tenants' right to counsel in housing disputes and improve affordability of legal fees; and create national, state, and/or local rental registries. (Modify Current HOD Policy)

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

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

RECOMMENDATION A:

That Resolution 933 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association amend Policy H-20.895 "Pre-Exposure Prophylaxis (PrEP) for HIV" by addition to read as follows:

Pre-Exposure Prophylaxis (PrEP) for HIV, H-20.895
1. Our AMA will educate physicians, physicians-in-training, and the public about the effective use of pre-exposure prophylaxis for HIV and the US PrEP Clinical Practice Guidelines.
2. Our AMA supports the coverage of all approved PrEP regimens in all clinically appropriate circumstances.
3. Our AMA supports the removal of insurance barriers for all approved PrEP regimens, such as prior authorization, mandatory consultation with an infectious disease specialist, and other barriers that are not clinically relevant.
4. Our AMA advocates that individuals not be denied any insurance on the basis of PrEP use.
5. Our AMA encourages the discussion of and education about PrEP during routine sexual health counseling~~, regardless of a patient's current reported sexual behaviors~~.
(Modify Current HOD Policy)

RECOMMENDATION B:

Resolution 933 be adopted as amended.

RESOLVED, That our American Medical Association amend Policy H-20.895 "Pre-Exposure Prophylaxis (PrEP) for HIV" by addition to read as follows:

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

1. Our AMA will educate physicians, physicians-in-training, and the public about the effective use of pre-exposure prophylaxis for HIV and the US PrEP Clinical Practice Guidelines.
2. Our AMA supports the coverage of PrEP in all clinically appropriate circumstances.
3. Our AMA supports the removal of insurance barriers for PrEP such as prior authorization, mandatory consultation with an infectious disease specialist and other barriers that are not clinically relevant.
4. Our AMA advocates that individuals not be denied any insurance on the basis of PrEP use.
5. Our AMA encourages the discussion of and education about PrEP during routine sexual health counseling, regardless of a patient's current reported sexual behaviors. (Modify Current HOD Policy)

Testimony for this item was largely supportive, with disagreement over the appropriateness of including a portion of the language proposed in the fifth subclause regarding patients current reported sexual behaviors. An amendment was offered to remove that clause, citing concerns that the language is stigmatizing. Your Reference Committee agrees and therefore recommends that Resolution 933 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(21) RESOLUTION 906 – REQUIREMENT FOR COVID-19 VACCINATION IN PUBLIC SCHOOLS ONCE FULLY FDA-AUTHORIZED

RECOMMENDATION A:

Policy H-440.808, "Digital Vaccine Credential Systems and Vaccine Mandates in COVID-19" be amended by addition to read as follows:

COVID-19 and COVID-19 vaccines raise unique challenges.
To meet these challenges, our AMA:
1. Encourages the development of clear, strong, universal, and enforceable federal guidelines for the design and deployment of digital vaccination credentialing services (DVCS), and that before decisions are taken to implement use of vaccine credentials:
a. vaccine is widely accessible;
b. equity-centered privacy protections are in place to safeguard data collected from individuals;
c. provisions are in place to ensure that vaccine credentials do not exacerbate inequities; and
d. credentials address the situation of individuals for whom vaccine is medically contraindicated.

2. Recommends that decisions to mandate COVID-19 vaccination, including, but not limited to for school attendance for children and college/university students, be made only:
a. After a vaccine has received full approval from the U.S. Food and Drug Administration through a Biological Licenses Application;
b. In keeping with recommendations of the Advisory Committee on Immunization Practices for use in the population subject to the mandate as approved by the Director of the Centers for Disease Control and Prevention;
c. When individuals subject to the mandate have been given meaningful opportunity to voluntarily accept vaccination; and
d. Implementation of the mandate minimizes the potential to exacerbate inequities or adversely affect already marginalized or minoritized populations.

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

RECOMMENDATION B:

Policy H-440.808, "Digital Vaccine Credential Systems and Vaccine Mandates in COVID-19" be adopted as amended in lieu of Resolution 906.

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

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

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

RECOMMENDATION:

That Alternate Resolution 912 be adopted in lieu of Resolution 912.

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

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

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

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

(23) RESOLUTION 930 – ADDRESSING LONGITUDINAL HEALTH CARE NEEDS OF CHILDREN IN FOSTER CARE

RECOMMENDATION A:

That Alternate Resolution 930 be adopted in lieu of Resolution 930.

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

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

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

RECOMMENDATION B:

Policy D-350.977, "Addressing the Longitudinal Healthcare Needs of American Indian Children in Foster Care" be reaffirmed.

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

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

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

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

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

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

Policy recommended for reaffirmation:

> D-350.977 Addressing the Longitudinal Healthcare Needs of American Indian Children in Foster Care
> Our AMA: (1) recognizes the Indian Child Welfare Act of 1978 as a model in American Indian and Alaska Native child welfare legislation; (2) supports federal legislation preventing the removal of American Indian and Alaska Native children from their homes by public and private agencies without cause; (3) will work with local and state medical societies and other relevant stakeholders to support legislation preventing the removal of American Indian and Alaska Native children from their homes by public and private agencies without cause; and (4) supports state and federal funding opportunities for American Indian and Alaska Native child welfare systems.

RECOMMENDED FOR REFERRAL

(24) RESOLUTION 901 – OPPOSING THE USE OF VULNERABLE INCARCERATED PEOPLE IN RESPONSE TO PUBLIC HEALTH EMERGENCIES

RECOMMENDATION:

Resolution 901 be referred.

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

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

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

(25) RESOLUTION 913 – SUPPORTING AND FUNDING SOBERING CENTERS

RECOMMENDATION:

Resolution 913 be referred.

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

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

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

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

Your Reference Committee heard mixed testimony regarding Resolution 913. There was unanimous support that jails are not the ideal facilities for people who present intoxicated, due to justice-involvement and lack of medical support. Additional testimony supported the need for facilities for patients who are intoxicated, but do not need the acuity level of an emergency department and may take critically needed resources from other patients. While the idea of sobering centers was supported, there was no consensus on the definition of a sobering

center, both in scope and practice, and it was further noted that there was limited evidence to support their efficacy. Multiple speakers supported the critical need for study across potential models of care to support patients with substance use and misuse, which is not limited to sobering centers. Therefore, your Reference Committee agrees that this is an important issue with a high level of complexity and recommends Resolution 913 be referred.

(26) RESOLUTION 935 – GOVERNMENT MANUFACTURING OF GENERIC DRUGS TO ADDRESS MARKET FAILURES

RECOMMENDATION:

Resolution 935 be referred.

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

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

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

RECOMMENDATION:

Resolution 937 be referred.

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

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

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

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

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

RECOMMENDATION:

Resolution 938 be referred.

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

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

RECOMMENDED FOR REFERRAL FOR DECISION

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

RECOMMENDATION:

That Resolution 911 be referred for decision.

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

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

Your Reference Committee heard mixed testimony on this resolution, citing the success of similar models of care seen for trauma or stroke centers. One speaker noted that in some states, physicians have already begun to implement their own emergency cardiac care center models, and that a nationwide approach may dramatically improve outcomes for these patients. However, your Reference Committee heard concerns from multiple speakers that the proposed model may negatively impact emergency care in rural settings, given that funding and investment may be driven towards urban areas that might more easily satisfy Emergency Cardiac Care (ECC) criteria. Given that ECC models would likely be dictated by a myriad of state regulations, some testified to their worry that it could take significant time and effort to untangle any inadvertent inequity in an ECC model. As such, your Reference Committee recommends that this resolution be referred for decision to assess impact on rural settings.

(30) RESOLUTION 917 – CARE FOR CHILDREN WITH OBESITY

RECOMMENDATION:

Resolution 917 be referred for decision.

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

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

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

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

(31) RESOLUTION 923 – PHYSICIAN EDUCATION AND INTERVENTION TO IMPROVE PATIENT FIREARM SAFETY

RECOMMENDATION A:

The third Resolve of Resolution 923 be referred for decision.

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Resolution 923 be adopted as amended.

RESOLVED, That our American Medical Association and all interested medical societies educate physicians about firearm epidemiology, anticipatory guidance, and lethal means

screening for and exploring potential restrictions to access to high-lethality means of suicide such as firearms. Health care clinicians, including trainees, should be provided training on the importance of anticipatory guidance and lethal means counseling to decrease firearm injuries and deaths and be provided training introducing evidence-based techniques, skills and strategies for having these discussions with patients and families (Directive to Take Action); and be it further

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

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

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

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

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

RECOMMENDATION A:

Resolution 936 be referred for decision.

RECOMMENDATION B:

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

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

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

Policy recommended for reaffirmation:

> H-480.959 Reprocessing of Single-Use Medical Devices
> 1. Our AMA: (a) supports the Food and Drug Administration (FDA) guidance titled "Enforcement Priorities for Single-Use Devices Reprocessed by Third Parties and Hospitals" that was issued on August 2, 2000; (b) supports the development of device-specific standards for the reuse and reprocessing of single-use medical devices involving all appropriate medical and professional organizations and the medical device industry; (c) encourages increased research by the appropriate organizations and federal agencies into the safety and efficacy of reprocessed single-use medical devices; and (d) supports the proper reporting of all medical device failures to the FDA so that surveillance of adverse events can be improved.
> 2. Our AMA strongly opposes any rules or regulations regarding the repair or refurbishment of medical tools, equipment, and instruments that are not based on objective scientific data.

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

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