WHEREAS, The United States leads the world in solid waste production with 262 million tons per year, with the healthcare industry as its second highest waste-producing industry, accounting for 9% of U.S. energy use and 8% of U.S. greenhouse gas emissions\(^1\)-\(^7\); and

WHEREAS, Approximately 70% of the total waste generated by the healthcare sector is produced by operating rooms and labor and delivery suites, and surgical and medical instrument manufacturing is the leading cause for ozone depletion\(^8\),\(^9\); and

WHEREAS, According to the Centers for Medicare and Medicaid Services, the cost of healthcare continues to increase each year, estimated at $3.8 trillion in 2019 and projected to increase at an average rate of 5.5% per year until 2027\(^1\),\(^6\); and

WHEREAS, Expenditures for outpatient surgical care consisted of 36% of all outpatient costs, and inpatient surgical admissions made up 49% of all inpatient healthcare spending in 2017\(^1\)\(^0\); and

WHEREAS, It has been shown that decreasing the use of disposable drapes, attire, and other plastic materials in the operating room resulted in savings of thousands of dollars per year with no change in the infection rate\(^1\)\(^1\)-\(^1\)\(^6\); and

WHEREAS, Converting to reusable products in the operating room can reduce up to 65% of operating room waste, diverting up to 25 tons of medical waste, saving up to $150,000 per hospital per year, and reducing water, carbon footprint, and volatile organics\(^1\)\(^7\)-\(^1\)\(^9\); and

WHEREAS, A “reusable” device is one that the manufacturer has demonstrated to the FDA can safely withstand harsh sterilization processes, compared to “reprocessing” single-use devices, which is the act of sterilizing and reusing devices that the manufacturer has not marketed for reuse, and therefore did not have to meet FDA’s stringent criteria for adequate safe sterilization to be sold\(^2\)\(^0\); and

WHEREAS, Single-use devices are not intended to be reused by the original manufacturer, and exposure to heat and chemicals during the sanitation process could weaken the product\(^2\)\(^1\),\(^2\)\(^2\); and

WHEREAS, Overall, the safety standards for multi-use devices are much higher and stricter than those for single-use devices, and some single-use devices are labeled single-use because there is not sufficient evidence to categorize them as reusable\(^2\)\(^1\),\(^2\)\(^2\); and

WHEREAS, The U.S. Government Accountability Office released a report in 2008 noting that “neither existing FDA data nor studies performed by others are sufficient to draw definitive
conclusions about the safety of reprocessed single use devices compared to similar original devices, “20; and

Whereas, The Joint Commission International published a report in 2017 to raise awareness of the risks associated with reprocessing certain single use devices and the need for stricter regulatory requirements for third-party re-processors and hospitals that use reprocessed devices23; and

Whereas, Even with the increased FDA and Joint Commission oversight, the trends by hospitals and surgical centers to decrease costs by reprocessing devices and utilizing sustainable practices are counteracted by increased efforts by original manufacturers, who do not reprocess their own single-use devices, to sell more single-use devices and discourage reprocessing practices24,25; and

Whereas, Current policy on the reprocessing of single-use devices (H-480.959) does not adequately promote sustainable practices by the original device manufacturers as they continue to increase production of single-use devices and are not held liable once their device labeled “single-use” is reprocessed or reused; therefore be it

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)

Fiscal Note: Not yet determined

Received: 10/13/22

REFERENCES:

RELEVANT AMA POLICY

Reprocessing of Single-Use Medical Devices H-480.959
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.

Expansion of Hazardous Waste Landfills Over Aquifers H-135.943
Our AMA:
(1) recognizes that the expansion of hazardous waste landfills or the construction of new hazardous waste landfills over principal aquifers represents a potential health risk for the public water supply and is inconsistent with sound principles of public health policy, and therefore should be opposed;
(2) will advocate for the continued monitoring of groundwater sources, including principal aquifers, that may be contaminated by hazardous waste landfill or other landfill leachate; and
(3) supports efforts to improve hazardous waste treatment, recycling, and disposal methods in order to reduce the public health burden.

Green Initiatives and the Health Care Community H-135.939
Our AMA supports: (1) responsible waste management and clean energy production policies that minimize health risks, including the promotion of appropriate recycling and waste reduction; (2) the use of ecologically sustainable products, foods, and materials when possible; (3) the development of products that are non-toxic, sustainable, and ecologically sound; (4) building practices that help reduce resource utilization and contribute to a healthy environment; (5) the establishment, expansion, and continued maintenance of affordable, accessible, barrier-free, reliable, and clean-energy public transportation; and (6) community-wide adoption of ‘green’ initiatives and activities by organizations, businesses, homes, schools, and government and health care entities.

Citation: CSA Rep. 3, I-00; Reaffirmed: CSAPH Rep. 1, A-10; Appended: Res. 217, I-17

Citation: CSA Rep. 4, A-07; Reaffirmed: CSAPH Rep. 01, A-17

Citation: CSAPH Rep. 1, I-08; Reaffirmation A-09; Reaffirmed in lieu of Res. 402, A-10; Reaffirmed in lieu of: Res. 504, A-18; Modified: Res. 516, A-18; Modified: Res. 923, I-19
Health Care Expenditures D-155.996
1. Our AMA will work to improve our health care system by: (a) researching and collating existing studies on how health care dollars are currently spent; (b) identifying the amount of public and private health care spending that is transferred to insurance administration compared to industry and corporate standards, including money spent on defensive medicine; and (c) disseminating these findings to the American public, US Congress, and appropriate agencies.
2. Our AMA will continue its efforts to identify ways to reduce waste in the health care sector so that the trend of increasing health care costs over the years could be reversed.
Citation: Res. 103, A-05; Appended: Res. 121, A-10; Reaffirmed: CMS Rep. 01, A-20

Expense of Biohazardous Waste Removal H-135.953
(1) The AMA encourages the Environmental Protection Agency (EPA): (a) to explore the feasibility of establishing a national definition of biohazardous waste, emphasizing the origins and relative importance of wastes that can plausibly transmit infection compared with wastes that cannot, and (b) to monitor the sources of medical waste in environmental settings and develop guidelines applicable to all waste generators, including home health care sites, to reduce these sources of environmental pollution. (2) The AMA will work with appropriate governmental agencies and medical societies to educate physicians about the management of biohazardous waste and advocate that these groups work collectively to attain cost savings in biohazardous waste management. (3) The AMA urges practicing physicians to develop a biohazardous waste management program that fulfills their county, state, and municipal regulations, and that considers the different health risks to employees and the general public.
Citation: CSA Rep. 4, I-97; Reaffirmed: CSAPH Rep. 3, A-07; Reaffirmed: CSAPH Rep. 01, A-17

Toxicity of Computers and Electronics Waste H-135.948
Our AMA (1) encourages its members and US health institutions to adopt purchasing or leasing contracts only with electronics manufacturers and distributors who are committed to safely handling the products at the end of life, meaning that they reuse and recycle to the greatest extent possible, do not export hazardous electronic waste to developing countries and safely dispose of the waste that can not be reused or recycled; (2) encourages its members and US health institutions to provide purchasing/leasing preferences to electronics manufacturers that minimize the use of toxic and hazardous constituents, use recycled content and design products that can be easily recycled in order to minimize the adverse public health impacts from electronic waste; and (3) supports policies that hold electronics manufacturers and distributors responsible for taking back their products at the end of life, with the objective of redesigning their products for longevity and reduction of harmful materials.
Citation: (Res. 423, A-03; Reaffirmed: CSAPH Rep. 1, A-13)

Stewardship of the Environment H-135.973
The AMA: (1) encourages physicians to be spokespersons for environmental stewardship, including the discussion of these issues when appropriate with patients; (2) encourages the medical community to cooperate in reducing or recycling waste; (3) encourages physicians and the rest of the medical community to dispose of its medical waste in a safe and properly prescribed manner; (4) supports enhancing the role of physicians and other scientists in environmental education; (5) endorses legislation such as the National Environmental Education Act to increase public understanding of environmental degradation and its prevention; (6) encourages research efforts at ascertaining the physiological and psychological effects of abrupt as well as chronic environmental changes; (7) encourages international exchange of information relating to environmental degradation and the adverse human health effects resulting from environmental degradation; (8) encourages and helps support physicians who participate actively in international planning and development conventions associated with improving the environment; (9) encourages educational programs for worldwide family planning and control of population growth; (10) encourages research and development programs for safer, more effective, and less expensive means of preventing unwanted pregnancy; (11) encourages programs to prevent or reduce the human and environmental health impact from global climate change and environmental degradation; (12) encourages economic development programs for all nations that will be sustainable and yet nondestructive to the environment; (13) encourages physicians and environmental scientists in the United States to continue to incorporate concerns for human health into current environmental research and public policy initiatives; (14) encourages physician educators in medical schools, residency programs, and continuing medical education sessions to devote more attention to environmental health issues;
(15) will strengthen its liaison with appropriate environmental health agencies, including the National Institute of Environmental Health Sciences (NIEHS); (16) encourages expanded funding for environmental research by the federal government; and (17) encourages family planning through national and international support.


Policy to Reduce Waste from Pharmaceutical Sample Packaging H-115.979

Our AMA: (1) supports reducing waste from pharmaceutical sample packaging by making sample containers as small as possible and by using biodegradable and recycled materials whenever possible; and (2) supports the modification of any federal rules or regulations that may be in conflict with this policy.

Citation: Res. 508, I-91; Modified: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11; Reaffirmed: CSAPH Rep. 1, A-21

Recycling of Nursing Home Drugs H-280.959

Our AMA supports the return and reuse of medications to the dispensing pharmacy to reduce waste associated with unused medications in long-term care facilities (LTCFs) and to offer substantial savings to the health care system, provided the following conditions are satisfied: (1) The returned medications are not controlled substances. (2) The medications are dispensed in tamper-evident packaging and returned with packaging intact (e.g., unit dose, unused injectable vials and ampules). (3) In the professional judgment of the pharmacist, the medications meet all federal and state standards for product integrity. (4) Policies and procedures are followed for the appropriate storage and handling of medications at the LTCF and for the transfer, receipt, and security of medications returned to the dispensing pharmacy. (5) A system is in place to track re-stocking and reuse to allow medications to be recalled if required. (6) A mechanism (reasonable for both the payer and the dispensing LTC pharmacy) is in place for billing only the number of doses used or crediting the number of doses returned, regardless of payer source.


Health Care Expenditures D-155.996

1. Our AMA will work to improve our health care system by: (a) researching and collating existing studies on how health care dollars are currently spent; (b) identifying the amount of public and private health care spending that is transferred to insurance administration compared to industry and corporate standards, including money spent on defensive medicine; and (c) disseminating these findings to the American public, US Congress, and appropriate agencies.

2. Our AMA will continue its efforts to identify ways to reduce waste in the health care sector so that the trend of increasing health care costs over the years could be reversed.

Citation: Res. 103, A-05; Appended: Res. 121, A-10; Reaffirmed: CMS Rep. 01, A-20

Medications Return Program H-135.925

1. Our AMA supports access to safe, convenient, and environmentally sound medication return for unwanted prescription medications

2. Our AMA supports such a medication disposal program be fully funded by the pharmaceutical industry, including costs for collection, transport and disposal of these materials as hazardous waste.

3. Our AMA supports changes in federal law or regulation that would allow a program for medication recycling and disposal to occur.

Citation: Res. 214, A-16; Reaffirmed in lieu of: Res. 928, I-16

Hospital Dress Codes for the Reduction of Health Care-Associated Infection Transmission of Disease H-440.856

Our AMA encourages: (1) research in textile transmission of health care-associated infections (HAI); (2) testing and validation of research results before advocating for adoption of dress code policies that may not achieve reduction of HAIs; (3) all clinicians to assume "antimicrobial stewardship," i.e., adherence to evidence-based solutions and best practices to reduce of HAIs and HAI infection rates; and (4) all clinicians when seeing patients to wear attire that is clean, unsoiled, and appropriate to the setting of care.

Citation: BOT Rep. 3, A-10; Reaffirmation A-15