Whereas, from 1999 to 2016, the average years of potential life lost due to pneumoconiosis has increased from 8.1 to 12.6 years\(^1\); and

Whereas, the recent resurgence of pneumoconiosis poses a threat to younger patients, with increased disease burden at initial diagnosis, and affects a growing number of occupations such as metal miners, denim workers, pottery and ceramics workers, and stone masons\(^2\)-\(^6\); and

Whereas, laborers affected by pneumoconiosis are disproportionately of Latine or American Indian descent, are more likely to live in isolated and rural communities without access to adequate preventive care, and are less likely to have graduated high school\(^7\)-\(^8\); and

Whereas, many laborers who depended heavily on mobile health clinics and screening centers were left without options for care when many of these were halted due to COVID\(^8\); and

Whereas, occupational screening measures, including the federal National Institute for Occupational Safety & Health’s Coal Workers’ Health Surveillance Program for radiographic and spirometric screenings, have helped decrease pneumoconiosis mortality\(^5\)-\(^9\)-\(^12\); therefore be it

RESOLVED, that our AMA amend Policy H-365.988, “Integration of Occupational Medicine, Environmental Health, and Injury Prevention Programs into Public Health Agencies” by addition and deletion as follows:

Integration of Occupational Medicine, Environmental Health, and Injury Prevention Programs into Public Health Agencies, H-365.988

Our AMA supports: (1) supports the integration of occupational health and environmental health and injury prevention programs within existing health departments at the state and local level; (2) supports taking a leadership role in assisting state medical societies in implementation of such programs; and (3) supports working with federal agencies to ensure that "health" is the primary determinant in establishing environmental and occupational health policy; (4) recognizes barriers to accessibility and utilization of such programs; (5) recognizes inequities in occupational health screenings for pulmonary lung disease and supports efforts to increase accessibility of these screenings in marginalized communities; and (6) encourages utilization of accessible screenings, such as those used in the NIOSH Coal Workers Health Surveillance Program, for other at risk occupational groups and utilization of these free screenings. (Modify Current HOD Policy)
Fiscal Note: Minimal – less than $1,000

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REFERENCES

2. Qi, Xian-Mei; Luo, Ya1; Song, Mei-Yue2; Liu, Ying1; Shu, Ting1; Liu, Ying3; Pang, Jun-Ling1; Wang, Jing1; Wang, Chen3. Pneumoconiosis: current status and future prospects. Chinese Medical Journal: April 20, 2021 - Volume 134 - Issue 8 - p 988-907 doi: 10.1097/CMA.0000000000001461

RELEVANT AMA POLICY

H-185.936 Lung Cancer Screening to be Considered Standard Care
Our AMA: (1) recommends that coverage of screening low-dose CT (LDCT) scans for patients at high risk for lung cancer by Medicare, Medicaid, and private insurance be a required covered benefit; (2) will empower the American public with knowledge through an education campaign to raise awareness of lung cancer screening with low-dose CT scans in high-risk patients to improve screening rates and decrease the leading cause of cancer death in the United States; and (3) will work with interested national medical specialty societies and state medical associations to urge the Centers for Medicare & Medicaid Services and state Medicaid programs to increase access to low-dose CT screening for Medicaid patients at high risk for lung cancer by including it as a covered benefit, without cost-sharing or prior authorization requirements, and increasing funding for research and education to improve awareness and utilization of the screening among eligible enrollees. [Sub. Res. 114, A-14; Appended: Res. 418, A-22; Appended: Res. 112, A-23]

H-135.944 Further Limit of Asbestos in the United States
Our AMA supports legislation further restricting the use of asbestos in the United States. [Res. 215, A-07; Reaffirmed: BOT Rep. 22, A-17]