

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2023 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-23)

Report of Reference Committee K

Elisa Choi, MD, Chair

1 RECOMMENDED FOR ADOPTION

- 2
- 3 1. Board of Trustees Report 2 - Opposing the Use of Vulnerable Incarcerated
- 4 People in Response to Public Health Emergencies
- 5 2. Board of Trustees Report 5 - AMA Public Health Strategy: The Mental Health
- 6 Crisis
- 7 3. Board of Trustees Report 14 - Funding for Physicians to Provide Safe Storage
- 8 Devices to Patients with Unsecured Firearms in the Home
- 9 4. Council on Science and Public Health Report 5 - Promoting the Use of Multi-Use
- 10 Devices and Sustainable Practices in the Operating Room
- 11 5. Council on Science and Public Health Report 7 - Efficacy of Requirements for
- 12 Metal Detection/Weapons Interdiction Systems in Health Care Facilities
- 13 6. Resolution 910 - Sickle Cell Disease Workforce
- 14 7. Resolution 921 - Addressing Disparities and Lack of Research for Endometriosis
- 15 8. Resolution 923 - Eliminating Eligibility Criteria for Sperm Donors Based on
- 16 Sexual Orientation
- 17 9. Resolution 924 – Laboratory Developed Tests Proposed FDA Rule
- 18

19 RECOMMENDED FOR ADOPTION AS AMENDED

- 20
- 21 10. Council on Science and Public Health Report 1 - Drug Shortages: 2023 Update
- 22 11. Council on Science and Public Health Report 2 - Precision Medicine and Health
- 23 Equity
- 24 12. Council on Science and Public Health Report 3 - HPV-Associated Cancer
- 25 Prevention
- 26 13. Council on Science and Public Health Report 4 - Supporting and Funding
- 27 Sobering Centers
- 28 14. Council on Science and Public Health Report 6 - Marketing Guardrails for the
- 29 "Over-Medicalization" of Cannabis Use
- 30 15. Resolution 901 - Silicosis from Work with Engineered Stone
- 31 16. Resolution 902 - Post Market Research Trials
- 32 17. Resolution 906 - Online Content Promoting LGBTQ+ Inclusive Safe Sex
- 33 Practices
- 34 18. Resolution 913 - Public Health Impacts of Industrialized Farms
- 35 19. Resolution 914 - Adverse Childhood Experiences
- 36

1 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 2
3 20. Resolution 903 - Supporting Emergency Anti-Seizure Interventions
4 21. Resolution 904 - Universal Return-to-Play Protocols
5 22. Resolution 916 - Elimination of Buprenorphine Dose Limits

6 **RECOMMENDED FOR REFERRAL**

- 7
8 23. Board of Trustees Report 3 - Update on Climate Change and Health – AMA
9 Activities
10 24. Resolution 915 - Social Media Impact on Youth Mental Health
11 25. Resolution 922 - Prescription Drug Shortages and Pharmacy Inventories

12
13 **RECOMMENDED FOR REFERRAL FOR DECISION**

- 14
15 26. Resolution 909 - High Risk HPV Subtypes in Minoritized Populations

16
17 **RECOMMENDED FOR NOT ADOPTION**

- 18
19 27. Resolution 905 - Support for Research on the Relationship Between Estrogen
20 and Migraine

21
22 For the purposes of clarity, items marked with double underline or ~~double strikethrough~~
23 are **highlighted in yellow**.

24
25 **Amendments**

26 **If you wish to propose an amendment to an item of business, click here: [SUBMIT](#)**
27 **[NEW AMENDMENT](#)**

RECOMMENDED FOR ADOPTION

- 1
2
3 (1) BOARD OF TRUSTEES REPORT 2 – OPPOSING THE
4 USE OF VULNERABLE INCARCERATED PEOPLE IN
5 RESPONSE TO PUBLIC HEALTH EMERGENCIES
6

7 **RECOMMENDATION A:**
8

9 **Your Reference Committee recommends that Board of**
10 **Trustees Report 2 be adopted and the remainder of the**
11 **report be filed.**
12

13 **HOD ACTION: Recommendations in Board of Trustees**
14 **Report 2 adopted and the remainder of the report filed.**
15
16

17 The Board of Trustees recommends that the following be adopted in lieu of Resolution
18 901-I-22, and the remainder of this report be filed.

19 1. Our AMA acknowledges that systemic racism is a root of incarcerated labor policies
20 and practices.

21 2. Our AMA supports:

22 (a) Efforts to ensure that all work done by individuals who are incarcerated in correctional
23 facilities is fully voluntary.

24 (b) Eliminating policies that require forced labor or impose adverse consequences on
25 incarcerated workers who are unable to carry out their assigned jobs due to illness, injury,
26 disability, or other physical or mental limitations.

27 (c) Eliminating policies that negatively impact good time, other reductions of sentence,
28 parole eligibility, or otherwise extend a person's incarceration for refusal to work when
29 they are unable to carry out their assigned jobs due to illness, injury, disability, or other
30 physical or mental limitations.

31 (d) The authority of correctional health care professionals to determine when an
32 individual who is incarcerated is unable to carry out assigned work duties.

33 3. Our AMA encourages:

34 (a) Congress and state legislatures to clarify the meaning of "employee" to explicitly
35 include incarcerated workers within that definition to ensure they are afforded the same
36 workplace health and safety protections as other workers.

37 (b) Congress to enact protections for incarcerated workers considering their
38 vulnerabilities as a captive labor force, including anti-retaliation protections for workers
39 who are incarcerated who report unsafe working conditions to relevant authorities.

40 (c) Congress to amend the Occupational Safety and Health Act to include correctional
41 institutions operated by state and local governments as employers under the law.

42 (d) The U.S. Department of Labor to issue a regulation granting the Occupational Safety
43 and Health Administration jurisdiction over the labor conditions of all workers incarcerated
44 in federal, state, and local correctional facilities.

45 4. Our AMA encourages:

46 (a) Comprehensive safety training that includes mandatory safety standards, injury and
47 illness prevention, job-specific training on identified hazards, and proper use of personal
48 protective equipment and safety equipment for incarcerated workers.

1 (b) That safety training is delivered by competent professionals who treat incarcerated
2 workers with respect for their dignity and rights.

3 (c) That all incarcerated workers receive adequate personal protective equipment and
4 safety equipment to minimize risks and exposure to hazards that cause workplace injuries
5 and illnesses.

6 (d) Correctional facilities to ensure that complaints regarding unsafe conditions and
7 abusive staff treatment are processed and addressed by correctional administrators in a
8 timely fashion.

9 5. Our AMA acknowledges that investing in valuable work and education programs
10 designed to enhance incarcerated individuals' prospects of securing employment and
11 becoming self-sufficient upon release is essential for successful integration into society.

12 6. Our AMA strongly supports programs for individuals who are incarcerated that
13 provides opportunities for advancement, certifications of completed training, certifications
14 of work performance achievements, and employment-based recommendation letters from
15 supervisors.

16
17 Your Reference Committee heard testimony in support of this report. It was noted the
18 recommendations in this report ensure that work done by incarcerated individuals is
19 voluntary, regardless of a pandemic. There was a proffered amendment to clarify that work
20 is done only if the incarcerated individual is physically or mentally able to do so. Your
21 Reference Committee notes that this amendment would change the intent of this report,
22 which aims to address coercive working conditions for incarcerated individuals. Therefore,
23 your Reference Committee recommends that Board of Trustees Report 2 be adopted.

24
25 **(2) BOARD OF TRUSTEES REPORT 5 -- AMA PUBLIC**
26 **HEALTH STRATEGY: THE MENTAL HEALTH CRISIS**

27
28 **RECOMMENDATION A:**

29
30 **Your Reference Committee recommends that Board of**
31 **Trustees Report 5 be adopted and the remainder of the**
32 **report be filed.**

33
34 **HOD ACTION: Recommendations in Board of Trustees**
35 **Report 5 adopted and the remainder of the report filed.**

36
37 The Board of Trustees recommends that the second directive of BOT Report 17 be
38 rescinded as having been accomplished by this report. (Rescind HOD Policy)

39
40 Limited, but supportive testimony was heard in support of the Board's report, which
41 provides detailed information on our AMA's efforts to address the mental health crisis. The
42 Board was thanked for the update and was encouraged to continue these efforts.
43 Therefore, your Reference Committee recommends adoption.

1 (3) BOARD OF TRUSTEES REPORT 14 -- FUNDING FOR
2 PHYSICIANS TO PROVIDE SAFE STORAGE DEVICES
3 TO PATIENTS WITH UNSECURED FIREARMS IN THE
4 HOME
5

6 **RECOMMENDATION A:**

7
8 **Your Reference Committee recommends that Board of**
9 **Trustees Report 14 be adopted and the remainder of the**
10 **report be filed.**

11
12 **HOD ACTION: Recommendations in Board of Trustees**
13 **Report 14 adopted and the remainder of the report filed.**

14
15 The Board of Trustees recommends that Alternate Resolution 923 be adopted in lieu of
16 Resolution 923 and that the remainder of the report be filed:

17
18 RESOLVED, That our AMA encourage health departments and local governments to
19 partner with police departments, fire departments, and other public safety entities and
20 organizations to make firearm safe storage devices accessible (available at low or no cost)
21 in communities in collaboration with schools, hospitals, clinics, physician offices, and
22 through other interested stakeholders. (New HOD Policy)

23
24 Testimony received on this Board of Trustees report was largely supportive. There is an
25 urgent need to reduce firearm injuries and violence and the tragic toll it takes on patients,
26 families, and communities. Providing injury prevention education and resources to patients
27 improves patient utilization and it is critical to have physician offices involved in
28 dissemination of firearm safe storage devices. While there was a call to broaden the
29 recommendation to address firearm retailers and manufacturers, your Reference
30 Committee thought these ideas were outside of the scope of the report and noted that
31 existing AMA policy calls for mandatory inclusion of safety devices on all firearms.
32 Therefore, your Reference Committee recommend the report be adopted.

33
34 (4) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
35 5 -- PROMOTING THE USE OF MULTI-USE DEVICES
36 AND SUSTAINABLE PRACTICES IN THE OPERATING
37 ROOM
38

39 **RECOMMENDATION A:**

40
41 **Your Reference Committee recommends that Council**
42 **on Science and Public Health 5 be adopted and the**
43 **remainder of the report be filed.**

44
45 **HOD ACTION: Recommendations in Council on Science**
46 **and Public Health 5 adopted and the remainder of the**
47 **report filed.**

48
49 Your Council on Science and Public Health recommends that the following
50 recommendations be adopted, and the remainder of this report be filed.

- 1
- 2 1. That Resolution 936-I-22, which asks for our AMA to advocate for research into and
- 3 development of intended multi-use operating room equipment and attire over devices,
- 4 equipment and attire labeled for “single-use” with verified similar safety and efficacy
- 5 profiles be adopted. (New HOD Policy)
- 6
- 7 2. That Policy H-480.959, “Reprocessing of Single-Use Medical Devices,” be reaffirmed.
- 8 (Reaffirm Existing Policy)
- 9
- 10 3. That our AMA work with interested parties to establish best practices for safe reuse of
- 11 equipment and improved surgical kits used in the operating room, and to disseminate best
- 12 practices for reducing waste in the operating room as well as guides for implementing
- 13 more sustainable purchasing processes in health care. (New HOD Policy)
- 14

15 Testimony on the Council’s report was limited, but supportive. The health care sector is a
16 major contributor of both plastic waste and greenhouse gas emissions. The U.S. health
17 sector is estimated to produce 6 billion tons of waste annually and to be responsible for
18 8.5 percent of U.S. greenhouse gas emissions. Operating rooms are generally one of the
19 most resource intensive areas within hospitals. There was strong support for our AMA
20 working with interested parties to develop best practices and guides for sustainable
21 purchasing processes. Therefore, your Reference Committee recommends adoption.

22

23 **(5) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT**
24 **7 -- EFFICACY OF REQUIREMENTS FOR METAL**
25 **DETECTION/WEAPONS INTERDICTION SYSTEMS IN**
26 **HEALTH CARE FACILITIES**

27

28 **RECOMMENDATION A:**

29

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

33

34 **HOD ACTION: Recommendations in Council on Science**
35 **and Public Health Report 7 adopted and the remainder of**
36 **the report filed.**

37

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

40

41 1) That existing AMA policies on preventing violence against health care professionals be
42 reaffirmed:

43

44 D-515.983, “Preventing Violent Acts Against Health Care Providers,” H-515.966,
45 “Violence and Abuse Prevention in the Health Care Workplace,” H-515.957, “Preventing
46 Violent Acts Against Health Care Providers,” H-215.977, “Guns in Hospitals,” and H-
47 515.950, “Protecting Physicians and Other Healthcare Workers in Society.” (Reaffirm
48 Existing Policy)

49

1 2) That our AMA encourages: (1) additional funding and research to evaluate effective
2 interventions to prevent workplace violence against physicians and other health care
3 professionals, including the effectiveness of magnetometers and other weapons
4 interdiction systems in health care facilities; (2) health care facilities that have
5 implemented magnetometers and other weapons interdiction systems to evaluate the
6 impact on workplace violence and share best practices, including equity considerations;
7 (3) the dissemination and awareness of guidance by OSHA and other organizations on
8 the prevention of violence in health care facilities, including hospitals, ambulatory centers,
9 and other clinical settings. (New HOD Policy)

10
11 Testimony on the Council's report was mostly supportive. Health care personnel represent
12 a significant portion of the victims of workplace violence. The Council noted that most
13 studies on workplace violence have been designed to quantify the problem, but few have
14 described methods to prevent such violence and more research is needed. Therefore,
15 your Reference Committee recommends the report be adopted.

16
17 **(6) RESOLUTION 910 - SICKLE CELL DISEASE**
18 **WORKFORCE**

19
20 **RECOMMENDATION A:**

21
22 **Your Reference Committee recommends that**
23 **Resolution 910 be adopted.**

24
25 **HOD ACTION: Resolution 910 adopted.**

26
27 **RESOLVED**, that our American Medical Association amend H-350.973, "Sickle Cell
28 Disease," by addition to read as follows:

29
30 Sickle Cell Disease H-350.973

31
32 Our AMA:

- 33 (1) recognizes sickle cell disease (SCD) as a chronic illness;
34 (2) encourages educational efforts directed to health care providers and the public
35 regarding the treatment and prevention of SCD;
36 (3) supports the inclusion of SCD in newborn screening programs and encourages genetic
37 counseling for parents of SCD patients and for young adults who are affected, carriers, or
38 at risk of being carriers;
39 (4) supports ongoing and new research designed to speed the clinical implementation of
40 new SCD treatments;
41 (5) recommends that SCD research programs have input in the planning stage from the
42 local African American community, SCD patient advocacy groups, and others affected by
43 SCD;
44 (6) supports the development of an individualized sickle cell emergency care plan by
45 physicians for in-school use, especially during sickle cell crises;
46 (7) supports the education of teachers and school officials on policies and protocols,
47 encouraging best practices for children with sickle cell disease, such as adequate access
48 to the restroom and water, physical education modifications, seat accommodations during
49 extreme temperature conditions, access to medications, and policies to support continuity
50 of education during prolonged absences from school, in order to ensure that they receive

1 the best in-school care, and are not discriminated against, based on current federal and
2 state protections; and
3 (8) encourages the development of model school policy for best in-school care for children
4 with sickle cell disease;
5 (9) supports expanding the health care and research workforce taking care of patients with
6 sickle cell disease; and
7 (10) collaborates with relevant parties to advocate for improving access to comprehensive,
8 quality, and preventive care for individuals with sickle cell disease, to address crucial care
9 gaps that patients with sickle cell disease face and improve both the quality of care and
10 life for patients affected by sickle cell disease. (Modify Current HOD Policy)

11
12 Your Reference Committee heard limited, but unanimously supportive testimony on this
13 resolution. Amendments were proffered that were editorial in nature. However, your
14 Reference Committee felt the original language was appropriate and sufficient. Therefore,
15 your Reference Committee recommends that Resolution 910 be adopted.

16
17 **(7) RESOLUTION 921 - ADDRESSING DISPARITIES AND**
18 **LACK OF RESEARCH FOR ENDOMETRIOSIS**

19
20 **RECOMMENDATION A:**

21
22 **Your Reference Committee recommends that**
23 **Resolution 921 be adopted.**

24
25 **HOD ACTION: Resolution 921 adopted.**

26
27 RESOLVED, that our American Medical Association collaborate with stakeholders to
28 recognize endometriosis as an area for health disparities research that continues to
29 remain critically underfunded, resulting in a lack of evidence-based guidelines for
30 diagnosis and treatment of this condition amongst people of color (Directive to Take
31 Action)

32
33 RESOLVED, that our AMA collaborate with stakeholders to promote awareness of the
34 negative effects of a delayed diagnosis of endometriosis and the healthcare burden this
35 places on patients, including health disparities among patients from communities of color
36 who have been historically marginalized (Directive to Take Action)

37
38 RESOLVED, that our AMA advocate for increased endometriosis research addressing
39 health disparities in the diagnosis, evaluation, and management of endometriosis
40 (Directive to Take Action)

41
42 RESOLVED, that our AMA advocate for increased funding allocation to endometriosis-
43 related research for patients of color, especially from federal organizations such as the
44 National Institutes of Health. (Directive to Take Action)

45
46 Your Reference Committee heard supportive testimony for this resolution. Our AMA has
47 broad and detailed policy on women's health issues, and the need for research to address
48 health disparities in diseases. For example, in the Code of Medical Ethics 8.5 Disparities
49 in Health Care it states that our AMA "support research that examines health care
50 disparities, including research on the unique health needs of all genders, ethnic groups,

1 and medically disadvantaged populations, and the development of quality measures and
2 resources to help reduce disparities.” However, your Reference Committee recommends
3 adoption due to the specificity of the disease, and because our AMA does not currently
4 have policy specifically on endometriosis.

5
6 **(8) RESOLUTION 923 - ELIMINATING ELIGIBILITY**
7 **CRITERIA FOR SPERM DONORS BASED ON SEXUAL**
8 **ORIENTATION**

9
10 **RECOMMENDATION A:**

11
12 **Your Reference Committee recommends that**
13 **Resolution 923 be adopted.**

14
15 **HOD ACTION: Resolution 923 adopted.**

16
17 RESOLVED, that our American Medical Association work with other interested
18 organizations to ask the US Food and Drug Administration (FDA) to eliminate its eligibility
19 criteria for sperm donation based on sexual orientation, with a report back at I-24.

20
21 Testimony on Resolution 923 was unanimously supportive and is consistent with existing
22 AMA policy. Therefore, your Reference Committee recommends adoption.

23
24 **(9) RESOLUTION 924 - LABORATORY DEVELOPED TESTS**
25 **PROPOSED FDA RULE**

26
27 **RECOMMENDATION A:**

28
29 **Your Reference Committee recommends that**
30 **Resolution 924 be adopted.**

31
32 **HOD ACTION: Resolution 924 adopted.**

33
34 RESOLVED, that our American Medical Association submit a comment to the FDA
35 proposed rule entitled “Medical Devices; Laboratory Developed Tests” (Published October
36 3, 2023) requesting a 60-day extension period to the current comment period.

37
38 Your Reference Committee heard generally supportive testimony for this item, citing the
39 breadth and complexity of regulations around laboratory developed tests. Members
40 testified that under the current deadline, those who would be directly affected by the
41 proposed rule may not have the ability to fully assess and communicate the impact it would
42 have on their practice and patients. Your Reference Committee agrees that while the FDA
43 has already indicated that they do not intend to extend the comment period beyond the
44 original deadline, it is appropriate for our AMA to advocate for the rulemaking process to
45 follow previous precedents and allow for all those who wish to comment to be heard. As
46 such, your Reference Committee recommends that this item be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

**(10) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
1 -- DRUG SHORTAGES: 2023 UPDATE**

RECOMMENDATION A:

Your Reference Committee recommends that Council on Science and Public Health Report 1 be amended by addition and deletion to read as follows:

22. Our AMA opposes the practice of preferring drugs experiencing a in shortage on approved pharmacy formularies when other, similarly effective drugs, in patient-appropriate formulations, are available in adequate supply yet but otherwise excluded from formularies or coverage plans.

RECOMMENDATION B:

Your Reference Committee recommends that Council on Science and Public Health Report 1 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Science and Public Health Report 1 adopted as amended and the remainder of the report filed.

The Council on Science and Public Health recommends that the following be adopted in lieu of Resolution I-22-935, and that the remainder of the report be filed:

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

2. 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.

3. 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.

4. 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.

5. 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

1 in manufacturing capability to minimize disruptions of supplies in foreseeable
2 circumstances including the possibility of a disaster affecting a plant.

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

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

13 8. Our AMA urges regulatory relief designed to improve the availability of prescription
14 drugs by ensuring that such products are not removed from the market or caused to stop
15 production due to compliance issues unless such removal is clearly required for significant
16 and obvious safety reasons.

17 9. Our AMA supports the view that wholesalers should routinely institute an allocation
18 system that attempts to fairly distribute drugs in short supply based on remaining inventory
19 and considering the customer's purchase history.

20 10. Our AMA will collaborate with medical specialty society partners and other
21 stakeholders in identifying and supporting legislative remedies to allow for more
22 reasonable and sustainable payment rates for prescription drugs.

23 11. Our AMA urges that during the evaluation of potential mergers and acquisitions
24 involving pharmaceutical manufacturers, the Federal Trade Commission consult with the
25 FDA to determine whether such an activity has the potential to worsen drug shortages.

26 12. Our AMA urges the FDA to require manufacturers and distributors to provide
27 greater transparency regarding the pharmaceutical product supply chain, including
28 production locations of drugs, any unpredicted changes in product demand, and provide
29 more detailed information regarding the causes and anticipated duration of drug
30 shortages.

31 13. Our AMA supports the collection and standardization of pharmaceutical supply
32 chain data in order to determine the data indicators to identify potential supply chain
33 issues, such as drug shortages.

34 14. Our AMA encourages global implementation of guidelines related to
35 pharmaceutical product supply chains, quality systems, and management of product
36 lifecycles, as well as expansion of global reporting requirements for indicators of drug
37 shortages.

38 15. Our AMA urges drug manufacturers to accelerate the adoption of advanced
39 manufacturing technologies such as continuous pharmaceutical manufacturing.

40 16. Our AMA supports the concept of creating a rating system to provide information
41 about the quality management maturity, resiliency and redundancy, and shortage
42 mitigation plans, of pharmaceutical manufacturing facilities to increase visibility and
43 transparency and provide incentive to manufacturers. Additionally, our AMA encourages
44 GPOs and purchasers to contractually require manufacturers to disclose their quality
45 rating, when available, on product labeling.

46 17. Our AMA encourages electronic health records (EHR) vendors to make changes
47 to their systems to ease the burden of making drug product changes.

48 18. Our AMA urges the FDA to evaluate and provide current information regarding the
49 quality of outsourcer compounding facilities.

1 19. Our AMA urges DHHS and the U.S. Department of Homeland Security (DHS) to
2 examine and consider drug shortages as a national security initiative and include vital drug
3 production sites in the critical infrastructure plan.

4 20. Our AMA urges the Drug Enforcement Agency and other federal agencies to
5 regularly communicate and consult with the FDA regarding regulatory actions which may
6 impact the manufacturing, sourcing, and distribution of drugs and their ingredients.

7 20. Our AMA supports innovative approaches for diversifying the generic drug
8 manufacturing base to move away from single-site manufacturing, increasing redundancy,
9 and maintaining a minimum number of manufacturers for essential medicines.

10 21. Our AMA supports the public availability of FDA facility inspection reports to allow
11 purchasers to better assess supply chain risk.

12 22. Our AMA opposes the practice of preferring drugs experiencing a shortage on
13 approved pharmacy formularies when other, similarly effective drugs are available in
14 adequate supply but otherwise excluded from formularies or coverage plans.

15 23. Our AMA shall continue to monitor proposed methodologies for and the implications
16 of a buffer supply model for the purposes of reducing drug shortages and will report its
17 findings as necessary. (Amend HOD Policy)

18
19 2. That the following policy be adopted:

20
21 Non-Profit or Public Manufacturing of Drugs to Address Generic Drug
22 Shortages

23 Our AMA:

24 (1) supports activities which may lead to the stabilization of the generic drug market by
25 non-profit or public entities. Stabilization of the market may include, but is not limited to,
26 activities such as government-operated manufacturing of generic drugs, the
27 manufacturing or purchasing of the required active pharmaceutical ingredients, or fill-
28 finish. Non-profit or public entities should prioritize instances of generic drugs that are
29 actively, at-risk of, or have a history of being, in shortage, and for which these activities
30 would decrease reliance on a small number of manufacturers outside the United States.

31 (2) encourages government entities to stabilize the generic drug supply market by piloting
32 innovative incentive models for private companies which do not create artificial shortages
33 for the purposes of obtaining said incentives. (New HOD Policy)

34
35 Your Reference Committee heard testimony that was largely supportive of the
36 recommendations in the Council on Science and Public Health's annual report on drug
37 shortages. As drug shortages are growing and continue to impede patient care, the
38 Council was commended for their recommendations that highlight the need for diversifying
39 drug manufacturing and supply chains, as well as opposing practices such as pharmacy
40 benefits manager formulary restrictions that worsen drug shortages. An amendment was
41 offered to specify considerations of medication formulations for coverage during a
42 shortage to not hinder treatment for certain populations, such as children who may need
43 liquid formulations over tablets and capsules. Others cited concerns around emerging
44 areas affecting drug shortages, specifically the impact of 340B pricing. The Council noted
45 the study of 340B pricing would be included in their annual report as a potential contributor
46 to ongoing and new drug shortages. Your Reference Committee was compelled by the
47 supportive testimony and interest in continued study on this issue and thus, recommends
48 CSAPH Report 1 be adopted as amended.

1 (11) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
2 -- PRECISION MEDICINE AND HEALTH EQUITY
3

4 **RECOMMENDATION A:**
5

6 Your Reference Committee recommends that the first
7 recommendation of Council on Science and Public
8 Health Report 2 be amended by addition and deletion in
9 subsections C and G to read as follows:

10
11 c) strongly opposes the use of race, ethnicity, genetic
12 ancestry, sexual orientation, or gender identity as the
13 basis for genetic testing recommendations, or as
14 exclusion criteria for the insurance coverage of genetic
15 tests.

16
17 ~~g) strongly opposes research seeking to find genetic~~
18 ~~causes for protected traits, including gender identity,~~
19 ~~sexual orientation, and differences in ability, unless~~
20 ~~specifically requested by, or in direct collaboration~~
21 ~~with, the impacted community. Strongly opposes~~
22 ~~pathologizing protected traits (including but not limited~~
23 ~~to race, ethnicity, gender identity, sexual orientation,~~
24 ~~and disability status), and strongly encourages that any~~
25 ~~clinical research into the genetic or other physiological~~
26 ~~origins of such traits be conducted in collaboration with~~
27 ~~the communities who bear such traits through an~~
28 ~~inclusive, community-based participatory research~~
29 ~~framework.~~

30
31 **RECOMMENDATION B:**
32

33 Your Reference Committee recommends that Council
34 on Science and Public Health Report 2 be adopted as
35 amended and the remainder of the report be filed.
36

37 **HOD ACTION: Recommendations in Council on Science**
38 **and Public Health Report 2 be referred.**
39

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

- 42 1. That our AMA:
- 43 a) recognizes past and ongoing practices in the field of genetics, including eugenics,
44 have resulted in harm and decreased the quality of care available to minoritized and
45 marginalized groups, and undermined their trust in the available care. Our AMA
46 strongly supports efforts to counter the impact of these practices.
 - 47 b) supports efforts to increase the diversity of genetics research participants and for
48 research participants and impacted communities to be appropriately compensated.

- 1 c) strongly opposes the use of race, ethnicity, genetic ancestry, sexual orientation, or
2 gender identity as the basis for genetic testing recommendations, or the insurance
3 coverage of genetic tests.
- 4 d) supports policies which restrict access to genetic databases, including newborn
5 screening samples or carrier screening results, by law enforcement without a warrant.
6 States should clearly outline procedures for law enforcement to obtain access to
7 genetic databases when there are compelling public safety concerns, consistent with
8 AMA patient privacy policy.
- 9 e) supports an affirmative consent or “opt-in” approach to genetics research including
10 samples stored within large databases and encourages those in stewardship of
11 genetic data to regularly reaffirm consent when appropriate.
- 12 f) recognizes that an individual’s decision to participate in genetics research can impact
13 others with shared genetic backgrounds and encourages researchers and funding
14 agencies to collaborate with impacted community members to develop guidelines for
15 obtaining and maintaining group consent, in addition to individual informed
16 consent. Our AMA supports widespread use of a robust consent process which
17 informs individuals about what measures are being taken to keep their information
18 private, the difficulties in keeping genetic information fully anonymous and private, and
19 the potential harms and benefits that may come from sharing their data.
- 20 g) strongly opposes research seeking to find genetic causes for protected traits, including
21 gender identity, sexual orientation, and differences in ability, unless specifically
22 requested by, or in direct collaboration with, the impacted community. (New HOD
23 Policy)
- 24 2. That current AMA policies H-315.983, “Patient Privacy and Confidentiality,” H-65.953
25 “Elimination of Race as a Proxy for Ancestry, Genetics, and Biology in Medical Education,
26 Research and Clinical Practice,” and D-350.981 “Racial Essentialism in Medicine” be
27 reaffirmed. (Reaffirm HOD Policy)

28
29 Testimony for this report was mixed and contradictory, and primarily was concerned with
30 the sub-recommendations 1(c) and 1(g). Those who testified in favor of the original
31 recommendations cited the critical need for including the voices of marginalized groups,
32 particularly those in the disability community, to avoid repeating historical mistakes in
33 medical research that resulted in inequities and harm. Those who spoke against
34 recommendations 1(c) and 1(g) cited the difficulty that patients already experience with
35 obtaining insurance reimbursement, and in settings with limited resources, race, ethnicity,
36 and ancestry may be appropriate criteria. Additionally, testimony was heard citing the
37 importance of maintaining patient autonomy when seeking counseling regarding their
38 genetic risks. Your Reference Committee appreciates the complexities of this issue and
39 felt that both perspectives were valid, and that the goals of the report were laudable, but
40 may require more specific wording to alleviate concerns in instances where there may be
41 differences of opinion. As such, your Reference Committee recommends that the
42 recommendations of Council on Science and Public Health Report 2 be adopted as
43 amended.

1 (12) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
2 3 -- HPV-ASSOCIATED CANCER PREVENTION
3

4 **RECOMMENDATION A:**
5

6 Your Reference Committee recommends that the first
7 recommendation of Council on Science and Public
8 Health Report 3 be amended by addition of a ninth
9 subclause to read as follows:

10
11 **9. Our AMA supports that HPV vaccines recommended**
12 **by the Advisory Committee on Immunization Practices**
13 **be required for school attendance for all vaccine-**
14 **eligible individuals.**
15

16 **RECOMMENDATION B:**
17

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

21
22 **HOD ACTION: Recommendations in Council on**
23 **Science and Public Health Report 3 referred.**
24
25

26 The Council on Science and Public Health recommends that the following be adopted,
27 and the remainder of the report be filed.
28

29 1. That our AMA amend policy by addition and deletion to read as follows:
30

31 HPV-Associated Cancer Prevention, H-440.872

32 1. Our AMA (a) strongly urges physicians and other health care professionals to educate
33 themselves, appropriate patients, and patients' parents when applicable, about HPV and
34 associated diseases, the importance of initiating and completing HPV vaccination, as well
35 as routine HPV related cancer screening; and (b) encourages the development and
36 funding of programs targeted at HPV vaccine introduction and HPV related cancer
37 screening in countries without organized HPV related cancer screening programs.

38 2. Our AMA will work with interested parties to intensify efforts to improve awareness and
39 understanding about HPV and associated diseases in all individuals, regardless of sex,
40 such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and genital
41 cancer, the availability and efficacy of HPV vaccinations, and the need for routine HPV
42 related cancer screening in the general public.

43 3. Our AMA supports legislation and funding for research aimed towards discovering
44 screening methodology and early detection methods for other non-cervical HPV
45 associated cancers.

46 4. Our AMA:

47 (a) encourages the integration of HPV vaccination and ~~routine cervical~~ appropriate HPV-
48 related cancer screening into all appropriate health care settings and visits,

1 (b) supports the availability of the HPV vaccine and routine cervical cancer screening to
2 appropriate patient groups ~~that benefit most from preventive measures~~, including but not
3 limited to low-income and pre-sexually active populations,

4 (c) recommends HPV vaccination for all groups for whom the federal Advisory Committee
5 on Immunization Practices recommends HPV vaccination.

6 ~~5. Our AMA encourages will encourage all efforts by interested parties appropriate~~
7 ~~stakeholders to investigate means to increase HPV vaccine availability, and HPV~~
8 ~~vaccination rates by facilitating administration of HPV vaccinations in community-based~~
9 ~~settings including school settings such as local health departments, schools, and~~
10 ~~organized childcare centers.~~

11 ~~6. Our AMA will study requiring HPV vaccination for school attendance.~~

12 ~~67. Our AMA encourages collaboration with interested parties to make available human~~
13 ~~papillomavirus vaccination to people who are incarcerated for the prevention of HPV-~~
14 ~~associated cancers.~~

15 ~~8. Our AMA will encourage continued research into (a) interventions that equitably~~
16 ~~increase initiation of HPV vaccination and completion of the HPV vaccine series; and (b)~~
17 ~~the impact of broad opt-out provisions on HPV vaccine uptake. (Amend Current HOD~~
18 ~~Policy)~~

19
20 2. That our AMA reaffirm Policy H-440.970, "Nonmedical Exemptions from
21 Immunizations." (Reaffirm HOD Policy)

22
23 Your Reference Committee heard testimony largely in support of the intent of the
24 recommendations of the Council on Science and Public Health report. An amendment was
25 proffered to include support of HPV vaccination requirements for all vaccine-eligible
26 individuals for school attendance as recommended by the Advisory Committee on
27 Immunization Practices (ACIP). Testimony noted that ACIP makes recommendations
28 regarding clinical use of vaccines in the U.S. population. ACIP does not make
29 recommendations regarding vaccine requirements for school attendance. It was noted that
30 a mandate may be counterproductive to increasing vaccination rates. Given that the
31 majority of the testimony was in support of the proffered amendment, your Reference
32 Committee proposes language to address the issue highlighted about the purview of
33 ACIP-recommended vaccines and recommends that the Council on Science and Public
34 Health Report 3 be adopted as amended.

1 (13) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
2 4 -- SUPPORTING AND FUNDING SOBERING CENTERS
3

4 **RECOMMENDATION A:**
5

6 **Your Reference Committee recommends that the first**
7 **Recommendation of Council on Science and Public**
8 **Health Report 4 be amended by addition and deletion**
9 **to read as follows:**

10 **1. That our AMA will:**
11

12 **B. Support state and local efforts to decriminalize**
13 **public intoxication and enact alternatives to**
14 **criminalization of public intoxication, including**
15 **deflection, diversion, and criminal record expungement**
16 **policies.**
17

18 **RECOMMENDATION B:**
19

20 **Your Reference Committee recommends that Council**
21 **on Science and Public Health Report 4 be adopted as**
22 **amended and the remainder of the report be filed.**
23
24

25 **HOD ACTION: Recommendations in Council on Science**
26 **and Public Health Report 4 adopted as amended and the**
27 **remainder of the report filed.**
28
29

30 The Council on Science and Public Health recommends that the following be adopted in
31 lieu of Resolution 913-I-22, and the remainder of the report be filed.
32

33 **1. That our AMA will:**

- 34 **A. Monitor the scientific evidence and encourage further research of sobering centers**
35 **and similar entities for best practices including:**
36 **a. Health outcomes from sobering center utilization; and**
37 **b. Partnerships with medical personnel and health care entities for policies, protocols and**
38 **procedures that improve patient outcomes, such as transitions of care and safety**
39 **measures; and**
40 **c. The appropriate level of medical collaboration, evaluation, support, and training of staff**
41 **in sobering centers; and**
42 **d. Health economic analyses for sobering care models in comparison to existing health**
43 **care, criminal-legal, and community-based systems.**
44 **e. Best practices for sobering centers based on location (e.g., urban, suburban, and rural)**
45 **and community needs.**
46
47 **B. Support state and local efforts to decriminalize public intoxication.**
48
49 **C. Support federal and state-based regulation of sobering centers.**
50

1 D. Encourage and support local, state, and federal efforts (e.g., funding, policy,
2 regulations) to establish safe havens for sobering care, as an alternative to
3 criminalization, with harm reduction services and linkage to evidence-based treatment
4 in place of EDs or jails/prisons for medically uncomplicated intoxicated persons. (New
5 HOD Policy)
6

7 2. That our AMA reaffirm the following policies HOD policies: H-345.995, "Prevention of
8 Unnecessary Hospitalization and Jail Confinement of the Mentally Ill," H-95.912,
9 "Involuntary Civic Commitment for Substance Use Disorder," H-95.931, "AMA Support for
10 Justice Reinvestment Initiatives," H-515.955, "Research the Effects of Physical or Verbal
11 Violence Between Law Enforcement Officers and Public Citizens on Public Health
12 Outcomes," and D-430.993, "Study of Best Practices for Acute Care of Patients in the
13 Custody of Law Enforcement or Corrections." (Reaffirm HOD Policies)
14

15 Your Reference Committee heard significant testimony in support of the spirit of Council
16 on Science and Public Health Report 4. Multiple speakers noted that sobering centers as
17 a harm reduction strategy are critical for reducing drug overdose deaths. Concern was
18 noted in testimony regarding the policy of decriminalization of public intoxication. The
19 Council on Legislation noted that a report on criminalization of substances is forthcoming.
20 Alternate wording to remove reference to decriminalization was suggested. Therefore,
21 your Reference Committee recommends that the Council on Science and Public Health
22 Report 4 be adopted as amended.

1 (14) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
2 6 -- CANNABIS MARKETING PRACTICES
3

4 **RECOMMENDATION A:**
5

6 Your Reference Committee recommends that Council
7 on Science and Public Health Report 6 be amended by
8 addition and deletion to read as follows:
9

10 1.Our AMA supports and encourages federal, state, and
11 private sector research on the effects of cannabis
12 marketing to identify best practices in protecting
13 vulnerable populations, as well as the benefits of safety
14 campaigns such as preventing impaired driving or
15 dangerous use. (New HOD Policy)
16

17 2.Our AMA encourages state regulatory bodies to
18 enforce cannabis-related marketing laws and to
19 publicize and make publicly available the results of
20 such enforcement activities.
21

22 3.Our AMA encourages social media platforms to set a
23 threshold age of 21 years for exposure to cannabis
24 advertising and marketing and improve age verification
25 practices on social media platforms.
26

27 4.Our AMA encourages regulatory agencies to research
28 how marketing best practices learned from tobacco and
29 alcohol policies can be adopted or applied to cannabis
30 marketing.
31

32 6. Our AMA support and encourage state regulation of
33 therapeutic claims in cannabis advertising.
34

35 7. Our AMA support using existing AMA channels to
36 educate physicians and the public on the health risks of
37 cannabis to children and potential health risks of
38 cannabis to people who are pregnant or breastfeeding.
39

40 **RECOMMENDATION B:**
41

42 Your Reference Committee recommends that Council
43 on Science and Public Health Report 6 be adopted as
44 amended and the remainder of the report be filed.
45

46 **HOD ACTION:** Recommendations in Council on Science
47 and Public Health Report 6 adopted as amended,
48 Recommendation 6 referred, and the remainder of the
49 report filed.

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

3
4 1.Our AMA supports and encourages federal, state, and private sector research on the
5 effects of cannabis marketing to identify best practices in protecting vulnerable
6 populations, as well as the benefits of safety campaigns such as preventing impaired
7 driving or dangerous use. (New HOD Policy)

8
9 2.Our AMA encourages state regulatory bodies to enforce cannabis-related marketing
10 laws and to publicize and make publicly available the results of such enforcement
11 activities.

12
13 3.Our AMA encourages social media platforms to set a threshold age of 21 years for
14 exposure to cannabis advertising and marketing and improve age verification practices on
15 social media platforms.

16
17 4.Our AMA encourages regulatory agencies to research how marketing best practices
18 learned from tobacco and alcohol policies can be adopted or applied to cannabis
19 marketing.

20
21 5.That our AMA reaffirm policies H-95.952, "Cannabis and Cannabinoid Research," and
22 H-95.923, "Taxes on Cannabis Products."

23
24 Your Reference Committee heard mostly supportive testimony regarding the report. An
25 amendment was proffered to add several additional recommendations to the Council's
26 report. Your Reference Committee decided to recommend adoption of portions of that
27 amendment. There were some areas for which our AMA already had policy, such as
28 warning labels on cannabis products. Other recommendations, such as those for a public
29 health campaign, where the fiscal note would be substantial, were replaced with strategies
30 to allow dissemination of content through our AMA's existing channels. Another
31 amendment regarding model legislation was not included as it is within the scope of a
32 resolution being considered by another Reference Committee at this meeting. Given this,
33 your Reference Committee suggests that the Council on Science and Public Health Report
34 6 be adopted as amended and the remainder of the report be filed.

1 (15) RESOLUTION 901 - SILICOSIS FROM WORK WITH
2 ENGINEERED STONE
3

4 **RECOMMENDATION A:**
5

6 Your Reference Committee recommends that the first
7 Resolve of Resolution 901 be amended by addition and
8 deletion to read as follows:
9

10 **RESOLVED**, That our American Medical Association
11 ~~should~~ encourage physicians, including occupational
12 health physicians, pulmonologists, radiologists, and
13 pathologists, and other health-care professionals, to
14 work together to report all diagnosed or suspected
15 cases of silicosis in accordance with National Institute
16 for Occupational Safety and Health (NIOSH) guidance;
17 and be it further
18

19 **RECOMMENDATION B:**
20

21 Your Reference Committee recommends that the
22 second Resolve of Resolution 901 be amended by
23 addition and deletion to read as follows:
24

25 **RESOLVED**, That our AMA should advocate for the
26 establishment of preventive measures to
27 reduce exposure of workers to silica levels above
28 the OSHA evidence-based permissible exposure level
29 (PEL) for respirable crystalline silica ~~which is a time-~~
30 ~~weighted average (TWA) of 50 micrograms per~~
31 ~~cubic meter ($\mu\text{g}/\text{m}^3$) of air;~~ and be it further
32

33 **RECOMMENDATION C:**
34

35 Your Reference Committee recommends that
36 Resolution 901 be adopted as amended.
37

38 **HOD ACTION: Resolution 901 adopted as amended.**
39

40 **RESOLVED**, That our American Medical Association should encourage physicians,
41 including occupational health physicians, pulmonologists, radiologists, pathologists, and
42 other health-care professionals, to report all diagnosed or suspected cases of silicosis in
43 accordance with National Institute for Occupational Safety and Health (NIOSH) guidance;
44 and be it further
45

46 **RESOLVED**, That our AMA should advocate for the establishment of preventive measures
47 to reduce exposure of workers to silica levels above the OSHA permissible exposure level
48 (PEL) for respirable crystalline silica, which is a time-weighted average (TWA) of 50
49 micrograms per cubic meter ($\mu\text{g}/\text{m}^3$) of air; and be it further
50

1 RESOLVED, That our AMA should advocate for the establishment of a registry of cases
2 of silicosis to be maintained for workers diagnosed with silicosis resulting from engineered
3 stonework or from other causes, either by state Departments of Public Health or their
4 Division of Occupational Safety and Health; and be it further

5
6 RESOLVED, That our AMA should advocate for the establishment of state funds to
7 compensate workers who have been diagnosed with silicosis resulting from their work with
8 silica, to recognize the progression and the need for increasing levels of compensation
9 over time; and be it further

10
11 RESOLVED, That our AMA recommends that State Medical Associations should take
12 action with respect to the prevention of silicosis and to the recognition and compensation
13 of affected workers in their states.

14
15 Your Reference Committee heard testimony that was primarily supportive of the
16 resolution. Your Reference Committee heard testimony against the use of specific
17 micrograms per cubic meter reference, since this amount may change over time with
18 newer data. Your Reference Committee agrees. Your Reference Committee heard
19 another amendment which was deemed outside the scope of the original resolution. As
20 such, your Reference Committee recommends adoption as amended.

21
22 **(16) RESOLUTION 902 - POST MARKET RESEARCH TRIALS**

23
24 **RECOMMENDATION A:**

25
26 **Your Reference Committee recommends that**
27 **Resolution 902 be amended by addition to read as**
28 **follows:**

29
30 **RESOLVED, That our AMA advocate that the Food and**
31 **Drug Administration use its authority to require that**
32 **pharmaceuticals that received approval using**
33 **surrogate endpoints demonstrate direct clinical benefit**
34 **in post-market trials, of appropriate size and scope for**
35 **its relevant patient population, as a condition of**
36 **continued approval (Directive to Take Action); and be it**
37 **further**

38
39 **RECOMMENDATION B:**

40
41 **Your Reference Committee recommends that**
42 **Resolution 902 be adopted as amended.**

43
44 **HOD ACTION: Resolution 902 be adopted as amended**

45
46 RESOLVED, That our American Medical Association advocate that the Food and Drug
47 Administration use its authority to require and enforce timely completion of post-marketing
48 trials or studies whenever sponsors rely on surrogate endpoints to support approval
49 (Directive to Take Action); and be it further

50

1 RESOLVED, That our AMA advocate that the Food and Drug Administration use its
2 authority to require that pharmaceuticals that received approval using surrogate endpoints
3 demonstrate direct clinical benefit in post-market trials as a condition of continued
4 approval (Directive to Take Action); and be it further

5
6 RESOLVED, That our AMA advocate that the Food and Drug Administration require drug
7 manufacturers to make the findings of their post-market trials publicly available (Directive
8 to Take Action).

9
10 Testimony on this item was generally supportive. Most testified to support any and all
11 efforts to make medications safer while still allowing patients to access innovative and life-
12 saving drugs. One comment noted, however, that surrogate endpoints may be the only
13 feasible method for investigating treatments for rare diseases, where patient populations
14 may be prohibitively small for traditional, double-blind trials, and your Reference
15 Committee agrees that this item can be clarified to not negatively impact rare disease
16 research. As such, your Reference Committee recommends that Resolution 902 be
17 adopted as amended.

1 (17) RESOLUTION 906 - ONLINE CONTENT PROMOTING
2 LGBTQ+ INCLUSIVE SAFE SEX PRACTICES
3

4 **RECOMMENDATION A:**
5

6 Your Reference Committee recommends that
7 Resolution 906 be amended by deletion to read as
8 follows:
9

10 **RESOLVED**, that our American Medical Association
11 amend policy H-485.994, "Television Broadcast of
12 Sexual Encounters and Public Health Awareness"
13 by addition and deletion, to read as follows:
14

15 Television Broadcast and Online Streaming of
16 Sexual Encounters and Public Health Awareness on
17 Social Media Platforms, H-485.994

18 The AMA urges television broadcasters and online
19 streaming services, producers, and sponsors, and
20 any associated social media outlets to encourage
21 education about ~~heterosexual and LGBTQ+~~
22 inclusive safe sexual practices, including but not
23 limited to condom use and abstinence, in television
24 or online programming of sexual encounters, and to
25 accurately represent the consequences of unsafe
26 sex.
27

28 **RECOMMENDATION B:**
29

30 Your Reference Committee recommends that
31 Resolution 906 be adopted as amended.
32

33 **HOD ACTION: Resolution 906 adopted as amended.**
34

35 RESOLVED, that our American Medical Association amend policy H-485.994, "Television
36 Broadcast of Sexual Encounters and Public Health Awareness" by addition and deletion,
37 to read as follows:
38

39 Television Broadcast and Online Streaming of Sexual Encounters and Public Health
40 Awareness on Social Media Platforms, H-485.994

41 The AMA urges television broadcasters and online streaming services, producers, and
42 sponsors, and any associated social media outlets to encourage education about
43 heterosexual and LGBTQ+ inclusive safe sexual practices, including but not limited to
44 condom use and abstinence, in television or online programming of sexual encounters,
45 and to accurately represent the consequences of unsafe sex.
46

47 Your Reference Committee heard mixed testimony on this resolution. The testimony
48 acknowledged that ensuring inclusive safe sex practices in television or online
49 programming is important. A proffered amendment proposed to strike "heterosexual and
50 LGBTQ+" noting that safe sex practices apply to all groups and all forms of sex, and this

1 description defeats the intent of inclusivity. Testimony also noted that individuals can
2 identify as LGBTQ+ and engage in heterosexual sexual activities. Your Reference
3 Committee agrees with this proffered amendment and therefore, your Reference
4 Committee recommends Resolution 906 be adopted as amended.

5
6 **(18) RESOLUTION 913 - PUBLIC HEALTH IMPACTS OF**
7 **INDUSTRIALIZED FARMS**

8
9 **RECOMMENDATION A:**

10
11 **Your Reference Committee recommends that the first**
12 **Resolve of Resolution 913 be amended by addition and**
13 **deletion to read as follows:**

14
15 **RESOLVED, that our American Medical Association**
16 **recognizes that concentrated animal feeding**
17 **operations (CAFOs) as may be a public health hazard;**
18 **and be it further**

19
20 **RECOMMENDATION B:**

21
22 **Your Reference Committee recommends that**
23 **Resolution 913 be adopted as amended.**

24
25 **HOD ACTION: Resolution 913 be adopted as amended.**

26
27 RESOLVED, that our American Medical Association recognize Concentrated Animal
28 Feeding Operations (CAFOs) as a public health hazard; and be it further

29
30 RESOLVED, that our AMA encourage the Environmental Protection Agency and
31 appropriate parties to remove the regulatory exemptions for CAFOs under the Emergency
32 Planning and Community Right-to-Know Act and the Comprehensive Environmental
33 Response, Compensation, and Liability Act and tighten restrictions on pollution from
34 CAFOs.

35
36 Your Reference Committee heard mixed testimony on this resolution. Testimony noted
37 universally defining all CAFOs as a “public health hazard” is over-reaching. Testimony
38 also noted that there are many humanitarian arguments against CAFOs and arguments
39 that call for better regulation, but there is limited evidence to categorically define all CAFOs
40 as public health hazards. Your Reference Committee agrees that CAFOs shouldn’t be
41 broadly categorized as a public health hazard but recognizes that they may be a public
42 health hazard. Therefore, your Reference Committee recommends Resolution 913 be
43 adopted as amended.

1 (19) RESOLUTION 914 - ADVERSE CHILDHOOD
2 EXPERIENCES

3
4 **RECOMMENDATION A:**

5
6 **Your Reference Committee recommends that the first**
7 **Resolve of Resolution 914 be amended by addition and**
8 **deletion to read as follows:**

9
10 **RESOLVED, That our AMA collaborate with the CDC**
11 **and other relevant interested parties to advocate for the**
12 **addition inclusion of ~~witnessing violence, experiencing~~**
13 **~~discrimination, living in an unsafe neighborhood,~~**
14 **~~experiencing bullying, placement in foster care,~~**
15 **~~migration-related trauma, and living in poverty, and any~~**
16 **additional evidence-based categories as needed and**
17 **justified by scientific evidence to the currently existing**
18 **Adverse Childhood Experiences (ACEs) categories for**
19 **the purposes of continuing to improve research into the**
20 **health impacts of ACEs and how to mitigate them; and**
21 **be it further**

22
23 **RECOMMENDATION B:**

24
25 **Your Reference Committee recommends that**
26 **Resolution 914 be adopted as amended.**

27
28 **HOD ACTION: Resolution 914 adopted as amended**

29
30 RESOLVED, That our AMA collaborate with the CDC and other relevant interested parties
31 to advocate for the addition of witnessing violence, experiencing discrimination, living in
32 an unsafe neighborhood, experiencing bullying, placement in foster care, migration-
33 related trauma, and living in poverty, and any additional categories as needed and justified
34 by scientific evidence to the currently existing Adverse Childhood Experiences (ACEs)
35 categories for the purposes of continuing to improve research into the health impacts of
36 ACEs and how to mitigate them; and be it further

37
38 RESOLVED, That our AMA work with the CDC and other relevant interested parties to
39 advocate for resources to expand research into ACEs and efforts to operationalize those
40 findings into effective and evidence-based clinical and public health interventions; and be
41 it further *

42
43 RESOLVED, that our AMA support the establishment of a national ACEs response team
44 grant to dedicate federal resources towards supporting prevention and early intervention
45 efforts aimed at diminishing the impacts ACEs have on the developing child.

46
47 Testimony was mostly supportive of the intent of Resolution 914, with recognition of the
48 importance of improving the awareness of ACEs, which have lasting negative effects on
49 health and wellbeing. As noted in testimony, the original ACEs study was conducted from
50 1995 to 1997. Since then, the list of ACEs used in studies has been expanded. As a result,

1 there are different lists of experiences that encompass what is referred to as an ACE. The
2 Council noted that from a policy perspective, it may be prudent to avoid creating a list of
3 ACEs within AMA policy as the evidence evolves. Your Reference Committee agrees with
4 this approach. It is for this reason that inclusion of the concept of epigenetics, which was
5 raised in testimony, is not being recommended for inclusion. Therefore, your Reference
6 Committee recommends that Resolution 914 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU

(20) RESOLUTION 903 - SUPPORTING EMERGENCY ANTI-SEIZURE INTERVENTIONS

RECOMMENDATION A:

Your Reference Committee recommends that Alternate Resolution 903 be adopted in lieu of Resolution 903.

RESOLVED, That our AMA encourage awareness efforts to increase recognition of the signs of status epilepticus. (New HOD Policy)

RECOMMENDATION B:

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

SUPPORT EDUCATION AND EMERGENCY INTERVENTIONS FOR STATUS EPILEPTICUS

HOD ACTION: Alternate Resolution 903 adopted in lieu of Resolution 903 with a change in title.

RESOLVED, that our American Medical Association support efforts in the recognition of status epilepticus and bystander intervention trainings; and be it further

RESOLVED, that our AMA encourage physicians to educate patients and families affected by epilepsy on status epilepticus and work with patients and families to develop an individualized action plan for possible status epilepticus, which may include distribution of home pharmacotherapy for status epilepticus, in accordance with the physician's best clinical judgment.

Your Reference Committee heard mixed testimony for this item. Proponents noted the need for more awareness across interested parties, such as caregivers and the public, to better support public health efforts. Others voiced concerns that groups were already completing this work and it may be beyond the purview of our AMA. Amendments were proffered to support global efforts of recognition of the signs of status epilepticus. The more general term "seizure" was replaced with status epilepticus, as not all seizures require emergency treatment. Thus, your Reference Committee recommends adoption of the Alternate Resolution.

1 **(21) RESOLUTION 904 - UNIVERSAL RETURN-TO-PLAY**
2 **PROTOCOLS**

3
4 **RECOMMENDATION A:**

5
6 **Your Reference Committee recommends that Alternate**
7 **Resolution 904 be adopted in lieu of Resolution 904.**

8
9 **RESOLVED, that our AMA encourage evidence-based**
10 **studies regarding post-injury management protocols**
11 **and return-to-play criteria that can help guide**
12 **physicians who are caring for injured athletes.**

13
14 **HOD ACTION: Alternate Resolution 904 adopted in lieu of**
15 **Resolution 904.**

16
17 **RESOLVED, that our American Medical Association encourage interested parties to: (a)**
18 **establish a standard, universal protocol for return-to-play recovery for collegiate and**
19 **professional athletes; (b) promote additional evidence-based studies on the effectiveness**
20 **of a universal protocol for evaluation and post-injury management course at the collegiate**
21 **and professional level; (c) support national and state efforts to minimize the consequences**
22 **of inadequate recovery windows for collegiate and professional athletes.**

23
24 An alternate resolution was proposed which was supported by the majority of those who
25 testified, including the authors of the original resolution. There were concerns that the
26 original resolution as drafted was both too broad in its coverage of all injuries, and too
27 narrow in the focus on only college and professional athletes. Your Reference Committee
28 agrees that the alternate language is more appropriate and therefore recommends that it
29 be adopted in lieu of Resolution 904.

1 (22) RESOLUTION 916 - ELIMINATION OF BUPRENORPHINE
2 DOSE LIMITS
3

4 **RECOMMENDATION A:**
5

6 **Your Reference Committee recommends that Alternate**
7 **Resolution 916 be adopted in lieu of Resolution 916.**
8

9 **RESOLVED, that our American Medical Association**
10 **support patients' ability to receive buprenorphine**
11 **doses that exceed dosage limits listed in FDA-approved**
12 **labeling when recommended by their prescriber for the**
13 **treatment of opioid use disorder; and be it further**
14

15 **RESOLVED, that our AMA urge interested parties,**
16 **including federal agencies, manufacturers, medical**
17 **organizations, and health plans to review the evidence**
18 **concerning buprenorphine dosing and revise labels**
19 **and policies accordingly, in light of increasing mortality**
20 **related to high-potency synthetic opioids.**
21

22 **HOD ACTION: Alternate Resolution 916 adopted in lieu of**
23 **Resolution 916.**
24

25 RESOLVED, that our American Medical Association will support flexibility in dosing of
26 buprenorphine by elimination of non-evidence-based dose limits imposed by clinics, health
27 systems, pharmacies and insurance carriers; and be it further
28

29 RESOLVED, that our AMA advocate for the elimination of non-evidence-based
30 buprenorphine dose limits imposed by the United States Food and Drug Administration,
31 clinics, health systems, pharmacies and insurance carriers.
32

33 Your Reference Committee heard testimony which unanimously supported the intent of
34 the resolution, citing the lifesaving aspects of buprenorphine and the need for utilization
35 of up-to-date evidence regarding appropriate dosing of buprenorphine for treatment.
36 Testimony cited that the original data used for initial FDA labeled dose limits was scant at
37 that time and are now not aligned with current evidence of buprenorphine dose efficacy in
38 the era of synthetic opioid use. Further, other parties, such as payors, can use this
39 information to create barriers to care. Alternate language was proffered and supported in
40 testimony. Therefore, your Reference Committee recommends alternate Resolution 916
41 be adopted in lieu of Resolution 916.

RECOMMENDED FOR REFERRAL

(23) BOARD OF TRUSTEES REPORT 3 - UPDATE ON CLIMATE CHANGE AND HEALTH – AMA ACTIVITIES

RECOMMENDATION A:

Your Reference Committee recommends that Board of Trustees Report 3 be referred.

HOD ACTION: Board of Trustees Report 3 referred.

In this informational report, the Board of Trustees shared an update on the AMA’s plan and activities to address and combat the health effects of climate change sharing activities undertaken since the last report issued at the June meeting. Those who testified indicated that what they are expecting is a strategic plan similar to the AMA’s strategic plan to advance health equity. It was noted that this report did not meet their expectations and it was asked that the report be referred back to the Board. Therefore, your Reference Committee recommends referral.

(24) RESOLUTION 915 - SOCIAL MEDIA IMPACT ON YOUTH MENTAL HEALTH

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 915 be referred.

HOD ACTION: Resolution 915 referred.

RESOLVED, that our American Medical Association work with relevant parties to develop guidelines for age-appropriate content and access and to develop age-appropriate digital literacy training to precede social media engagement among children and adolescents; and be it further

RESOLVED, that our AMA amend policy D-478.965 by insertion as follows: (4) advocates for and support media and social networking services addressing and developing safeguards for users, including protections for youth online privacy, effective controls allowing youth and caregivers to manage screentime content and access, and to develop age-appropriate digital literacy training; and be it further

RESOLVED, that our AMA advocate that the federal government requires social media companies to share relevant data for further independent research on social media’s effect on youth mental health and fund future federal research on the potential benefits and harms of social media use on youth mental health.

Testimony highlighted the critical importance of this issue for our nation’s youth, but the preponderance of testimony indicated that referral for study was warranted. The Council on Science and Public Health also supported referral and indicated that a study on this

1 topic is underway to make recommendations for teenage use of social media, with a report
2 due back to the House of Delegates at A-24 and this could be considered within that report.
3 Therefore, your Reference Committee recommends referral.

4
5 **(25) RESOLUTION 922 - PRESCRIPTION DRUG**
6 **SHORTAGES AND PHARMACY INVENTORIES**

7
8 **RECOMMENDATION A:**

9
10 **Your Reference Committee recommends that**
11 **Resolution 922 be referred.**

12
13 **HOD ACTION: Resolution 922 referred.**

14
15 RESOLVED, that our American Medical Association work with the pharmacy industry to
16 develop and implement a mechanism to transfer prescriptions without requiring a new
17 prescription (Directive to Take Action); and be it further

18
19 RESOLVED, that our AMA advocate for legislation and/or regulations permitting
20 pharmacies to transfer prescriptions to other pharmacies when prescription medications
21 are unavailable at the original pharmacy or the patient requests the prescription be
22 transferred. (Directive to Take Action)

23
24 Mixed testimony was heard for this resolution. There was significant support for this
25 resolution based on significant challenges to practice from the limitation of prescription
26 transfers, including inability of patients to access medication and increased administration
27 time for physicians and their staff to find medications at pharmacies. However, testimony
28 was heard from multiple speakers about the complexity of this issue surrounding state
29 laws, recent DEA regulations, and retail pharmacy policies, and requested further study
30 to guide policy. Your Reference Committee agrees that this is an important issue with
31 significant complexities and recommends this resolution for referral.

1 **RECOMMENDED FOR REFERRAL FOR DECISION**

2
3 **(26)** RESOLUTION 909 - HIGH RISK HPV SUBTYPES IN
4 MINORITIZED POPULATIONS

5
6 **RECOMMENDATION A:**

7
8 **Your Reference Committee recommends that**
9 **Resolution 909 be referred for decision.**

10
11 HOD ACTION: **Resolution 909 referred for decision.**

12
13 RESOLVED, that our AMA amend H-440.872, "HPV Vaccine and Cervical and
14 Oropharyngeal Cancer Prevention Worldwide," by addition as follows:

- 15
16 HPV Vaccine and Cervical and Oropharyngeal Cancer Prevention Worldwide H-440.872
- 17 1. Our AMA (a) urges physicians and other health care professionals to educate
 - 18 themselves and their patients about HPV and associated diseases, HPV vaccination, as
 - 19 well as routine HPV related cancer screening; and (b) encourages the development and
 - 20 funding of programs targeted at HPV vaccine introduction and HPV related cancer
 - 21 screening in countries without organized HPV related cancer screening programs.
 - 22 2. Our AMA will intensify efforts to improve awareness and understanding about HPV and
 - 23 associated diseases in all individuals, regardless of sex, such as, but not limited to,
 - 24 cervical cancer, head and neck cancer, anal cancer, and genital cancer, the availability
 - 25 and efficacy of HPV vaccinations, and the need for routine HPV related cancer screening
 - 26 in the general public.
 - 27 3. Our AMA (a) encourages the integration of HPV vaccination and routine cervical cancer
 - 28 screening into all appropriate health care settings and visits; (b) supports the availability
 - 29 of the HPV vaccine and routine cervical cancer screening to appropriate patient groups
 - 30 that benefit most from preventive measures, including but not limited to low-income and
 - 31 pre-sexually active populations; and (c) recommends HPV vaccination for all groups for
 - 32 whom the federal Advisory Committee on Immunization Practices recommends HPV
 - 33 vaccination.
 - 34 4. Our AMA encourages appropriate parties to investigate means to increase HPV
 - 35 vaccination rates by facilitating administration of HPV vaccinations in community-based
 - 36 settings including school settings.
 - 37 5. Our AMA will study requiring HPV vaccination for school attendance.
 - 38 6. Our AMA encourages collaboration with interested parties to make available human
 - 39 papillomavirus vaccination to people who are incarcerated for the prevention of HPV-
 - 40 associated cancers.
 - 41 7. Our AMA supports further research by relevant parties of HPV self-sampling in the
 - 42 United States to determine whether it can decrease health care disparities in cervical
 - 43 cancer screening.
 - 44 8. Our AMA advocate that racial, ethnic, socioeconomic, and geographic differences in
 - 45 high-risk HPV subtype prevalence be taken into account during the development, clinical
 - 46 testing, and strategic distribution of next-generation HPV vaccines.

47
48 Your Reference Committee heard testimony that was unanimously supportive of the spirit
49 of this resolution. However, your Reference Committee was alerted to the fact that the

1 original, underlying resolution was modifying an outdated version of H-440.872 that was
2 hosted in PolicyFinder. Your Reference Committee would note that the policy proposals
3 contained in Resolution 909 are important, timely, and well-supported, and the Reference
4 Committee's recommendation is solely due to a technical error. This technical error was
5 not the fault of the authors and instead due to the internal processing of business from A-
6 23. Your Reference Committee commends the authors for working diligently on this issue
7 and encourages the Board to accept the thrust of the resolution while rectifying the
8 parliamentary glitch. For those reasons, your Reference Committee recommends that
9 Resolution 909 be referred for decision.

RECOMMENDED FOR NOT ADOPTION

(27) RESOLUTION 905 - SUPPORT FOR RESEARCH ON THE ASSOCIATION BETWEEN ESTROGEN AND MIGRAINE

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 905 be not adopted.

HOD ACTION: Resolution 905 not adopted.

RESOLVED, that our American Medical Association support further research regarding the role of estrogen as a risk factor for stroke and cardiovascular events at the dosages and routes found in, inclusive of but not limited to combined oral contraceptive pills, vaginal rings, transdermal patches, hormone replacement therapy, and gender affirming hormone therapy in individuals with migraine and migraine with aura (New HOD Policy)

RESOLVED, that our AMA work with relevant stakeholders to advocate for increased resources to allow for appropriate education and assessment, when indicated, of migraine and migraine with aura consistent with current diagnostic guidelines in medical practice sites inclusive of but not limited to primary care, obstetrics and gynecology, endocrinology, neurology, and cardiology clinics. (Directive to Take Action)

Your Reference Committee heard testimony in support of the spirit of the proposed resolution, but ultimately there was significant disagreement on the best path forward for achieving the desired outcome. Specifically, there were several who testified to the active, vigorous investigation currently underway in this area, and that this topic may be more appropriate for action by our AMA once those results are better understood and disseminated. Additionally, several specialty groups cited that the resources requested by this resolution may already exist and are used in practice today. As such, your Reference Committee recommends that this resolution not be adopted.

This concludes the report of Reference Committee K . I would like to thank Kim Yu, MD, Elizabeth Torres, MD, Elizabeth Suschana, Patricia Kolowich, MD, Nancy Ann Ellerbroek, MD, Robert Dannenhoffer, MD, and all those who testified before the Committee.

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