

## DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its November 2021 Special 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 (November 2021 Meeting)

Report of Reference Committee E

E. Christopher Bush, MD, Chair

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1 Your reference committee recommends the following consent calendar for acceptance:  
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#### 3 **RECOMMENDED FOR ADOPTION AS AMENDED** 4

- 5 1. Council on Science and Public Health Report 4 – Pharmacovigilance (Res 518-A-19,  
6 Chemical Variability in Pharmaceutical Products)  
7
- 8 2. Resolution 502 – Advocating for Heat Exposure Protections for Outdoor Workers  
9
- 10 3. Resolution 506 – Enhancing Harm Reduction for People Who Use Drugs  
11

#### 12 **RECOMMENDED FOR ADOPTION IN LIEU OF** 13

- 14 4. Resolution 505 – Representation of Dermatological Pathologies in Varying Skin  
15 Tones

\*For CSAPH 4 and Resolution 506, the double underline and double strikethrough that are traditional format for indicating amendments from the Reference Committee are difficult to discern. Therefore, the Reference Committee has also highlighted these **additions in yellow**.

#### **Amendments**

If you wish to propose an amendment to an item of business, click here: [Submit New Amendment](#)

**RECOMMENDED FOR ADOPTION AS AMENDED**

- 1  
2  
3  
4 (1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
5 4 – PHARMACOVIGILANCE (RES 518-A-19, CHEMICAL  
6 VARIABILITY IN PHARMACEUTICAL PRODUCTS)  
7

8 **RECOMMENDATION A:**  
9

10 **Recommendation 2 in Council on Science and Public**  
11 **Health Report 4 be amended by addition to read as**  
12 **follows:**  
13

- 14 2. That Policy H-120.958, “Supporting Safe Medical  
15 Products as a Priority Public Health Initiative” be  
16 amended by addition and deletion to read as  
17 follows:  
18

19 Our AMA will: (1) work through the United States  
20 Adopted Names (USAN) Council to adopt  
21 methodology to help prevent "look alike-sound  
22 alike" errors in giving new drugs generic names;  
23 (2) continue participation in ~~the National Patient~~  
24 ~~Safety Foundation's~~ efforts to advance the science  
25 of safety in the medication use process, including  
26 ~~and likewise~~ work with the National Coordinating  
27 Council for Medication Error Reporting and  
28 Prevention;  
29 (3) support the FDA’s Medwatch program by  
30 working to improve physicians' and pharmacists'  
31 knowledge and awareness of the program and  
32 encouraging proper reporting of adverse events;  
33 (4) vigorously work to support the Drug Supply  
34 Chain and Security Act (DSCSA, Public Law 113-54),  
35 including provisions on product identification and  
36 verification, data sharing, detection and response,  
37 ~~and encourage efforts to create and expeditiously~~  
38 ~~implement a national machine-readable coding~~  
39 ~~system for prescription medicine packaging~~ in an  
40 effort to improve patient safety;  
41 (5) participate in and report on the work of the  
42 Healthy People ~~2040~~ 2030 initiative in the area of  
43 safe medical products especially as it relates to  
44 existing AMA policy; and  
45 (6) seek opportunities to work collaboratively within  
46 the Medicine-Public Health initiative (H-440.991),  
47 with pharmacy associations, and with the Food and  
48 Drug Administration (FDA), National Institutes of  
49 Health (NIH), United States Pharmacopoeia (USP)  
50 and Centers for Disease Control and Prevention

1 (CDC) the Agency for Health Care Policy and  
2 Research (AHCPR) Healthcare Research and  
3 Quality (AHRQ) and the Centers for Medicare &  
4 Medicaid Services (CMS) to provide information to  
5 individual physicians, pharmacists, other clinicians,  
6 and state medical societies on the need for public  
7 health infrastructure and local consortiums to work  
8 on problems related to medical product safety.  
9 (Modify Current HOD Policy)

10  
11 **RECOMMENDATION B:**

12 The recommendations in Council on Science and  
13 Public Health Report 2 be adopted as amended and the  
14 remainder of the report be filed.

15  
16 **HOD ACTION:** The recommendations in Council on Science and Public Health  
17 Report 2 adopted as amended and the remainder of the report filed.

18  
19 The Council on Science and Public Health recommends that the following be adopted in lieu  
20 of Resolution 518-A-19 and the remainder of the report be filed:

- 21  
22 1. That Policy D-100.988, "Tracking and Punishing Distributors of Counterfeit  
23 Pharmaceuticals" be amended by addition and deletion to read as follows:

24  
25 Our AMA will support the Food and Drug Administration's efforts to evaluate and  
26 facilitate implementation of effective tracking systems for pharmaceuticals, including all  
27 outlined implementation phases of the Drug Supply Chain and Security Act (DSCSA,  
28 Public Law 113-54) also called "track and trace," which contains extensive requirements  
29 and provisions related to supply chain participants and regulated products. (Modify  
30 Current HOD Policy)

- 31  
32 2. That Policy H-120.958, "Supporting Safe Medical Products as a Priority Public Health  
33 Initiative" be amended by addition and deletion to read as follows:

34  
35 Our AMA will: (1) work through the United States Adopted Names (USAN) Council to  
36 adopt methodology to help prevent "look alike-sound alike" errors in giving new drugs  
37 generic names;  
38 (2) continue participation in ~~the National Patient Safety Foundation's~~ efforts to advance  
39 the science of safety in the medication use process, including and likewise work with the  
40 National Coordinating Council for Medication Error Reporting and Prevention;  
41 (3) support the FDA's Medwatch program by working to improve physicians' knowledge  
42 and awareness of the program and encouraging proper reporting of adverse events;  
43 (4) vigorously work to support the Drug Supply Chain and Security Act (DSCSA, Public  
44 Law 113-54), including provisions on product identification and verification, data sharing,  
45 detection and response, and encourage efforts to create and expeditiously implement a  
46 national machine-readable coding system for prescription medicine packaging in an  
47 effort to improve patient safety;  
48 (5) participate in and report on the work of the Healthy People ~~2040~~ 2030 initiative in the  
49 area of safe medical products especially as it relates to existing AMA policy; and  
50 (6) seek opportunities to work collaboratively within the Medicine-Public Health initiative  
51 (H-440.991) and with the Food and Drug Administration (FDA), National Institutes of

1 Health (NIH), United States Pharmacopoeia (USP) and Centers for Disease Control and  
2 Prevention (CDC) the Agency for ~~Health Care Policy and Research (AHCPR)~~ Healthcare  
3 Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS)  
4 to provide information to individual physicians and state medical societies on the need  
5 for public health infrastructure and local consortiums to work on problems related to  
6 medical product safety. (Modify Current HOD Policy)

7  
8 3. That Policy D-100.977, "Pharmaceutical Quality Control for Foreign Medications," that  
9 calls upon Congress to provide the FDA with the necessary authority and resources to  
10 ensure that imported drugs are safe for American consumers and patients, be  
11 reaffirmed. (Reaffirm HOD Policy)

12  
13 4. That Policy D-100.985, "Federal Regulation and Computerized Tracking of  
14 Pharmaceuticals During Shipping and Handling from Manufacture Until Ultimately  
15 Received by Patient," opposing illegal drug diversion, illegal Internet sales of drugs,  
16 illegal importation of drugs, and drug counterfeiting, be reaffirmed. (Reaffirm HOD  
17 Policy)

18  
19 5. That Policy D-100.988, "Tracking and Punishing Distributors of Counterfeit  
20 Pharmaceuticals," supporting the FDA's efforts to evaluate and facilitate implementation  
21 of effective tracking systems for pharmaceuticals, be reaffirmed. (Reaffirm HOD Policy)

22  
23 6. That Policy H-100.946, "Source and Quality of Medications Critical to National Health  
24 and Security," supporting legislative and regulatory initiatives that help to ensure proper  
25 domestic capacity, production and quality of pharmaceutical and chemical substrates as  
26 a matter of public well-being and national security and encouraging the development and  
27 enforcement of standards that make the sources of pharmaceuticals and their chemical  
28 substrates used in the United States of America transparent to prescribers and the  
29 general public, be reaffirmed. (Reaffirm HOD Policy)

30  
31 7. That Policy H-100.969, "Assuring the Safety and Quality of Foreign-Produced  
32 Pharmaceuticals," supporting the inspection of all foreign manufacturers of  
33 pharmaceutical chemicals and products which are exported to the United States to  
34 assure compliance with U.S. standards, be reaffirmed. (Reaffirm HOD Policy)

35  
36 8. That Policy H-100.995, "Support of American Drug Industry," supporting the American  
37 pharmaceutical manufacturing industry in its efforts to develop and market pharmaceutical  
38 products meeting proper standards of safety and efficacy for the benefit of the American  
39 people, be reaffirmed. (Reaffirm HOD Policy)

40  
41 Your Reference Committee heard limited but unanimously supportive testimony related to  
42 Council on Science and Public Health (CSAPH) Report 4. The National Institutes of Health,  
43 while supportive of the report, offered a few amendments to include pharmacists and other  
44 clinicians who play a critical role to ensure the safe use of medications. CSAPH and your  
45 Reference Committee agree that the proposed amendments strengthen the  
46 recommendations of the report. Therefore, your Reference Committee recommends that  
47 Council on Science and Public Health Report 4 be adopted as amended.

1 (2) RESOLUTION 502 – ADVOCATING FOR HEAT  
2 EXPOSURE PROTECTIONS FOR OUTDOOR  
3 WORKERS  
4

5 **RECOMMENDATION A:**  
6

7 **Resolution 502 be be amended by addition and deletion**  
8 **to read as follows:**  
9

10 **RESOLVED, That our American Medical Association**  
11 **(AMA) advocate for all outdoor workers to have access**  
12 **to preventative cool-down rest periods in shaded,**  
13 **ventilated, and/or cooled areas for prevention of injury**  
14 **from sun exposure and heat injury as well as**  
15 **appropriate access to emergency services when signs**  
16 **and symptoms of heat exposure injury appear**  
17 **~~exhaustion and health educational materials in their~~**  
18 **~~primary language (Directive for Action); and be it further~~**  
19

20 **RESOLVED, That our AMA advocate for support**  
21 **legislation that creates ~~creating~~ federal standards for**  
22 **protections against heat stress and sun exposure**  
23 **specific to the hazards of the workplace including**  
24 **~~appropriate access to emergency services at signs and~~**  
25 **~~symptoms of heat exposure injury (New HOD Policy);~~**  
26 **and be it further**  
27

28 **RESOLVED, That our AMA support policy change at the**  
29 **federal level via legislation or administrative rule**  
30 **changes by the Occupational Safety and Health**  
31 **Administration (OSHA) that would require that workers**  
32 **receive health educational materials about prevention**  
33 **and recognition of heat exhaustion and heat exposure**  
34 **injury that is in the worker's primary language (New**  
35 **HOD Policy); and be it further**  
36

37 **RESOLVED, That our AMA work with the United States**  
38 **Department of Labor, ~~the Occupational Safety and~~**  
39 **~~Health Administration~~ OSHA, and other appropriate**  
40 **federal stakeholders to develop and enforce evidence-**  
41 **based policies, guidelines, and protections against heat**  
42 **injury for ~~outdoor~~ workers independent of legal status.**  
43 **(Directive for Action) ; and be it further**  
44

45 **RESOLVED, That our AMA recognize there are**  
46 **particular medical conditions and medications,**  
47 **including but not limited to psychotropics, which**  
48 **increase an individual's vulnerability to the negative**  
49 **impacts of heat **and sun** exposure and advocate for**  
50 **recognition of this, as well as additional protections as**

1 part of any guidelines, legislation or other policies.  
2 (New HOD Policy)

3  
4 **RECOMMENDATION B:**

5  
6 **Resolution 502 be adopted as amended.**

7  
8 **RECOMMENDATION C:**

9  
10 **That the title of Resolution 502 be changed.**

11  
12 **ADVOCATING FOR HEAT EXPOSURE PROTECTIONS**  
13 **FOR ALL WORKERS**

14  
15 **HOD ACTION: Resolution 502 adopted as amended with**  
16 **a change in title to read:**

17  
18 **ADVOCATING FOR HEAT EXPOSURE PROTECTIONS**  
19 **FOR ALL WORKERS**

20  
21 RESOLVED, That our American Medical Association (AMA) advocate for outdoor workers to  
22 have access to preventative cool-down rest periods in shaded areas for prevention of heat  
23 exhaustion and health educational materials in their primary language (Directive for Action);  
24 and be it further

25  
26 RESOLVED, That our AMA support legislation creating federal standards for protections  
27 against heat stress specific to the hazards of the workplace including appropriate access to  
28 emergency services at signs and symptoms of heat exposure injury (New HOD Policy); and  
29 be it further

30  
31 RESOLVED, That our AMA work with the United States Department of Labor, the  
32 Occupational Safety and Health Administration, and other appropriate federal stakeholders to  
33 develop and enforce evidence-based policies, guidelines, and protections against heat injury  
34 for outdoor workers independent of legal status. (Directive for Action)

35  
36 Your Reference Committee heard unanimously supportive testimony for the intent of  
37 Resolution 502. Several amendments were proffered to improve the language of the  
38 resolution. Several amendments were suggested to expand the scope to include all workers  
39 at risk of heat exposure, both those indoor and outdoor. Other proposed amendments  
40 recommend specifically including sun as a risk factor. Another amendment proposed  
41 acknowledges that some medications or medical conditions may increase an individual's risk  
42 of heat- or sun-exposure related illness. Your Reference Committee agrees that these  
43 amendments strengthen the Resolution and have incorporated all of them. Therefore, your  
44 Reference Committee recommends that Resolution 502 be adopted as amended with a  
45 change in title.

1 (3) RESOLUTION 506 – ENHANCING HARM REDUCTION  
2 FOR PEOPLE WHO USE DRUGS  
3

4 **RECOMMENDATION A:**  
5

6 **Resolution 506 be be be amended by addition and**  
7 **deletion to read as follows:**  
8

9 **RESOLVED, That our American Medical Association**  
10 **(AMA) amend policy D-95.987 by addition and deletion**  
11 **as follows:**  
12 **D-95.987, “Prevention of Opioid Drug-related**  
13 **Overdose”**

- 14 1. Our AMA: (A) recognizes the great burden that  
15 opioid addiction and prescription drug abuse  
16 substance use disorders (SUDs) and drug-related  
17 overdoses and death places on patients and society  
18 alike and reaffirms its support for the  
19 compassionate treatment of such patients with a  
20 SUD and people who use drugs; (B) urges that  
21 community-based programs offering naloxone and  
22 other opioid overdose and drug safety and  
23 prevention services continue to implemented in  
24 order to further develop best practices in this area;  
25 ~~and~~ (C) encourages the education of health care  
26 workers and people who use drugs opioid-users  
27 about the use of naloxone and other harm reduction  
28 measures in preventing opioid and other drug-  
29 related overdose fatalities; and (D) will continue to  
30 monitor the progress of such initiatives and  
31 respond as appropriate.
- 32 2. Our AMA will: (A) advocate for the appropriate  
33 education of at-risk patients and their caregivers in  
34 the signs and symptoms of ~~opioid~~ a drug-related  
35 overdose; and (B) encourage the continued study  
36 and implementation of appropriate treatments and  
37 risk mitigation methods for patients at risk for  
38 ~~opioid~~ a drug-related overdose.
- 39 3. Our AMA will support the development and  
40 implementation of appropriate education programs  
41 for persons receiving treatment for a SUD or in  
42 recovery from opioid addiction a SUD and their  
43 friends/families that address harm reduction  
44 measures ~~how a return to opioid use after a period~~  
45 ~~of abstinence can, due to reduced opioid tolerance,~~  
46 ~~result in overdose and death.~~

- 1           4. Our AMA will advocate for and encourage state and  
2 county medical societies to advocate for harm  
3 reduction policies that provide civil and criminal  
4 immunity for the use of “drug paraphernalia”  
5 designed to support safe use of drugs, including but not limited  
6 to drug contamination testing and injection drug  
7 preparation, use, and disposal supplies.  
8 (Modify HOD Policy)  
9

10  
11 **RECOMMENDATION B:**

12  
13 **Resolution 506 be adopted as amended.**

14  
15 **HOD ACTION: Resolution 506 adopted as amended.**

16  
17 RESOLVED, That our American Medical Association (AMA) amend policy D-95.987 by  
18 addition and deletion as follows:

19 D-95.987, “Prevention of Opioid Drug-related Overdose”

- 20 1. Our AMA: (A) recognizes the great burden that ~~opioid addiction and prescription drug~~  
21 ~~abuse~~ substance use disorders (SUDs) and drug-related overdoses and death places on  
22 patients and society alike and reaffirms its support for the compassionate treatment of  
23 ~~such~~ patients with a SUD and people who use drugs; (B) urges that community-based  
24 programs offering naloxone and other opioid overdose and drug safety and prevention  
25 services continue to implemented in order to further develop best practices in this area;  
26 ~~and~~ (C) encourages the education of health care workers and people who use drugs ~~opioid~~  
27 ~~users~~ about the use of naloxone and other harm reduction measures in preventing opioid  
28 and other drug-related overdose fatalities; and (D) will continue to monitor the progress of  
29 such initiatives and respond as appropriate.
- 30 2. Our AMA will: (A) advocate for the appropriate education of at-risk patients and their  
31 caregivers in the signs and symptoms of ~~opioid~~ a drug-related overdose; and (B)  
32 encourage the continued study and implementation of appropriate treatments and risk  
33 mitigation methods for patients at risk for ~~opioid~~ a drug-related overdose.
- 34 3. Our AMA will support the development and implementation of appropriate education  
35 programs for persons receiving treatment for a SUD or in recovery from ~~opioid addiction~~  
36 a SUD and their friends/families that address harm reduction measures ~~how a return to~~  
37 ~~opioid use after a period of abstinence can, due to reduced opioid tolerance, result in~~  
38 ~~overdose and death.~~
- 39 4. Our AMA will advocate for and encourage state and county medical societies to advocate  
40 for harm reduction policies that provide civil and criminal immunity for the use of “drug  
41 paraphernalia” designed to support safe use of drugs, including drug contamination testing  
42 and injection drug preparation, use, and disposal supplies.

43 (Modify HOD Policy)  
44

45 Your Reference Committee heard largely supportive testimony regarding the intent of  
46 Resolution 506. Minor amendments were offered to clarify the focus on harm reduction and  
47 safe use of drugs while not allowing for misinterpretation that the AMA supports use of illicit  
48 drugs. An additional amendment was offered include an additional Resolve statement about  
49 the usage of the term “syringe exchange programs” in further AMA communications. While  
50 your Reference Committee thinks this is an important topic, we feel it is not germane to include  
51 with this policy. AMA Policy H-95.958, “Syringe and Needle Exchange Programs” specifically



1 deals with the issue, and we recommend the submission of a new Resolution at a later  
2 meeting to address this important topic directly. Furthermore, a commentor noted opposition  
3 to this Resolution because it would eliminate opioid overdose-specific policy from the AMA  
4 database. Your Reference Committee would like to note that other AMA policies address  
5 opioid-specific issues, including D-95.965, "Dispelling Myths of Bystander Opioid Overdose"  
6 and D-95.964, "Opioid Mitigation." Your Reference Committee agrees that the proffered  
7 amendments are important and that AMA policy should reflect the changing nature of illicit  
8 drug use and overdose. Therefore, your Reference Committee recommends that Resolution  
9 506 be adopted as amended.

**RECOMMENDED FOR ADOPTION IN LIEU OF**

- 1  
2  
3  
4 (4) RESOLUTION 505 – REPRESENTATION OF  
5 DERMATOLOGICAL PATHOLOGIES IN VARYING SKIN  
6 TONES

7  
8 **RECOMMENDATION:**

9  
10 **That Alternate Resolution 505 be adopted lieu of**  
11 **Resolution 505.**

12  
13 **RESOLVED, That our American Medical Association**  
14 **encourage comprehensive, inclusive and equitable**  
15 **representation of a diverse range of skin tones in all**  
16 **dermatologic and other relevant medical educational**  
17 **resources for medical students, physicians, non-**  
18 **physician healthcare providers and patients. (New HOD**  
19 **Policy)**

20  
21 **HOD ACTION: Alternate Resolution 505 adopted lieu of**  
22 **Resolution 505.**

23  
24  
25 RESOLVED, That our American Medical Association (AMA) encourage the inclusion of a  
26 diverse range of skin tones in preclinical and clinical dermatologic medical education materials  
27 and evaluation (Directive to Take Action); and be it further

28  
29 RESOLVED, That our AMA encourage the development of educational materials for medical  
30 students and physicians that contribute to the equitable representation of diverse skin tones  
31 (Directive to Take Action); and be it further

32  
33 RESOLVED, That our AMA support the overrepresentation of darker skin tones in  
34 dermatologic medical education materials. (New HOD Policy)

35  
36 Your Reference Committee heard overwhelmingly supportive testimony related to original  
37 Resolution 505 submitted by the Medical Student Section, but several commentors noted the  
38 problematic language of “overrepresentation” in Resolve 3. Several amendments were offered  
39 in an attempt to clarify the language, others recommended that Resolve 3 be eliminated  
40 because Resolves 1 and 2 successful convey the intent of the Resolution, and still others  
41 proffered an alternate Resolution that they believe to be simplified, unambiguous, and all-  
42 encompassing. Your Reference Committee agrees that some of the language in the original  
43 Resolution was problematic. While the author was able to provide an excellent discussion of  
44 why the term “overrepresentation” should be included, your Reference Committee believes  
45 that amended language would prevent future confusion. Additional amendments were put  
46 forth that asked for the Resolution be expanded to include a fourth Resolve clause calling for  
47 increased efforts to diversify the dermatology workforce. While this amendment received other  
48 supportive testimony, your Reference Committee feels that improved diversity in the  
49 dermatology workforce would best be addressed in a separate Resolution. Therefore, your

- 1 Reference Committee recommends that alternate Resolution 505 be adopted in lieu of
- 2 Resolution 505.

1 This concludes the report of Reference Committee E. I would like to thank Jessica Adkins,  
2 MD, Ricardo Correa, MD, Oluwasegun Paul Emenogu, Jeff Klingman, MD, David Teuscher,  
3 MD, Yasser Zeid, MD, and all those who testified before the Committee as well as our AMA  
4 staff.

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Jessica Adkins, MD  
Sectional Resident and Fellow  
Kentucky Medical Association

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Jeff Klingman, MD (Alternate)  
California Medical Association

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Ricardo Correa, MD  
American College of Physicians  
American Medical Association Political  
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Ohio State Medical Association

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Yasser Zeid, MD (Alternate)  
Texas Medical Association

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E. Christopher Bush, MD (Alternate)  
Michigan State Medical Society  
Chair