

DISCLAIMER

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AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-17)

Report of Reference Committee D

Corliss A. Varnum, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2
3 **RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE**

4
5 1. Resolution 407 – SNAP Reform to Improve Health and Combat Food Deserts

6
7 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 8
9 2. Council on Science and Public Health Report 3 – Strategies to Reduce the
10 Consumption of Beverages with Added Sweeteners
11 3. Resolution 401 – Use of Phrase "Gun Violence Mitigation" in Lieu of "Gun Control"
12 4. Resolution 402 – Destigmatizing Obesity
13 5. Resolution 404 – Support for Standardized Diagnosis and Treatment of Hepatitis C
14 Virus in the Population of Incarcerated Persons
15 6. Resolution 405 – Decreasing Screen Time and Increasing Outdoor Activity to Offset
16 Myopia Onset and Progression in School Children
17 7. Resolution 406 – Healthful Hospital Foods
18 8. Resolution 408 – Increased Oversight of Suicide Prevention Training for Correctional
19 Facility Staff
20 9. Resolution 410 – Improving Access to Direct Acting Antivirals for Hepatitis C-Infected
21 Individuals
22 10. Resolution 411 – Preserving Vaccine Policy in the United States
23 Resolution 420 – Evidenced-Based Vaccination Recommendations
24 11. Resolution 412 – Domestic Water Testing for Lead Toxic Kids
25 12. Resolution 413 – Ocular Burns from Liquid Laundry Packets
26 13. Resolution 414 – Imposing Taxes on Sugar-Sweetened Beverages
27 14. Resolution 415 – Food Bank and Pantry Distribution of Nutrient-Dense Foods
28 15. Resolution 418 – Policy on Quarantine
29 16. Resolution 419 – Improving Physicians' Ability to Discuss Firearm Safety

30
31 **RECOMMENDED FOR REFERRAL**

32
33 17. Resolution 416 – Policy and Economic Support for Early Child Care

1 **RECOMMENDED FOR REFERRAL FOR DECISION**

- 2
3 18. Resolution 409 – Pediatric/Adolescent Informed Consent Concussion Discussion
4 19. Resolution 417 – Mandatory Public Health Reporting of Law-Enforcement-Related
5 Injuries and Death

6
7 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

- 8
9 20. Resolution 403 – Tobacco Harm Reduction: A Comprehensive Nicotine Policy to
10 Reduce Death and Disease Caused by Smoking

1 (1) RESOLUTION 407 - SNAP REFORM TO IMPROVE
2 HEALTH AND COMBAT FOOD DESERTS
3

4 RECOMMENDATION A:
5

6 Madam Speaker, your Reference Committee
7 recommends that Resolution 407 be adopted.
8

9 **HOD ACTION: Resolution 407 adopted with a**
10 **change in title.**
11

12 RECOMMENDATION B:
13

14 Madam Speaker, your Reference Committee
15 recommends that the title of Resolution 407 be changed.
16

17 SNAP REFORM TO IMPROVE ACCESS TO HEALTHFUL
18 FOODS
19

20 Resolution 407 asks that our American Medical Association request that the federal
21 government support Supplemental Nutrition Assistance Program (SNAP) initiatives to: (1)
22 incentivize healthful foods and disincentivize or eliminate unhealthy foods and (2) harmonize
23 SNAP food offerings with those of Special Supplemental Nutrition Program for Women, Infants,
24 and Children (WIC).
25

26 Your Reference Committee heard testimony in support of Resolution 407. Your Reference
27 Committee also heard a concern that there is no universally accepted definition of “healthful
28 foods”, and that increasing complexity in incentives might reduce the number of retailers
29 accepting SNAP. However, given the important role of poor diet in obesity, diabetes,
30 cardiovascular and other diseases, and data suggesting that SNAP recipients do not
31 consistently purchase healthful foods, incentives are thought necessary to ensure that
32 merchants frequented by SNAP recipients stock healthful foods and reduce the availability of
33 unhealthy foods. Therefore, your Reference Committee recommends that Resolution 407 be
34 adopted and that the title be changed to more accurately reflect the intent.
35

36 (2) COUNCIL ON SCIENCE AND PUBLIC HEALTH
37 REPORT 3 - STRATEGIES TO REDUCE THE
38 CONSUMPTION OF BEVERAGES WITH ADDED
39 SWEETENERS
40

41 RECOMMENDATION A:
42

43 Madam Speaker, your Reference Committee
44 recommends that the third Recommendation of Council on
45 Science and Public Health Report 3 be amended by
46 addition, to read as follows:
47

48 That our AMA encourage hospitals and medical facilities
49 to offer healthier beverages, such as water, unflavored
50 milk, coffee, and unsweetened tea, for purchase in place
51 of SSBs and apply calorie counts for beverages in

1 vending machines to be visible next to the price. (New
2 HOD Policy)
3

4 RECOMMENDATION B:
5

6 Madam Speaker, your Reference Committee
7 recommends that the recommendations in Council on
8 Science and Public Health Report 3 be adopted as
9 amended and the remainder of the report be filed.

10
11 **HOD ACTION: Council on Science and Public**
12 **Health Report 3 adopted as amended and the**
13 **remainder of the report filed.**
14

15 Council on Science and Public Health Report 3 reviews the evidence to support strategies to
16 reduce the consumption of beverages with added sweeteners. It recommends that our AMA:
17 (1) acknowledge the adverse health impacts of sugar-sweetened beverage (SSB)
18 consumption, and support evidence-based strategies to reduce the consumption of SSBs,
19 including but not limited to, excise taxes on SSBs, removing options to purchase SSBs in
20 primary and secondary schools, the use of warning labels to inform consumers about the
21 health consequences of SSB consumption, and the use of plain packaging; (2) encourage
22 continued research into strategies that may be effective in limiting SSB consumption, such as
23 controlling portion sizes; limiting options to purchase or access SSBs in early childcare
24 settings, workplaces, and public venues; restrictions on marketing SSBs to children; and
25 changes to the agricultural subsidies system; (3) encourage hospitals and medical facilities to
26 offer healthier beverages, such as water, unflavored milk, coffee, and unsweetened tea, for
27 purchase in place of SSBs; (4) encourage physicians to (a) counsel their patients about the
28 health consequences of SSB consumption and replacing SSBs with healthier beverage
29 choices, as recommended by professional society clinical guidelines; and (b) work with local
30 school districts to promote healthy beverage choices for students. That Policy H-150.933,
31 "Taxes on Beverages with Added Sweeteners," which encourages consumer education about
32 SSBs, encourages SSB tax revenues to be used for obesity prevention, and advocates for
33 continued research into the potentially adverse effects of consumption of non-calorically
34 sweetened beverages, be reaffirmed. In addition, it recommends that Policy H-150.960,
35 "Improving Nutritional Value of Snack Foods Available in Primary and Secondary Schools," be
36 amended by addition and deletion to read as follows:
37

38 H-150.960, Improving Nutritional Value of Snack Foods Available in Primary and Secondary
39 Schools

40 The AMA supports the position that primary and secondary schools should follow federal
41 nutrition standards that replace foods in vending machines and snack bars, ~~which that~~ are of
42 low nutritional value and are high in fat, salt and/or sugar, including sugar-sweetened
43 beverages, with healthier food and beverage choices ~~which that~~ contribute to the nutritional
44 needs of the students.
45

46 Furthermore, that Policy H-150.944, "Combating Obesity and Health Disparities," be amended
47 by addition and deletion to read as follows:
48

49 H-150.944, Combating Obesity and Health Disparities

50 Our AMA supports efforts to: (1) reduce health disparities by basing food assistance programs
51 on the health needs of their constituents; (2) provide vegetables, fruits, legumes, grains,
52 vegetarian foods, and healthful dairy and nondairy beverages in school lunches and food

1 assistance programs; and (3) ensure that federal subsidies encourage the consumption
2 of ~~products~~ foods and beverages low in fat, added sugars, and cholesterol.

3
4 The Council was congratulated for its thoughtful review of strategies to reduce the consumption
5 of beverages with added sweeteners. Testimony was mostly in favor of the report's
6 recommendations. Several amendments were proposed. Your Reference Committee felt that
7 the amendments that related to healthy food were outside the scope of this report. A
8 suggestion to eliminate free refills sounded promising; however, it is not supported by scientific
9 evidence and implementation would be difficult. Your Reference Committee did agree that
10 calorie counts should be visible for beverages sold in vending machines. Therefore, your
11 Reference Committee recommends that the report's recommendation be adopted as amended.

12
13 (3) RESOLUTION 401 – USE OF PHRASE “GUN VIOLENCE
14 MITIGATION” IN LIEU OF “GUN CONTROL”

15
16 RECOMMENDATION A:

17
18 Madam Speaker, your Reference Committee
19 recommends that the title of Policy H-145.991 be changed
20 to read as follows:

21
22 H-145.991 ~~Gun Control~~ Waiting Periods for Firearm
23 Purchases

24 The AMA supports using its influence in matters of health
25 to effect passage of legislation in the Congress of the U.S.
26 mandating a national waiting period that allows for a
27 police background and positive identification check for
28 anyone who wants to purchase a handgun from a gun
29 dealer anywhere in our country. Sub. Res. 34, I-
30 89, Reaffirmed: BOT Rep. 8, I-93, Reaffirmed: BOT Rep.
31 50, I-93, Reaffirmed: CSA Rep. 8, A-05, Reaffirmation A-
32 07.

33
34 RECOMMENDATION B:

35
36 Madam Speaker, your Reference Committee
37 recommends that Policy H-145.999 be amended by
38 deletion to read as follows:

39
40 H-145.999 Gun Regulation

41 Our AMA supports stricter enforcement of present federal
42 and state gun ~~control~~ legislation and the imposition of
43 mandated penalties by the judiciary for crimes committed
44 with the use of a firearm, including the illegal possession
45 of a firearm. Sub. Res. 31, I-81, Reaffirmed: CLRPD Rep.
46 F, I-91, Amended: BOT Rep. I-93-50, Reaffirmed: Res.
47 409, A-00, Reaffirmation A-07.

1 RECOMMENDATION C:
2

3 Madam Speaker, your Reference Committee
4 recommends that Policies H-145.991 and H-145.999
5 be adopted as amended in lieu of Resolution 401.
6

7 **HOD ACTION: Policies H-145.991 and H-**
8 **145.999 adopted as amended in lieu of Resolution**
9 **401**.

10
11 Resolution 401 asks that our American Medical Association employ in all official AMA actions,
12 policies and public statements, the phrase “gun violence mitigation” in lieu of “gun control”
13 when referencing gun violence reduction laws/legislation and related initiatives.
14

15 Your Reference Committee heard testimony in support of this Resolution. Recent policies and
16 public statements made by the AMA on this issue have not utilized the terms “gun control.”
17 Your Reference Committee agreed that use of the term “gun violence mitigation” may not
18 always be an appropriate substitute for “gun control,” particularly in discussions around firearm
19 safety. While there was support in the hearing for the use of the term “gun violence prevention,”
20 your Reference Committee did not feel it was helpful to require use of this term in all policies
21 and public statements. Since policies that originated in the 1980s utilize the terms “gun control,”
22 your Reference Committee felt that updating these policies to reflect modern terminology in lieu
23 of Resolution 401 was warranted.
24

25 (4) RESOLUTION 402 - DESTIGMATIZING OBESITY
26

27 RECOMMENDATION A:
28

29 Madam Speaker, your Reference Committee
30 recommends that the first Resolve of Resolution 402
31 be amended by addition and deletion, to read as follows:
32

33 RESOLVED, That our American Medical
34 Association ~~require~~ encourage the use of ~~patient-person-~~
35 first language (patients with obesity, patients affected by
36 obesity) in all discussions, resolutions and reports
37 regarding obesity (New HOD Policy); and be it further
38

39 RECOMMENDATION B:
40

41 Madam Speaker, your Reference Committee
42 recommends that the fourth Resolve of Resolution 402
43 be deleted.
44

45 ~~RESOLVED, That our AMA study other diseases and~~
46 ~~conditions that may benefit from patient-first language,~~
47 ~~and report back with recommendations on preferred~~
48 ~~language for these diseases and conditions. (Directive to~~
49 ~~Take Action)~~

1 RECOMMENDATION C:

2
3 Madam Speaker, your Reference Committee
4 recommends that Resolution 402 be adopted as
5 amended.

6
7 **HOD ACTION: Resolution 402 adopted as amended**
8 **with a change in title.**

9
10 RECOMMENDATION D:

11
12 Madam Speaker, your Reference Committee
13 recommends that Policy H-440.902 Obesity as a Major
14 Health Concern be amended by addition and deletion, to
15 read as follows:

16
17 The AMA: (1) recognizes obesity in children and adults as
18 a major public health problem; (2) will study the medical,
19 psychological and socioeconomic issues associated
20 with obesity, including reimbursement for evaluation and
21 management of ~~obese~~ patients with obesity; (3) will work
22 with other professional medical organizations, and other
23 public and private organizations to develop evidence-
24 based recommendations regarding education, prevention,
25 and treatment of obesity; (4) recognizes that racial and
26 ethnic disparities exist in the prevalence of obesity and
27 diet-related diseases such as coronary heart disease,
28 cancer, stroke, and diabetes and recommends that
29 physicians use culturally responsive care to improve the
30 treatment and management of obesity and diet-related
31 diseases in minority populations; and (5) supports the use
32 of cultural and socioeconomic considerations in all
33 nutritional and dietary research and guidelines in order to
34 treat patients affected by obesity ~~overweight and obese~~
35 ~~patients~~.

36
37 RECOMMENDATION E:

38
39 Madam Speaker, your Reference Committee
40 recommends that amended Policy H-440.902 be adopted
41 as amended.

42
43 **HOD ACTION: Policy H-440.902 adopted as amended.**

44
45 RECOMMENDATION F:

46
47 Madam Speaker, your Reference Committee
48 recommends that the title of Resolution 402 be changed.

49
50 PERSON-FIRST LANGUAGE FOR OBESITY

1 Resolution 402 asks that our American Medical Association: (1) require the use of patient-first
2 language (patients with obesity, patients affected by obesity) in all discussions, resolutions and
3 reports regarding obesity; (2) encourage the use of preferred terms in discussions, resolutions
4 and reports regarding patients affected by obesity including weight and unhealthy weight, and
5 discourage the use of stigmatizing terms including obese, morbidly obese, and fat; (3) educate
6 health care providers on the importance of patient-first language for treating patients with
7 obesity; equipping their health care facilities with proper sized furniture, medical equipment and
8 gowns for patients with obesity; and having patients weighed respectfully; and (4) study other
9 diseases and conditions that may benefit from patient-first language, and report back with
10 recommendations on preferred language for these diseases and conditions.

11
12 Your Reference Committee heard testimony in support this Resolution and on the importance
13 of using sensitive language with patients. It was noted that while the resolution states “patient-
14 first,” the common vernacular is “person-first.” The Council on Science and Public Health
15 testified that the AMA Manual of Style already encourages the use of person-first language.
16 Your Reference Committee felt that having our AMA conduct a study on the issue would not be
17 worthwhile. Your Reference Committee recommends adoption of Resolution 402 as amended,
18 and that existing obesity policy be amended to incorporate person-first language.

19
20 (5) RESOLUTION 404 - SUPPORT FOR STANDARDIZED
21 DIAGNOSIS AND TREATMENT OF HEPATITIS C VIRUS
22 IN THE POPULATION OF INCARCERATED PERSONS
23

24 RECOMMENDATION A:

25
26 Madam Speaker, your Reference Committee
27 recommends that second Resolve of Resolution 404
28 be amended by addition and deletion, to read as follows:
29

30 RESOLVED, That our AMA advocate for the initiation of
31 treatment for HCV when appropriate in all-incarcerated
32 patients with the disease-infection who are seeking
33 treatment (New HOD Policy);
34

35 RECOMMENDATION B:

36
37 Madam Speaker, your Reference Committee
38 recommends that Policy H-440.902 be adopted as
39 amended.
40

41 **HOD ACTION: Policy H-440.902 adopted as amended.**
42

43 Resolution 404 asks that our American Medical Association: (1) support the implementation of
44 routine screening for Hepatitis C virus (HCV) in prisons; (2) advocate for the initiation of
45 treatment for HCV in all incarcerated patients with the disease and seeking treatment; and (3)
46 support negotiation for affordable pricing for therapies to treat and cure HCV among
47 correctional facility health care providers, correctional facility health care payors, and drug
48 companies to maximize access to these disease-altering medications.
49

50 Your Reference Committee heard supportive testimony on the issue of treatment of patients
51 with HCV in prisons. While testimony unanimously supported the screening of incarcerated
52 patients and the need for affordable pricing for HCV treatment, some testimony illuminated that

1 many factors can impact a patient's ability to complete treatment while in prison (e.g., medical
2 necessity, potential release date, patient refusal, unstable clinical conditions) as well as outside
3 of prison upon release (e.g., access to care, cost, contraindications). Your Reference
4 Committee is sensitive to the needs of this population and therefore recommends adoption of
5 this resolution as amended.

6
7 (6) RESOLUTION 405 - DECREASING SCREEN TIME AND
8 INCREASING OUTDOOR ACTIVITY TO OFFSET
9 MYOPIA ONSET AND PROGRESSION IN SCHOOL
10 CHILDREN

11
12 RECOMMENDATION A:

13
14 Madam Speaker, your Reference Committee
15 recommends that the following resolution be adopted in
16 lieu of Resolution 405.

17
18 **HOD ACTION: The following resolution adopted in**
19 **lieu of Resolution 405.**

20
21 INCREASING OUTDOOR ACTIVITY TO PREVENT
22 MYOPIA ONSET AND PROGRESSION IN SCHOOL
23 CHILDREN

24
25 RESOLVED, That our American Medical Association
26 support efforts to increase outdoor time and promote other
27 activities that have been demonstrated to reduce the
28 progression of myopia in children. (New HOD Policy)

29
30 Resolution 405 asks that our American Medical Association support the efforts of the American
31 Academy of Pediatrics and American Academy of Ophthalmology to educate, promote public
32 awareness, and promote guidelines to reduce the incidence and burdens of myopia to
33 physicians, public health agencies and schools.

34
35 Your Reference Committee heard limited testimony in favor of increasing outdoor activity to
36 prevent myopia onset and progression in school children. Testimony also indicated that there
37 presently was no conclusive evidence linking screen time to myopia. It was also recommended
38 that language related to specific medical societies be limited in the resolution. Your Reference
39 Committee agrees and recommends adoption of this alternative language in lieu of 405.

40
41 (7) RESOLUTION 406 - HEALTHFUL HOSPITAL FOODS

42
43 RECOMMENDATION A:

44
45 Madam Speaker, your Reference Committee
46 recommends that Resolution 407 be amended by addition
47 and deletion, to read as follows:

48
49 RESOLVED, That our American Medical Association
50 hereby call on US hospitals to improve the health of
51 patients, staff, and visitors by (1) providing a variety of
52 healthful food, including and promoting plant-based

1 meals, and meals that are low in fat, sodium, and added
2 sugars ~~for hospital patients, staff, and visitors,~~ and (2)
3 eliminating ~~the use of~~ processed meats from patient
4 menus, and (3) providing and promoting healthful
5 beverages. (Directive to Take Action)

6 RECOMMENDATION B:

7
8 Madam Speaker, your Reference Committee
9 recommends that Resolution 406 be adopted as
10 amended.

11
12 **HOD ACTION: Resolution 406 adopted as amended.**

13
14 Resolution 406 asks that our American Medical Association hereby call on U.S. hospitals to
15 improve the health of patients, staff, and visitors by (1) providing and promoting plant-based
16 meals that are low in fat, sodium, and added sugars for hospital patients, staff, and visitors and
17 (2) eliminating the use of processed meats from patient menus.

18
19 Your Reference Committee heard testimony in support of this Resolution, which noted the
20 importance of hospitals serving as models of wellness in the nourishment that they provide to
21 all. While testimony noted specifics such as the different forms of protein in a healthy diet, the
22 limitations of a plant-based diet for some people, and the value of lean meat versus processed
23 meat, your Reference Committee decided to keep the resolution broad in order to strengthen
24 the intent. Your Reference Committee recommends adoption of this resolution as amended.

25
26 (8) RESOLUTION 408 - INCREASED OVERSIGHT OF SUICIDE
27 PREVENTION TRAINING FOR CORRECTIONAL FACILITY
28 STAFF

29
30 RECOMMENDATION A:

31
32 Madam Speaker, your Reference Committee
33 recommends that the first Resolve of Resolution 408
34 be amended by addition and deletion, to read as follows:

35
36 RESOLVED, That our American Medical Association
37 strongly encourage all state and local adult and
38 juvenile correctional facilities to develop a suicide
39 prevention plan that meets current National Commission
40 on Correctional Health Care ~~guidelines~~ standards for
41 accreditation (New HOD Policy); and be it further

42
43 RECOMMENDATION B:

44
45 Madam Speaker, your Reference Committee
46 recommends that the second Resolve of Resolution 408
47 be amended by addition, to read as follows:

48
49 RESOLVED, That our AMA strongly encourage all state
50 and local adult and juvenile correctional facility officers to
51 undergo suicide prevention training annually. (New HOD
52 Policy)

1 RECOMMENDATION C:

2
3 Madam Speaker, your Reference Committee
4 recommends that Resolution 408 be adopted as
5 amended.

6
7 **HOD ACTION: Resolution 408 adopted as amended.**

8
9 Resolution 408 asks that our American Medical Association: (1) strongly encourage all state
10 and local correctional facilities to develop a suicide prevention plan that meets current National
11 Commission on Correctional Health Care guidelines and (2) strongly encourage all state and
12 local correctional facility officers to undergo suicide prevention training annually.

13
14 Your Reference Committee heard testimony unanimously supportive of Resolution 408.
15 Testimony was also given in support of finding ways to improve access to mental health
16 services in rural areas. An amendment was offered to specify that this policy should apply to
17 both juvenile and adult facilities, your Reference Committee agrees. Given the high prevalence
18 of suicide in correctional facilities, your Reference Committee supports the development of
19 suicide prevention plans and officer training and thus recommends adoption as amended.

20
21 (9) RESOLUTION 410 - IMPROVING ACCESS TO DIRECT
22 ACTING ANTIVIRALS FOR HEPATITIS C-INFECTED
23 INDIVIDUALS

24
25 RECOMMENDATION A:

26
27 Madam Speaker, your Reference Committee
28 recommends that Resolution 410 be amended by addition
29 and deletion, to read as follows:

30
31 RESOLVED, That our American Medical Association
32 amend current Policy H-440.845 by addition to read as
33 follows:

34
35 H-440.845, Advocacy for Hepatitis C Virus Education,
36 Prevention, Screening and Treatment

37 Our AMA will: (1) encourage the adoption of birth year-
38 based screening practices for hepatitis C, in alignment
39 with Centers for Disease Control and Prevention (CDC)
40 recommendations; (2) encourage the CDC and state
41 Departments of Public Health to develop and coordinate
42 Hepatitis C Virus infection educational and prevention
43 efforts; (3) support hepatitis C virus (HCV) prevention,
44 screening, and treatment programs that are targeted
45 toward maximum public health benefit; (4)
46 support educational programs aimed at training primary
47 care providers in the treatment and management of
48 patients infected with HCV; (4) (5) support adequate
49 funding by, and negotiation for affordable pricing for HCV
50 antiviral treatments between, the government, insurance
51 companies, and other third party payers, so that all

1 Americans for whom HCV treatment would have a
2 substantial proven benefit will be able to receive this
3 treatment; ~~and (5)~~ (6) recognize correctional physicians,
4 and physicians in other public health settings, as key
5 stakeholders in the development of HCV treatment
6 guidelines; ~~and (7)~~ encourage equitable reimbursement
7 for those providing treatment.
8

9 RECOMMENDATION B:

10
11 Madam Speaker, your Reference Committee
12 recommends that Resolution 410 be adopted as
13 amended.
14

15 **HOD ACTION: Resolution 410 adopted as amended.**

16
17 Resolution 410 asks that our American Medical Association amend current Policy H-440.845
18 by addition to read as follows:
19

20 H-440.845, Advocacy for Hepatitis C Virus Education, Prevention, Screening and Treatment
21 Our AMA will: (1) encourage the adoption of birth year-based screening practices for hepatitis
22 C, in alignment with Centers for Disease Control and Prevention (CDC) recommendations; (2)
23 encourage the CDC and state Departments of Public Health to develop and coordinate
24 Hepatitis C Virus infection educational and prevention efforts; (3) support hepatitis C virus
25 (HCV) prevention, screening, and treatment programs that are targeted toward maximum
26 public health benefit; (4) support educational programs aimed at training primary care providers
27 in the treatment and management of patients infected with HCV; ~~(4)~~ (5) support adequate
28 funding by, and negotiation for affordable pricing for HCV antiviral treatments between, the
29 government, insurance companies and other third party payers, so that all Americans for whom
30 HCV treatment would have a substantial proven benefit will be able to receive this treatment;
31 and ~~(5)~~ (6) recognize correctional physicians, and physicians in other public health settings, as
32 key stakeholders in the development of HCV treatment guidelines.
33

34 Your Reference Committee heard testimony in support of this resolution as well as the
35 amendments offered. While some testimony noted concern regarding price negotiation, you
36 Reference Committee felt that it should be handled separately. Your Reference Committee
37 recommends adoption of this resolution with the incorporation of the amendments.
38

39 (10) RESOLUTION 411 - PRESERVING VACCINE POLICY IN
40 THE UNITED STATES
41 RESOLUTION 420 – EVIDENCED-BASED
42 VACCINATION RECOMMENDATIONS
43

44 RECOMMENDATION A:

45
46 Madam Speaker, your Reference Committee
47 recommends that the following Resolution be adopted in
48 lieu of Resolutions 411 and 420.
49

50 **HOD ACTION: The following Resolution adopted in**
51 **lieu of Resolutions 411 and 420.**
52

1 VACCINE SAFETY

2
3 RESOLVED, that our American Medical Association: (1)
4 supports the rigorous scientific process of the Advisory
5 Committee on Immunization Practices as well as its
6 development of recommended immunization schedules
7 for the nation, (2) recognizes the substantial body of
8 scientific evidence that has disproven a link between
9 vaccines and autism, and (3) opposes the creation of a
10 new federal commission on vaccine safety whose task is
11 to study an association between autism and vaccines.

12
13 RECOMMENDATION B:

14
15 Madam Speaker, your Reference Committee
16 recommends that Policies H-440.830 and H-440.875
17 be reaffirmed.

18
19 **HOD ACTION: Policies H-440.830 and H-**
20 **440.875 reaffirmed.**

21
22 Resolution 411 asks that our American Medical Association: (1) support evidence that vaccines
23 are an effective mechanism for controlling communicable disease and protecting public health;
24 (2) continue to support vaccine guidance that is evidence-based; and (3) oppose the creation of
25 a new federal commission on vaccine safety whose task is to study an association between
26 autism and vaccines.

27
28 Resolution 420 asks that our American Medical Association: (1) supports the rigorous scientific
29 process of the ACIP and, encourages education of parents and patients on the safety, risks,
30 and benefits of vaccination and (2) shall support both national and state scientifically-based
31 policies that promote the safety of vaccinations and effectively serve to increase the number of
32 individuals vaccinated against communicable diseases.

33
34 Your Reference Committee heard testimony in support of both Resolutions 411 and 420. The
35 AMA already has strong policy in support of vaccine safety and efficacy and this existing policy
36 was utilized in developing the AMA's media statement in opposition to the reported creation of
37 a federal commission on vaccine safety. Your Reference Committee believes it is beneficial to
38 adopt policy in support of the ACIP and in opposition to the creation of a federal commission to
39 study the association between autism and vaccines. Therefore, your Reference Committee
40 recommends adopting this alternate language in lieu of Resolutions 411 and 420. Your
41 Reference Committee also recommends reaffirming existing policy on vaccine safety.

42
43 H-440.830 Education and Public Awareness on Vaccine Safety and Efficacy

44 Our AMA (1) encourages the development and dissemination of evidence-based public
45 awareness campaigns aimed at increasing vaccination rates; (2) encourages the development
46 of educational materials that can be distributed to patients and their families clearly articulating
47 the benefits of immunizations and highlighting the exemplary safety record of vaccines; (3)
48 supports the development and evaluation, in collaboration with health care providers, of
49 evidence-based educational resources to assist parents in educating and encouraging other
50 parents who may be reluctant to vaccinate their children; (4) encourages physicians and state
51 and local medical associations to work with public health officials to inform those who object to
52 immunizations about the benefits of vaccinations and the risks to their own health and that of

1 the general public if they refuse to accept them; (5) will promote the safety and efficacy of
2 vaccines while rejecting claims that have no foundation in science; and (6) will continue its
3 ongoing efforts with other immunization advocacy organizations to assist physicians and other
4 health care professionals in effectively communicating to patients, parents, policy makers, and
5 the media that vaccines do not cause autism and that decreasing immunization rates have
6 resulted in a resurgence of vaccine-preventable diseases and deaths.

7
8 H-440.875 Assuring Access to ACIP/AAFP/AAP-Recommended Vaccines

9 1. It is AMA policy that all persons, regardless of economic and insurance status, receive all
10 Advisory Committee on Immunization Practices (ACIP)-recommended vaccines as soon as
11 possible following publication of these recommendations in the Centers for Disease Control
12 and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR). 2. Our AMA will
13 continue to work with the federal government, Congress, and other stakeholders to improve
14 liability protection for vaccine manufacturers and health care professionals who provide
15 immunization services and to examine and improve compensation mechanisms for patients
16 who were legitimately injured by a vaccine. 3. Our AMA will continue to work with the federal
17 government, Congress, and other appropriate stakeholders to enhance public opinion of
18 vaccines and to monitor and ensure the continued safety of existing and newly approved
19 vaccines (including providing adequate resources for post-approval surveillance) so as to
20 maintain and improve public confidence in the safety of vaccines. 4. Our AMA will work with
21 appropriate stakeholders, including vaccine manufacturers, vaccine distributors, the federal
22 government, medical specialty societies, and third party payers, to guarantee a robust vaccine
23 delivery infrastructure (including but not limited to, the research and development of new
24 vaccines, the ability to track the real-time supply status of ACIP-recommended vaccines, and
25 the timely distribution of ACIP-recommended vaccines to providers). 5. Our AMA will work with
26 appropriate federal and state agencies and private sector entities to ensure that state Medicaid
27 agencies and private insurance plans pay health care professionals at least the approved
28 Relative Value Unit (RVU) administration Medicare rates for payment when they administer
29 ACIP-recommended vaccines. 6. Our AMA will work with the Centers for Medicare and
30 Medicaid Services (CMS) to address barriers associated with Medicare recipients receiving live
31 zoster vaccine and the routine boosters Td and Tdap in physicians' offices. 7. Our AMA will
32 work through appropriate state entities to ensure all health insurance plans rapidly include
33 newly ACIP-recommended vaccines in their list of covered benefits, and to pay health care
34 professionals fairly for the purchase and administration of ACIP-recommended vaccines. 8. Our
35 AMA will urge Medicare to include Tdap (Tetanus, Diphtheria, Acellular Pertussis) under
36 Medicare Part B as a national public health measure to help prevent the spread of Pertussis. 9.
37 Until compliance of AMA Policy H-440.875(6) is actualized to the AMA's satisfaction regarding
38 the tetanus vaccine, our AMA will aggressively petition CMS to include tetanus and Tdap at
39 both the "Welcome to Medicare" and Annual Medicare Wellness visits, and other clinically
40 appropriate encounters, as additional "triggering event codes" (using the AT or another
41 modifier) that allow for coverage and payment of vaccines to Medicare recipients. 10. Our AMA
42 will aggressively petition CMS to include coverage and payment for any vaccinations
43 administered to Medicare patients that are recommended by the ACIP, the US Preventive
44 Services Task Force (USPSTF), or based on prevailing preventive clinical health guidelines.

1 (11) RESOLUTION 412 - DOMESTIC WATER TESTING FOR
2 LEAD TOXIC KIDS
3

4 RECOMMENDATION:
5

6 Madam Speaker, your Reference Committee
7 recommends that the following Resolution be adopted in
8 lieu of Resolution 412.
9

10 **HOD ACTION: The following Resolution adopted in**
11 **lieu of Resolution 412.**
12

13 ENVIRONMENTAL ASSESSMENTS FOR CHILDREN
14 WITH ELEVATED BLOOD LEAD LEVELS
15

16 RESOLVED, That our American Medical Association
17 supports requiring an environmental assessment of
18 dwellings, residential buildings, or child care facilities
19 following the notification that a child occupant or frequent
20 inhabitant has a confirmed elevated blood lead level, to
21 determine the potential source of lead poisoning, including
22 testing the water supply. (New HOD Policy)
23

24 Resolution 412 asks that our American Medical Association advocate for the health of children
25 via modification of current U.S. health law to include mandatory domestic water lead testing for
26 proven cases of lead poisoning.
27

28 Your Reference Committee heard testimony largely in support of this resolution. The Council
29 on Science and Public Health testified that there are multiple possible sources of lead poisoning,
30 and that mandating the testing of water may not identify the source. There was broad support
31 for the language offered by the Council. Your Reference Committee also agrees with the
32 Council's recommendation to require that a complete environmental assessment be conducted
33 on dwellings or child care facilities when a child is determined to have an elevated blood lead
34 level to determine any potential source of lead.
35

36 (12) RESOLUTION 413 - OCULAR BURNS FROM LIQUID
37 LAUNDRY PACKETS
38

39 RECOMMENDATION A:
40

41 Madam Speaker, your Reference Committee
42 recommends that Resolution 413 be amended by addition
43 to read as follows:

1 RESOLVED, That our American Medical
2 Association encourage the Consumer Product Safety
3 Commission in conjunction with the American Association
4 of Poison Control Centers to study the impact of “F3159-
5 15 - Consumer Safety Specification for Liquid Laundry
6 Packets” to ensure that the voluntary ASTM standard
7 adequately protects children from injury, including eye
8 injury. (Directive to Take Action)

9
10 RECOMMENDATION B:

11
12 Madam Speaker, your Reference Committee
13 recommends that Resolution 413 be adopted as
14 amended.

15
16 **HOD ACTION: Resolution 413 adopted as amended.**

17
18 Resolution 413 asks that our American Medical Association study the impact of “F3159-15 -
19 Consumer Safety Specification for Liquid Laundry Packets” to ensure that the voluntary ASTM
20 standard adequately protects children from injury, including eye injury.

21
22 Limited testimony was heard in support of this Resolution. The Council on Science and Public
23 Health testified that obtaining the data to complete this study would be difficult and suggested
24 that the Consumer Product Safety Commission and the American Association of Poison
25 Control Centers would be better suited to study this issue. Your Reference Committee agrees
26 with the Council that the study would best be accomplished by another organization and
27 recommends this resolution be adopted as amended.

28
29 (13) RESOLUTION 414 – IMPOSING TAXES ON SUGAR-
30 SWEETENED BEVERAGES

31
32 RECOMMENDATION A:

33
34 Madam Speaker, your Reference Committee
35 recommends that Resolution 414 be amended by deletion
36 of the first Resolve.

37
38 ~~RESOLVED, That our American Medical Association~~
39 ~~endorse the efforts of states, counties, and cities that seek~~
40 ~~to impose sugary beverage taxes to reduce obesity and~~
41 ~~the attendant risks of chronic disease (Directive to Take~~
42 ~~Action); and be it further~~

43
44 RECOMMENDATION B:

45
46 Madam Speaker, your Reference Committee
47 recommends that the second Resolve of Resolution 414
48 be amended by addition and deletion, to read as follows:

49
50 RESOLVED, That our AMA will: (1) encourage state and
51 local medical societies to support the adoption of state
52 and local excise taxes on sugar-sweetened beverages.

1 with the investment of the resulting revenue in public
2 health programs to combat obesity ~~soft drinks~~ and (2)
3 assist state and local medical societies in advocating for
4 excise taxes on sugar-sweetened beverages as
5 requested. (New HOD Policy)
6

7 RECOMMENDATION C:

8
9 Madam Speaker, your Reference Committee
10 recommends that Resolution 414 be adopted as
11 amended.
12

13 **HOD ACTION: Resolution 414 adopted as amended**
14 **with a change in title.**
15

16 RECOMMENDATION D:

17
18 Madam Speaker, your Reference Committee
19 recommends that the title of Resolution 414 be changed,
20 to read as follows:
21

22 **SUPPORTING TAXES ON SUGAR-SWEETENED**
23 **BEVERAGES**
24

25 Resolution 414 asks that our American Medical Association: (1) endorse the efforts of states,
26 counties, and cities who seek to impose sugary beverage taxes to reduce obesity and the
27 attendant risks of chronic disease and (2) encourage state and local medical societies to
28 support the adoption of state and local taxes on sugar-sweetened soft drinks.
29

30 Limited testimony was heard in support of this resolution. Questions were raised as to whether
31 it was appropriate for the AMA to endorse the efforts of state and local medical societies
32 seeking to impose taxes on sugar-sweetened beverages. It was also suggested that the
33 revenue raised by these taxes be invested in public health programs to combat obesity. Your
34 Reference Committee agreed with these concerns and recommends amending this resolution
35 to encourage our AMA to assist states seeking to adopt excise taxes on sugar-sweetened
36 beverages. The word "excise" was added for consistency with the Council's review of the
37 evidence on this issue. Therefore, Your Reference Committee recommends that Resolution
38 414 be adopted as amended.

1 (14) RESOLUTION 415 - FOOD BANK AND PANTRY
2 DISTRIBUTION OF NUTRIENT-DENSE FOODS
3

4 RECOMMENDATION A:
5

6 Madam Speaker, your Reference Committee
7 recommends that Policy H-150.930 be amended by
8 addition and deletion, to read as follows:
9

10 H-150.930 National Nutritional Guidelines for Food Banks
11 and Pantries

12 Our AMA: (1) supports of the use of existing national
13 nutritional guidelines for food banks and food pantries and
14 (2) will promote sustainable sourcing of healthier food
15 options and the dissemination of user-friendly resources
16 and education on healthier eating for food banks and food
17 pantries.
18

19 RECOMMENDATION B:
20

21 Madam Speaker, your Reference Committee
22 recommends that Policy H-150.930 be adopted as
23 amended in lieu of Resolution 415.
24

25 **HOD ACTION: Policy H-150.930 adopted as**
26 **amended in lieu of Resolution 415.**
27

28 Resolution 415 asks that our American Medical Association advocate for programs that
29 incentivize and provide resources for food banks and pantries to design and institute
30 translatable nutrient-driven food distribution methodologies, initiatives that promote sustainable
31 sourcing of healthier food options, and dissemination of user-friendly resources and education
32 on healthier eating.
33

34 Testimony was limited but supportive for this Resolution. Existing policy already addresses
35 nutrition guidelines for food banks and food pantries. Since these are voluntary programs, there
36 was some concern expressed that limiting donations to healthy items may reduce food
37 available to those in need. However, your Reference Committee agrees with the need to
38 promote sustainable sourcing of healthier food and disseminate resources on healthier eating.
39 Therefore, your Reference Committee recommends adoption of amended Policy H-150.930 in
40 lieu of Resolution 415.
41

42 (15) RESOLUTION 418 - POLICY ON QUARANTINE
43

44 RECOMMENDATION A:
45

46 Madam Speaker, your Reference Committee
47 recommends that the following resolution be adopted in
48 lieu of Resolution 418.
49

50 **HOD ACTION: The following resolution adopted in**
51 **lieu of Resolution 418.**
52

1 DUE PROCESS FOR CDC IMPOSED QUARANTINES

2
3 RESOLVED, That the American Medical Association seek
4 changes to federal quarantine law to ensure the
5 availability of an expedited judicial review of all CDC-
6 imposed quarantines.

7
8 RECOMMENDATION B:

9
10 Madam Speaker, your Reference Committee
11 recommends that Policies H-440.835 and E- 8.4
12 be reaffirmed.

13
14 **HOD ACTION: Policies H-440.835 and E-**
15 **8.4 reaffirmed.**

16
17 Resolution 419 asks that our American Medical Association: (1) adopt policy acknowledging
18 that government quarantines are developed based on evidence-based medicine and have
19 strong due process protections and (2) support that the medical profession collaborate with
20 federal, state and local public health officials to take an active role in ensuring that quarantine
21 and isolation interventions are evidence based.

22
23 Your Reference Committee heard testimony in support of the intent of this resolution. However,
24 it was noted that the resolution as written is current policy. The authors suggested the addition
25 of a third Resolve, which addresses the due process provisions within the CDC's new
26 quarantine regulations. Your Reference Committee agrees with need for strengthened due
27 process provisions within these regulations. Therefore, Your Reference Committee
28 recommends this language be adopted in lieu of Resolution 418 and that existing policy be
29 reaffirmed.

30
31 H-440.835 AMA Role in Addressing Epidemics and Pandemics

32 1. Our AMA strongly supports U.S. and global efforts to fight epidemics and pandemics,
33 including Ebola, and the need for improved public health infrastructure and surveillance in
34 affected countries.; 2. Our AMA strongly supports those responding to the Ebola epidemic and
35 other epidemics and pandemics in affected countries, including all health care workers and
36 volunteers, U.S. Public Health Service and U.S. military members.; 3. Our AMA reaffirms Ethics
37 Policy E-2.25, The Use of Quarantine and Isolation as Public Health Interventions, which states
38 that the medical profession should collaborate with public health colleagues to take an active
39 role in ensuring that quarantine and isolation interventions are based on science.; 4. Our AMA
40 will collaborate in the development of recommendations and guidelines for medical
41 professionals on appropriate treatment of patients infected with or potentially infected with
42 Ebola, and widely disseminate such guidelines through its communication channels.; 5. Our
43 AMA will continue to be a trusted source of information and education for physicians, health
44 professionals and the public on urgent epidemics or pandemics affecting the U.S. population,
45 such as Ebola.; 6. Our AMA encourages relevant specialty societies to educate their members
46 on specialty-specific issues relevant to new and emerging epidemics and pandemics. Sub.
47 Res. 925, I-14.

48
49 E- 8.4 Ethical Use of Quarantine & Isolation

50 Although physicians' primary ethical obligation is to their individual patients, they also have a
51 long recognized public health responsibility. In the context of infectious disease, this may
52 include the use of quarantine and isolation to reduce the transmission of disease and protect

1 the health of the public. In such situations, physicians have a further responsibility to protect
2 their own health to ensure that they remain able to provide care. These responsibilities
3 potentially conflict with patients' rights of self-determination and with physicians' duty to
4 advocate for the best interests of individual patients and to provide care in emergencies.

5
6 With respect to the use of quarantine and isolation as public health interventions in situations of
7 epidemic disease, individual physicians should: (a) Participate in implementing scientifically
8 and ethically sound quarantine and isolation measures in keeping with the duty to provide care
9 in epidemics. (b) Educate patients and the public about the nature of the public health threat,
10 potential harm to others, and benefits of quarantine and isolation. (c) Encourage patients to
11 adhere voluntarily to quarantine and isolation. (d) Support mandatory quarantine and isolation
12 when a patient fails to adhere voluntarily. (e) Inform patients about and comply with mandatory
13 public health reporting requirements. (f) Take appropriate protective and preventive measures
14 to minimize transmission of infectious disease from physician to patient, including accepting
15 immunization for vaccine-preventable disease, in keeping with ethics guidance. (g) Seek
16 medical evaluation and treatment if they suspect themselves to be infected, including adhering
17 to mandated public health measures.

18
19 The medical profession, in collaboration with public health colleagues and civil authorities, has
20 an ethical responsibility to: (h) Ensure that quarantine measures are ethically and scientifically
21 sound: (i) use the least restrictive means available to control disease in the community while
22 protecting individual rights; (ii) without bias against any class or category of patients. (i)
23 Advocate for the highest possible level of confidentiality when personal health information is
24 transmitted in the context of public health reporting. (j) Advocate for access to public health
25 services to ensure timely detection of risks and implementation of public health interventions,
26 including quarantine and isolation. (k) Advocate for protective and preventive measures for
27 physicians and others caring for patients with communicable disease. (l) Develop educational
28 materials and programs about quarantine and isolation as public health interventions for
29 patients and the public. *AMA Principles of Medical Ethics: I, III, VI, VII, VIII*

30
31 (16) RESOLUTION 419 – IMPROVING PHYSICIANS' ABILITY
32 TO DISCUSS FIREARM SAFETY

33
34 RECOMMENDATION A:

35
36 Madam Speaker, your Reference Committee
37 recommends that Resolution 419 be amended by
38 deletion, to read as follows:

39
40 RESOLVED, That our American Medical Association work
41 with appropriate stakeholders to develop state-specific
42 guidance for physicians on how to counsel patients to
43 reduce their risk for firearm-related ~~accidental~~ injury or
44 death ~~by suicide~~, including guidance on when and how to
45 ask sensitive questions about firearm ownership, access,
46 and use, and clarification on the circumstances under
47 which physicians are permitted or may be required to
48 disclose the content of such conversations to family
49 members, law enforcement, or other third parties.
50 (Directive to Take Action)

1 RECOMMENDATION B:
2

3 Madam Speaker, your Reference Committee
4 recommends that Resolution 419 be adopted as
5 amended.
6

7 **HOD ACTION: Resolution 419 adopted as amended.**
8

9 Resolution 419 asks that our American Medical Association work with appropriate
10 stakeholders to develop state-specific guidance for physicians on how to counsel
11 patients to reduce their risk for firearm-related accidental injury or death by suicide,
12 including guidance on when and how to ask sensitive questions about firearm
13 ownership, access, and use, and clarification on the circumstances under which
14 physicians are permitted or may be required to disclose the content of such
15 conversations to family members, law enforcement, or other third parties.
16

17 Testimony was supportive of this resolution. Your Reference Committee amended the
18 resolution to broaden it beyond just accidental injury or suicide. It was noted that the
19 AMA has existing policy opposing restrictions on physicians' ability to inquire and talk
20 about firearm safety issues and risks with their patients. The Council on Science and
21 Public Health acknowledged this resolution and noted that a report is forthcoming on the
22 physician's role in promoting firearm safety. Your Reference Committee recommends
23 adoption of this resolution as amended and looks forward to the CSAPH report.
24

25 (17) RESOLUTION 416 - POLICY AND ECONOMIC
26 SUPPORT FOR EARLY CHILD CARE
27

28 RECOMMENDATION:
29

30 Madam Speaker, your Reference Committee recommends
31 that Resolution 416 be referred.
32

33 **HOD ACTION: Resolution 416 referred.**
34

35 Resolution 416 asks that our American Medical Association advocate for: (1) improved
36 social and economic support for paid family leave to care for newborns, infants and
37 young children and (2) federal tax incentives to support early child care and unpaid child
38 care by extended family members.
39

40 Your Reference Committee heard testimony in favor of family leave. Testimony also
41 noted concern regarding the economic burden it could place on small business owners.
42 Given the nuances and sensitive nature of this topic, your Reference Committee
43 recommends that this Resolution be referred for study in order to better inform this
44 House of Delegates.

1 (18) RESOLUTION 409 - PEDIATRIC/ADOLESCENT
2 INFORMED CONSENT CONCUSSION DISCUSSION
3

4 RECOMMENDATION:
5

6 Madam Speaker, your Reference Committee recommends
7 that Resolution 409 be referred for decision.
8

9 **HOD ACTION: Resolution 409 referred for decision.**
10

11 Resolution 409 asks that our American Medical Association support federal legislation
12 that includes informed consent prior to participation in intramural and interscholastic
13 athletics and that this consent discuss the risk of short and long term impact of mild
14 traumatic brain injuries.
15

16 Your Reference Committee heard testimony both in support of and in opposition to this
17 resolution. Those in favor of the resolution agreed that informed consent would be
18 helpful, but raised questions about who would give consent, and the effect on liability.
19 While some wanted education to be available for parents and children, some requested
20 evidence-based, accurate, medically sound information. The development of model state
21 legislation was proposed and should be considered. There was testimony in favor of
22 referral for decision; therefore, your Reference Committee recommends that Resolution
23 409 be referred for decision so that these questions can be considered.
24

25 (19) RESOLUTION 417 - MANDATORY PUBLIC HEALTH
26 REPORTING OF LAW-ENFORCEMENT-RELATED
27 INJURIES AND DEATH
28

29 RECOMMENDATION A:
30

31 Madam Speaker, your Reference Committee
32 recommends that Resolution 417 be referred for
33 decision.
34

35 **HOD ACTION: Resolution 417 referred.**
36

37 Resolution 417 asks that our American Medical Association encourage the CDC and
38 state departments of health to collect data on serious law-enforcement-related injuries
39 and deaths and make law-enforcement-related deaths a notifiable condition.
40

41 Your Reference Committee heard mixed testimony on this issue. It was noted that some
42 data is collected on this issue through the National Violent Death Reporting System.
43 However, there was confusion regarding what exactly would be reported. Specifically,
44 questions were raised regarding the definition of "serious." Furthermore, the resolution
45 conflates mandatory reporting, which is a state function, with nationally notifiable
46 conditions, which is a voluntary process led by the CDC and the Council on State and
47 Territorial Epidemiologists. Given these issues, your Reference Committee recommends
48 that Resolution 417 be referred for decision.

1 (20) RESOLUTION 403 - TOBACCO HARM REDUCTION: A
2 COMPREHENSIVE NICOTINE POLICY TO REDUCE
3 DEATH AND DISEASE CAUSED BY SMOKING
4

5 RECOMMENDATION:
6

7 Madam Speaker, your Reference Committee recommends
8 that Policies H-495.972 and H-495.973 be reaffirmed in
9 lieu of Resolution 403.

10
11 **HOD ACTION: Resolution 403 referred.**
12

13 Resolution 403 asks that our American Medical Association: (1) advocate for tobacco
14 harm reduction approaches to be added to existing tobacco treatment and control
15 efforts; (2) educate physicians and patients on the myriad health effects of different
16 nicotine products and emphasize the critical role of smoke and combustion in causing
17 disease; (3) encourage physicians to adopt patient-specific, individualized approaches to
18 smoking cessation, particularly for patients with disease secondary to smoking and for
19 patients who have otherwise failed traditional methods for smoking cessation; (4)
20 continue its focus on research to identify and expand options that may assist patients to
21 transition away from smoking, including nicotine replacement therapies and
22 noncombustible nicotine products (including e-cigarettes); and (5) reaffirm its position on
23 strong enforcement of US Food and Drug Administration and other agency regulations
24 for the prevention of use of all electronic nicotine delivery systems and tobacco products
25 by anyone under the legal minimum purchase age. This shall include marketing to
26 children, direct use or purchasing by children and indirect diversion to children. Further,
27 that our AMA reaffirm physician education of patients to limit these products for children
28 in any and all capacity.
29

30 Testimony was heard both in support of and opposition to this resolution. It was noted
31 that several Resolve statements are contradictory to existing AMA policy that promotes
32 the use of FDA-approved smoking cessation tools and prohibits product claims of
33 reduced risk or effectiveness as tobacco cessation tools, until credible evidence is
34 available. However, there was support for the fourth and fifth Resolves, which call for
35 additional research to expand options for cessation and prohibit the marketing of
36 electronic nicotine delivery system and tobacco products to children, respectively. Since
37 these issues are already addressed by existing AMA policy, your Reference Committee
38 recommends reaffirming existing policies in lieu of Resolution 403.
39

40 H-495.972 Electronic Cigarettes, Vaping, and Health: 2014 Update

41 1. Our AMA urges physicians to: (a) educate themselves about electronic nicotine
42 delivery systems (ENDS), including e-cigarettes, be prepared to counsel patients about
43 the use of these products and the potential for nicotine addiction and the potential
44 hazards of dual use with conventional cigarettes, and be sensitive to the possibility that
45 when patients ask about e-cigarettes, they may be asking for help to quit smoking; (b)
46 consider expanding clinical interviews to inquire about "vaping" or the use of e-
47 cigarettes; (c) promote the use of FDA-approved smoking cessation tools and resources
48 for their patients and caregivers; and (d) advise patients who use e-cigarettes to take
49 measures to assure the safety of children in the home who could be exposed to risks of
50 nicotine overdose via ingestion of replacement e-cigarette liquid that is capped or stored

1 improperly. 2. Our AMA encourages further clinical and epidemiological research on e-
2 cigarettes. 3. Our AMA supports education of the public on electronic nicotine delivery
3 systems (ENDS) including e-cigarettes. CSAPH Rep. 2, I-14, Modified in lieu of Res.
4 412, A-15, Modified in lieu of Res. 419, A-15, Reaffirmed: Res. 421, A-15.

5
6 H-495.973 FDA to Extend Regulatory Jurisdiction Over All Non-Pharmaceutical Nicotine
7 and Tobacco Products

8 Our AMA: (1) supports the U.S. Food and Drug Administration's (FDA) proposed rule
9 that would implement its deeming authority allowing the agency to extend FDA
10 regulation of tobacco products to pipes, cigars, hookahs, e-cigarettes and all other non-
11 pharmaceutical tobacco/nicotine products not currently covered by the Federal Food,
12 Drug, and Cosmetic Act, as amended by the Family Smoking Prevention and Tobacco
13 Control Act; and (2) supports legislation and/or regulation of electronic cigarettes and all
14 other non-pharmaceutical tobacco/nicotine products that: (a) establishes a minimum
15 legal purchasing age of 18; (b) prohibits use in all places that tobacco cigarette use is
16 prohibited, including in hospitals and other places in which health care is delivered; (c)
17 applies the same marketing and sales restrictions that are applied to tobacco cigarettes,
18 including prohibitions on television advertising, product placement in television and films,
19 and the use of celebrity spokespeople; (d) prohibits product claims of reduced risk or
20 effectiveness as tobacco cessation tools, until such time that credible evidence is
21 available, evaluated, and supported by the FDA; (e) requires the use of secure, child-
22 and tamper-proof packaging and design, and safety labeling on containers of
23 replacement fluids (e-liquids) used in e-cigarettes; (f) establishes manufacturing and
24 product (including e-liquids) standards for identity, strength, purity, packaging, and
25 labeling with instructions and contraindications for use; (g) requires transparency and
26 disclosure concerning product design, contents, and emissions; and (h) prohibits the use
27 of characterizing flavors that may enhance the appeal of such products to youth. Res.
28 206, I-13, Modified in lieu of Res. 511, A-14, Modified in lieu of Res. 518, A-14, Modified
29 in lieu of Res. 519, A-14, Modified in lieu of Res. 521, A-14, Modified: CSAPH Rep. 2, I-
30 14, Reaffirmation A-15 Reaffirmed in lieu of Res. 412, A-15, Reaffirmed in lieu of Res.
31 419, A-15, Reaffirmed: Res. 421, A-15, Reaffirmation A-16.

1 Madam Speaker, this concludes the report of Reference Committee D. I would like to
2 thank Barbara Arnold, MD, Denise Bobovnyik, MD, Tyler Campbell, MD, Karen
3 Dionesotes, MPH, Carl Streed Jr., MD, and all those who testified before the Committee.
4 I would also like to thank AMA staff persons Andrea Garcia, Amber Ryan, Annalynn
5 Skipper, and Tanya Lopez for their assistance to this Committee.

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