

DISCLAIMER

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AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-17)

Report of Reference Committee E

Rebecca S. Hierholzer, MD, Chair

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

2
3 **RECOMMENDED FOR ADOPTION**

- 4
5 1. Council on Science and Public Health Report 1 – CSAPH Sunset Review of 2007
6 House Policies
7 2. Council on Science and Public Health Report 2 – Emerging Drugs of Abuse are a
8 Public Health Threat in lieu of Resolution 507
9 3. Resolution 511 – Future of Pain Care
10 4. Resolution 523 – AMA Support for Evidence-Based Environmental Statutes and
11 Regulations
12

13 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 14
15 5. Resolution 503 – Women and Mental Health
16 6. Resolution 504 – Research into Preterm Birth and Related Cardiovascular (CV)
17 and Cerebrovascular Risks (CVD) in Women
18 7. Resolution 506 – Expanding Access to Buprenorphine for the Treatment of
19 Opioid Use Disorder
20 8. Resolution 513 – Supervised Injection Facilities
21 Resolution 524 – Supervised Injection Facilities as Harm Reduction to Address
22 Opioid Crisis
23 9. Resolution 515 – Safe Use, Storage and Disposal of Leftover Opioids and Other
24 Controlled Substances
25 10. Resolution 517 – Choline Supplementation in Prenatal Vitamins
26 11. Resolution 518 – Recognition of Infertility as a Disease
27 12. Resolution 522 – National Coordinated Strategy For Sepsis in lieu of Resolution
28 505
29 13. Resolution 526 – NIH Funding for Basic and Translational Pain Research
30

31 **RECOMMENDED FOR REFERRAL**

- 32
33 14. Resolution 508 – Support for Service Animals, Emotional Support Animals,
34 Animals in Healthcare, and Medical Benefits of Pet Ownership
35 15. Resolution 525 – Providing for Prescription Drug Donation
36

1 **RECOMMENDED FOR NOT ADOPTION**

2

- 3 16. Resolution 501 – Airplane Emissions
4 17. Resolution 510 – Ban on the Use of Paraquat
5 18. Resolution 520 – Combination Clotrimazole/Betamethasone Dipropionate
6 Cream Warning
7 19. Resolution 521 – Retail Prescription Bottle Label Privacy

8 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

9

- 10 20. Resolution 502 – Access to Cosmetic Product Ingredients
11 21. Resolution 514 – Retinoblastoma Due to Pre-Natal Residential Pesticide
12 Exposure
13 22. Resolution 516 – In-Flight Emergencies

14

15 Existing policy was reaffirmed in lieu of the following resolutions via the Reaffirmation
16 Consent Calendar:

- 17 Resolution 509 – Exploring Applications of Wearable Technology in Clinical Medicine
18 and Medical Research
19 Resolution 512 – Advertising Restrictions and Limited Use of Dietary Supplements
20 Resolution 519 – Liquid Medication Dosing

1 (1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
2 1 – CSAPH SUNSET REVIEW OF 2007 HOUSE
3 POLICIES
4

5 RECOMMENDATION:
6

7 Madam Speaker, your Reference Committee recommends
8 that the recommendations in Council on Science and
9 Public Health Report 1 be adopted and the remainder of
10 the report be filed.

11
12 **HOD ACTION: Council on Science and Public Health**
13 **Report 1 adopted and the remainder of the report filed.**
14

15 Council on Science and Health Report 1 presents the Council's recommendations on the
16 disposition of the House policies and directives from 2007 that were assigned to it. The
17 report recommends that House of Delegates policies that are listed in the Appendix to
18 this report be acted upon in the manner indicated and the remainder of the Report be
19 filed.

20
21 The Council introduced its Sunset report, and no other testimony was heard. Your
22 Reference Committee therefore recommends adoption.

23
24 (2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
25 2 – EMERGING DRUGS OF ABUSE ARE A PUBLIC
26 HEALTH THREAT
27

28 RESOLUTION 507 – EDUCATING PHYSICIANS AND
29 YOUNG ADULTS ON SYNTHETIC DRUGS
30

31 RECOMMENDATION:
32

33 Madam Speaker, your Reference Committee recommends
34 that the recommendations in Council on Science and
35 Public Health Report 2 be adopted in lieu of Resolution
36 507 and the remainder of the report be filed.

37
38 **HOD ACTION: Council on Science and Public Health**
39 **Report 2 adopted in lieu of Resolution 507 and the**
40 **remainder of the report filed.**
41

42 Council on Science and Public Health Report 2 was initiated to bring attention to the
43 public health issue of emerging drugs of abuse known as new psychoactive substances
44 (NPS). The frequent emergence of NPS with unknown dangers and a potentially high
45 death toll, especially NPS opioids, is a distinct challenge that will require a concerted
46 and coordinated effort and response to mitigate risks to the public health and improve
47 outcomes. The Council on Science and Public Health recommends that the following be
48 adopted and the remainder of the report be filed:

- 1 1. That Policy H-95.940, "Addressing Emerging Trends in Illicit Drug Use," be
2 amended by addition and deletion as follows:

3
4 Addressing Emerging Trends in Illicit Drug Use

5 Our AMA: (1) recognizes that emerging drugs of abuse, especially new
6 psychoactive substances (NPS), are a public health threat;

7
8 ~~(1)-(2)~~ supports ongoing efforts of the National Institute on Drug Abuse, the Drug
9 Enforcement Administration, the Centers for Disease Control and Prevention, the
10 Department of Justice, the Department of Homeland Security, state departments
11 of health, and poison control centers to assess and monitor emerging trends in
12 illicit drug use, and to develop and disseminate fact sheets, ~~and~~ other
13 educational materials, and public awareness campaigns;

14
15 (3) supports a collaborative, multiagency approach to addressing emerging drugs
16 of abuse, including information and data sharing, increased epidemiological
17 surveillance, early warning systems informed by laboratories and epidemiologic
18 surveillance tools, and population driven real-time social media resulting in
19 actionable information to reach stakeholders;

20
21 (4) encourages adequate federal and state funding of agencies tasked with
22 addressing the emerging drugs of abuse health threat;

23
24 ~~(2)~~ (5) encourages the development of continuing medical education on
25 emerging trends in illicit drug use; and ~~(3)~~

26
27 (6) supports efforts by the federal, state, and local government agencies to
28 identify new drugs of abuse and to institute the necessary administrative or
29 legislative actions to deem such drugs illegal in an expedited manner. (Modify
30 Current HOD policy)

- 31
32 2. That our AMA participate as a stakeholder in a CDC/DEA taskforce for the
33 development of a national forum for discussion of NPS-related issues. (Directive
34 to Take Action)

35
36 Resolution 507 asks that our AMA amend existing AMA policy H-95.940 by insertion to
37 read as follows:

38
39 Addressing Emerging Trends in Illicit Drug Use H-95.940

40 Our AMA: (1) supports ongoing efforts of the National Institute on Drug Abuse,
41 the Drug Enforcement Administration, and poison control centers to assess and
42 monitor emerging trends in illicit and legal synthetic drug use, and to develop and
43 disseminate fact sheets and other educational materials; (2) encourages the
44 development of continuing medical education on emerging trends in illicit and
45 legal synthetic drug use; and (3) supports efforts by the federal government to
46 identify new drugs of abuse and to institute the necessary administrative or
47 legislative actions to deem such drugs illegal in an expedited manner.

48
49 Testimony was overwhelmingly supportive of the Council's report and recommendations.
50 The Council was thanked for their effort and comments noted the timeliness of the topic

1 and need for physicians to be more involved in addressing the emerging drug abuse
2 problems facing the public and agreed that NPS are a threat to public health. The
3 multidisciplinary efforts recommended in the report were strongly supported as a viable
4 approach to ensuring the safety of patients. The sponsors of Resolution 507 thanked the
5 Council for its excellent report. Your Reference Committee believes that the report
6 recommendations address the intent of Resolution 507 and therefore recommends
7 adoption of CSAPH Report 2 in lieu of Resolution 507.

8
9 (3) RESOLUTION 511 – FUTURE OF PAIN CARE

10
11 RECOMMENDATION:

12
13 Madam Speaker, your Reference Committee recommends
14 that Resolution 511 be adopted.

15
16 **HOD ACTION: Resolution 511 adopted.**

17
18 Resolution 511 asks that 1) our AMA convene a task force from organized medicine to
19 discuss medicine's response to the public health crisis of undertreated and mistreated
20 pain; 2) this task force explore and make recommendations for augmenting medical
21 education designed to educate healthcare providers on how to help patients suffering
22 from pain with evidence-based treatment options; 3) this task force discuss strategies
23 that may prevent or mitigate acute pain, educate physicians about these strategies, and
24 suggest research to study if these strategies prevent the development of chronic pain;
25 and 4) this task force involve many primary care, medical and surgical specialties that
26 are involved in providing pain care.

27
28 Extensive supportive testimony was offered on this resolution. Creation of the AMA
29 Opioid Task was noted. The Task Force is working to reduce opioid-related harm,
30 promote evidence-based pain management practices and policies, reduce stigma, and
31 increase access to treatment for opioid use disorder. Testimony highlighted the need for
32 efforts to improve education on pain management, as well as training and payment
33 reforms to increase access to non-pharmacologic and multimodal strategies for pain
34 management. Your Reference Committee strongly supports the intent of this resolution
35 and recommends adoption with the understanding that, as an AMA-convened
36 Federation-based effort, additional decision-making will be needed on how to best
37 implement a coordinated approach.

38
39 (4) RESOLUTION 523 – AMA SUPPORT FOR EVIDENCE-
40 BASED ENVIRONMENTAL STATUTES AND
41 REGULATIONS

42
43 RECOMMENDATION:

44
45 Madam Speaker, your Reference Committee recommends
46 that Resolution 523 be adopted.

47
48 **HOD ACTION: Resolution 523 adopted.**

1 Resolution 523 asks that our AMA 1) strongly support evidence-based environmental
2 statutes and regulations intended to regulate air and water pollution and to reduce
3 greenhouse gas emissions and 2) advocate that environmental health regulations should
4 only be modified or rescinded with scientific justification.

5
6 Supportive testimony was offered for Resolution 523, with limited dissent. The
7 importance of science and evidence-based rules and regulations intended to reduce
8 pollution and benefit public health is keenly apparent and your Reference Committee
9 recommends adoption.

10
11 (5) RESOLUTION 503 – WOMEN AND MENTAL HEALTH

12
13 RECOMMENDATION A:

14
15 Madam Speaker, your Reference Committee recommends
16 that the following Resolve be adopted in lieu of the first
17 Resolve of Resolution 503.

18
19 RESOLVED, That Policy D-345.997 be amended by
20 addition to read as follows:

21
22 D-345.997 Access to Mental Health Services

23 Our AMA will: (1) continue to work with relevant national
24 medical specialty societies and other professional and
25 patient advocacy groups to identify and eliminate barriers
26 to access to treatment for mental illness, including barriers
27 that disproportionately affect women and at-risk
28 populations; (2) advocate that psychiatrists and other
29 physicians who provide treatment for mental illness be paid
30 by both private and public payers for the provision of
31 evaluation and management services, for case
32 management and coordination efforts, and for interpretive
33 and indirect services; and (3) advocate that all insurance
34 entities facilitate direct access to a psychiatrist in the
35 referral process.

36
37 RECOMMENDATION B:

38
39 Madam Speaker, your Reference Committee recommends
40 that the second Resolve of Resolution 503 be amended by
41 addition and deletion to read as follows:

42
43 RESOLVED, That our AMA ~~publicize~~ recognize the impact
44 of violence and social determinants on women's mental
45 health (New HOD Policy); and be it further

1 RECOMMENDATION C:
2

3 Madam Speaker, your Reference Committee recommends
4 that Policy H-345.981 be reaffirmed in lieu of the third
5 Resolve of Resolution 503.
6

7 RECOMMENDATION D:
8

9 Madam Speaker, your Reference Committee recommends
10 that the fourth Resolve of Resolution 503 be amended by
11 addition to read as follows:

12 RESOLVED, That AMA Policy H-420.953 “Improving
13 Mental Health Services for Pregnant and Postpartum
14 Mothers,” be amended by addition to read as follows:
15

16 H-420.953, Improving Mental Health Services for Pregnant
17 and Postpartum Mothers
18

19 Our AMA: 1. supports improvements in current mental
20 health services for women during pregnancy and
21 postpartum; 2. supports advocacy for inclusive insurance
22 coverage of mental health services during gestation, and
23 extension of postpartum mental health services coverage
24 to one year postpartum; 3. supports appropriate
25 organizations working to improve awareness and
26 education among patients, families, and providers of the
27 risks of mental illness during gestation and postpartum;
28 and 4. will continue to advocate for funding programs that
29 address perinatal and postpartum depression, anxiety and
30 psychosis, and substance use disorder through research,
31 public awareness, and support programs. (Modify Current
32 HOD Policy)
33

34 RECOMMENDATION E:
35

36 Madam Speaker, your Reference Committee recommends
37 that Resolution 503 be adopted as amended.
38

39 **HOD ACTION: Resolution 503 adopted as amended.**
40

41 Resolution 503 asks that our AMA 1) encourage key organizations to identify barriers in
42 access to mental health services and improve treatment models in order to address
43 gender disparities in mental health; 2) publicize the impact of violence and social
44 determinants on women’s mental health; 3) encourage the development of gender-
45 specific risk factor reduction strategies, including gender sensitive services that focus on
46 psychosocial resources and reproductive health, in order to improve women’s mental
47 health; and 4) amend AMA Policy H-420.953 “Improving Mental Health Services for
48 Pregnant and Postpartum Mothers” by addition to read as follows:

1 H-420.953 Improving Mental Health Services for Pregnant and Postpartum
2 Mothers

3 Our AMA: 1. supports improvements in current mental health services for women
4 during pregnancy and postpartum; 2. supports advocacy for inclusive insurance
5 coverage of mental health services during gestation, and extension of
6 postpartum mental health services coverage to one year postpartum; 3. supports
7 appropriate organizations working to improve awareness and education among
8 patients, families, and providers of the risks of mental illness during gestation and
9 postpartum; and 4. will continue to advocate for funding programs that address
10 perinatal and postpartum depression, anxiety and psychosis through research,
11 public awareness, and support programs.
12

13 Testimony noted that women are affected by mental health disorders differently than
14 men. The Council on Science and Public Health studied sex differences in health and
15 disease in an A-16 report, including mental health disorders. Women show higher
16 prevalence rates of major and mild depression, generalized anxiety disorder, panic
17 disorder, social phobia, and specific phobia than do men, and nearly twice as many
18 women report experiencing a major depressive episode in the past year than men. Your
19 Reference Committee notes that extensive policy addresses the diagnosis and treatment
20 of mental health, and suggests that these policies be amended to include women and
21 those at risk, such as incarcerated women, and reaffirmed as appropriate. In addition,
22 your Reference Committee supports recognizing, rather than publicizing, that violence
23 and social determinants are factors affecting mental health in women, since that will
24 result in a more long-standing foundational policy rather than a one-time action.
25 Testimony supported the addition of substance use disorder to the conditions being
26 added to Resolve 4.
27

28 Policy recommended for reaffirmation:
29

30 H-345.981 Access to Mental Health Services

31 Our AMA advocates the following steps to remove barriers that keep Americans from
32 seeking and obtaining treatment for mental illness: (1) reducing the stigma of mental
33 illness by dispelling myths and providing accurate knowledge to ensure a more informed
34 public; (2) improving public awareness of effective treatment for mental illness; (3)
35 ensuring the supply of psychiatrists and other well trained mental health professionals,
36 especially in rural areas and those serving children and adolescents; (4) tailoring
37 diagnosis and treatment of mental illness to age, gender, race, culture and other
38 characteristics that shape a person's identity; (5) facilitating entry into treatment by first-
39 line contacts recognizing mental illness, and making proper referrals and/or to
40 addressing problems effectively themselves; and (6) reducing financial barriers to
41 treatment. (CMS Rep. 9, A-01 Reaffirmation A-11 Reaffirmed: CMS Rep. 7, A-11
42 Reaffirmed: BOT action in response to referred for decision Res. 403, A-12 Reaffirmed
43 in lieu of Res. 804, I-13 Reaffirmed in lieu of Res. 808, I-14)

1 (6) RESOLUTION 504 – RESEARCH INTO PRETERM
2 BIRTH AND RELATED CARDIOVASCULAR (CV) AND
3 CEREBROVASCULAR RISKS (CVD) IN WOMEN
4

5 RECOMMENDATION A:
6

7 Madam Speaker, your Reference Committee recommends
8 that Resolution 504 be amended by deletion of the first
9 Resolve.

10
11 ~~RESOLVED, That our American Medical Association work~~
12 ~~with partner organizations to provide education on the~~
13 ~~potential risks of cardiovascular or cerebrovascular~~
14 ~~disease in pregnant woman, particularly among vulnerable~~
15 ~~population. (Directive to Take Action); and be it further~~
16

17 RECOMMENDATION B:
18

19 Madam Speaker, your Reference Committee recommends
20 that the second Resolve of Resolution 504 be amended by
21 addition and deletion to read as follows:
22

23 RESOLVED, That our AMA advocate for more research on
24 ways to identify ~~modifiable~~ risk factors ~~for~~ linking preterm
25 birth (PTB) ~~and its association with~~ to cardiovascular or
26 cerebrovascular disease in pregnant women. (Directive to
27 Take Action)
28

29 RECOMMENDATION C:
30

31 Madam Speaker, your Reference Committee recommends
32 that Resolution 504 be adopted as amended.
33

34 **HOD ACTION: Resolution 504 adopted as amended.**
35

36 Resolution 504 asks that our AMA 1) work with partner organizations to provide
37 education on the potential risks of cardiovascular or cerebrovascular disease in pregnant
38 women, particularly among vulnerable populations; and 2) advocate for more research
39 on ways to identify modifiable risk factors for preterm birth (PTB) and its association with
40 cardiovascular or cerebrovascular disease in pregnant women.

41
42 Your Reference Committee heard testimony detailing the increase in risk for heart
43 disease and cerebrovascular disease among women who have experienced preterm
44 birth. Testimony noted support for the issue, but your Reference Committee recognized
45 that more research is needed on the issue and that the development of evidence-based
46 educational materials with partner organizations is dependent on this research. It
47 therefore recommends supporting research as a first step before providing education.

1 (7) RESOLUTION 506 – EXPANDING ACCESS TO
2 BUPRENORPHINE FOR THE TREATMENT OF OPIOID
3 USE DISORDER

4
5 RECOMMENDATION A:

6
7 Madam Speaker, your Reference Committee recommends
8 that Resolution 506 be amended by addition and deletion
9 to read as follows:

10
11 RESOLVED, That our American Medical Association's
12 Opioid Task Force publicize existing resources that provide
13 advice on overcoming study solutions to overcome the
14 barriers and implementing solutions for preventing
15 appropriately trained physicians from prescribing
16 buprenorphine for treatment of Opioid Use Disorder.
17 (Directive to Take Action)

18
19 RECOMMENDATION B:

20
21 Madam Speaker, your Reference Committee recommends
22 that Resolution 506 be amended by addition of a new
23 Resolve to read as follows:

24
25 RESOLVED, That our AMA supports eliminating the
26 requirement for obtaining a waiver to prescribe
27 buprenorphine for the treatment of opioid use disorder.
28 (New HOD Policy)

29
30 RECOMMENDATION C:

31
32 Madam Speaker, your Reference Committee recommends
33 that Resolution 506 be adopted as amended.

34
35 **HOD ACTION: Recommendation A of Resolution**
36 **506 adopted as amended, Recommendation B of**
37 **Resolution 506 referred for decision.**

38
39 Resolution 506 asks that our AMA study solutions to overcome the barriers preventing
40 appropriately trained physicians from prescribing buprenorphine for treatment of Opioid
41 Use Disorder.

42
43 Testimony indicated that although some success has been achieved in increasing the
44 number of physicians who have become certified to prescribe office-based
45 buprenorphine for the treatment of opioid use disorder, a significant number of waived
46 physicians are not providing treatment due to various barriers, even though caps on the
47 number of patients to whom one physician may prescribe have been increased. A recent
48 systematic review by the Agency for Healthcare Research and Quality (Technical Brief
49 Number 28) described promising and innovative medication-assisted therapy (MAT)
50 models of care in primary care settings, the barriers to MAT implementation, available

1 evidence on MAT models of care in primary care settings, gaps in the evidence base,
2 and guidance for future research. A summary of the findings of this report was published
3 (Korthuis et al, *Ann Intern Med.* 2017). Accordingly, your Reference Committee believes
4 that further study is not required. Rather, steps should be taken to implement proposed
5 solutions. The AMA can assist in this effort by making such resources more widely
6 available through the new microsite established for the AMA Opioid Task Force. One
7 obvious barrier is the requirement for special training, record keeping and federal
8 oversight to prescribe buprenorphine for opioid use disorder. Strong sentiment also was
9 expressed for including the waiver requirement in any study that might be undertaken, or
10 rescinding it altogether. Your Reference Committee agrees with eliminating this
11 requirement that reduces access to treatment.

12
13 (8) RESOLUTION 513 – SUPERVISED INJECTION
14 FACILITIES

15
16 RESOLUTION 524 – SUPERVISED INJECTION
17 FACILITIES AS HARM REDUCTION TO ADDRESS
18 OPIOID CRISIS

19
20 RECOMMENDATION:

21
22 Madam Speaker, your Reference Committee recommends
23 that the following Resolution be adopted in lieu of
24 Resolutions 513 and 524.

25
26 **HOD ACTION: The following Resolution adopted in lieu of**
27 **Resolutions 513 and 524.**

28
29 PILOT IMPLEMENTATION OF SUPERVISED INJECTION
30 FACILITIES

31
32 RESOLVED, That our American Medical Association
33 support the development and implementation of pilot
34 supervised injection facilities (SIFs) in the United States
35 that are designed, monitored, and evaluated to generate
36 data to inform policymakers on the feasibility,
37 effectiveness, and legal aspects of SIFs in reducing harms
38 and health care costs related to injection drug use.

39
40 Resolution 513 asks that our American Medical Association conduct a comprehensive
41 study of Supervised Injection Facilities in the United States.

42
43 Resolution 524 asks that our American Medical Association work with state and local
44 health departments to achieve the legalization and implementation of facilities that
45 provide a supervised framework and enhanced aseptic conditions for the injection of
46 self-provided illegal substances with medical monitoring, with legal and liability
47 protections for persons working or volunteering in such facilities and without risk of
48 criminal penalties for recipients of such services.

1 Testimony supported the establishment of supervised injection facilities (SIFs) in the
2 U.S. because studies from other countries have shown that SIFs reduce infection,
3 prevent overdose deaths, and increase treatment uptake without increasing drug
4 trafficking or crime in the surrounding environments. U.S. cities, including San Francisco,
5 Seattle, and New York City, are considering the establishment of SIFs. Others testified
6 that while the results in other countries were promising, the differences in culture and
7 regulatory oversight between the U.S. and other countries may mean that SIF outcomes
8 could be different in the U.S. Some suggested that the AMA study these potential
9 differences. The Massachusetts Medical Society recently completed a comprehensive
10 study of the literature on SIFs and other implementation aspects that could apply in the
11 U.S. The report recommended that pilot SIFs be supported. Testimony also noted that
12 The American Society of Addiction Medicine is considering supporting well-designed
13 pilot SIFs that could help evaluate their potential benefits in the U.S. The Council on
14 Science and Public Health proposed alternate language that the AMA support pilot SIFs
15 so that data on their effectiveness as a harm reduction and cost-savings measure in the
16 U.S. can be collected and evaluated. Your Reference Committee believes that this is a
17 reasonable approach and recommends adoption of this alternate language.

18
19 (9) RESOLUTION 515 – SAFE USE, STORAGE AND
20 DISPOSAL OF LEFTOVER OPIOIDS AND OTHER
21 CONTROLLED SUBSTANCES

22
23 RECOMMENDATION A:

24
25 Madam Speaker, your Reference Committee recommends
26 that the first Resolve of Resolution 515 be amended by
27 addition and deletion to read as follows:
28

29 RESOLVED, That our American Medical Association and
30 its Opioid Task Force ~~to Reduce Opioid Abuse~~ continue to
31 adapt current educational materials to distribute to
32 prescribers and patients, emphasizing the importance of
33 safe storage and disposal of opioids, and encouraging
34 prescribers and patients to investigate and advocate for
35 more local drug take back programs (Directive to Take
36 Action); and be it further
37

38 RECOMMENDATION B:

39
40 Madam Speaker, your Reference Committee recommends
41 that the second Resolve of Resolution 515 be amended by
42 addition and deletion to read as follows:
43

44 RESOLVED, That our AMA and its Opioid Task Force ~~to~~
45 ~~Reduce Opioid Abuse~~ encourage all prescribers to work
46 with local organizations and pharmacists to develop and
47 disseminate the most up-to-date information on local Take
48 Back resources ~~and the most up-to-date information~~ (New
49 HOD Policy); and be it further

1 RECOMMENDATION C:
2

3 Madam Speaker, your Reference Committee recommends
4 that the third Resolve of Resolution 515 be amended by
5 addition and deletion to read as follows:
6

7 RESOLVED, That our AMA and its Opioid Task Force ~~to~~
8 ~~Reduce Opioid Abuse~~ continue to educate all prescribers
9 on the importance of optimal use of opioids, including
10 appropriately limiting the quantities of opioid prescriptions
11 and advocating for e-prescription capabilities for controlled
12 substances. (Directive to Take Action)
13

14 RECOMMENDATION D:
15

16 Madam Speaker, your Reference Committee recommends
17 that Resolution 515 be adopted as amended.
18

19 **HOD ACTION: Resolution 515 adopted as amended.**
20

21 Resolution 515 asks that our AMA and its Task Force to Reduce Opioid Abuse 1)
22 continue to adapt current educational materials to distribute to prescribers and patients,
23 emphasizing the importance of safe storage and disposal of opioids, and encouraging
24 prescribers and patients to investigate and advocate for more local drug take back
25 programs; 2) encourage all prescribers to work with local organizations and pharmacists
26 to develop and disseminate information on local Take Back resources and the most up
27 to date information; and 3) continue to educate all prescribers on the importance of
28 optimal use of opioids, including appropriately limiting the quantities of opioid
29 prescriptions and advocating for e-prescription capabilities for controlled substances.
30

31 Testimony was universally supportive of the importance of this Resolution. The AMA
32 Opioid Task Force has already developed and adopted a statement on safe storage and
33 disposal that is consistent with the asks of this Resolution, therefore your Reference
34 Committee recommends adoption with amendments to reflect the recent name change
35 of the Task Force.
36

37 (10) RESOLUTION 517 – CHOLINE SUPPLEMENTATION IN
38 PRENATAL VITAMINS
39

40 RECOMMENDATION A:
41

42 Madam Speaker, your Reference Committee recommends
43 that Resolution 517 be amended by addition and deletion
44 to read as follows:
45

46 RESOLVED, That our American Medical Association
47 support ~~and advocate for an increase~~ evidence-based
48 amounts of choline in all prenatal vitamins ~~to 450 mg/day~~.
49 (New HOD Policy)

1 RECOMMENDATION B:

2
3 Madam Speaker, your Reference Committee recommends
4 that Resolution 517 be adopted as amended.

5
6 **HOD ACTION: Resolution 517 adopted as amended.**

7
8 Resolution 517 asks that our AMA support and advocate for an increase of choline in all
9 prenatal vitamins to 450 mg/day.

10
11 There was limited but supportive testimony for this resolution. The different guidance for
12 choline intake during pregnancy and breastfeeding was noted, and an even higher
13 amount is recommended during lactation. Your Reference Committee recognizes the
14 importance of choline, but believes that including a specific daily amount in AMA policy
15 would be inappropriate given the lack of clear evidence. It therefore recommends
16 language supporting the inclusion of an evidence-based amount of choline in prenatal
17 vitamins without specifying a target amount.

18
19 (11) RESOLUTION 518 – RECOGNITION OF INFERTILITY AS
20 A DISEASE

21
22 RECOMMENDATION A:

23
24 Madam Speaker, your Reference Committee recommends
25 that the first Resolve of Resolution 518 be amended by
26 addition and deletion to read as follows:

27
28 RESOLVED, That our American Medical Association
29 recognize support the World Health Organization's
30 designation of infertility as a disease state with multiple
31 etiologies requiring a range of interventions to advance
32 fertility treatment and prevention (New HOD Policy)

33
34 RECOMMENDATION B:

35
36 Madam Speaker, your Reference Committee recommends
37 that Resolution 518 be amended by deletion of the second
38 Resolve.

39
40 ~~RESOLVED, That our AMA strongly advocate for greater~~
41 ~~access to established fertility treatments inclusive of~~
42 ~~broader insurance coverage. (Directive to Take Action)~~

43
44 RECOMMENDATION C:

45
46 Madam Speaker, your Reference Committee recommends
47 that Resolution 518 be adopted as amended.

48
49 **HOD ACTION: Resolution 518 adopted as amended.**

1 RECOMMENDATION D:
2

3 Madam Speaker, your Reference Committee recommends
4 that Policy H-165.856 be reaffirmed.
5

6 **HOD ACTION: Policy H-165.856 reaffirmed.**
7

8 Resolution 518 asks that our AMA 1) recognize infertility as a disease state with multiple
9 etiologies requiring a range of interventions to advance fertility treatment and prevention;
10 and 2) strongly advocate for greater access to established fertility treatments inclusive of
11 broader insurance coverage.
12

13 Unanimously supportive testimony was offered for defining infertility as a disease with an
14 emphasis on how this would promote insurance coverage and payment. Many cited
15 experience in treating couples with infertility, and noted the complicated testing and
16 treatments that are used to diagnose and manage infertility. Several specialty societies
17 testified that they recognize infertility as a disease and urged the AMA to do the same.
18 Your Reference Committee is concerned that adoption of the first Resolve as written
19 would signal support for the creation of a disease-specific policy compendium. Your
20 Reference Committee believes that recognizing the World Health Organization's
21 designation of infertility as a disease is appropriate and would avoid the AMA engaging
22 in disease classification in the absence of established AMA principles on disease
23 classification. Your Reference Committee also notes that AMA Policy H-165.856 urges
24 minimization of benefit mandates and therefore recommends deletion of the second
25 resolve and reaffirmation of that policy.
26

27 Policy recommended for reaffirmation:
28

29 H-165.856 Health Insurance Market Regulation

30 Our AMA supports the following principles for health insurance market regulation: (1)
31 There should be greater national uniformity of market regulation across health insurance
32 markets, regardless of type of sub-market (e.g., large group, small group, individual),
33 geographic location, or type of health plan; (2) State variation in market regulation is
34 permissible so long as states demonstrate that departures from national regulations
35 would not drive up the number of uninsured, and so long as variations do not unduly
36 hamper the development of multi-state group purchasing alliances, or create adverse
37 selection; (3) Risk-related subsidies such as subsidies for high-risk pools, reinsurance,
38 and risk adjustment should be financed through general tax revenues rather than
39 through strict community rating or premium surcharges; (4) Strict community rating
40 should be replaced with modified community rating, risk bands, or risk corridors.
41 Although some degree of age rating is acceptable, an individual's genetic information
42 should not be used to determine his or her premium; (5) Insured individuals should be
43 protected by guaranteed renewability; (6) Guaranteed renewability regulations and multi-
44 year contracts may include provisions allowing insurers to single out individuals for rate
45 changes or other incentives related to changes in controllable lifestyle choices; (7)
46 Guaranteed issue regulations should be rescinded; (8) Health insurance coverage of
47 pre-existing conditions with guaranteed issue within the context of an individual
48 mandate, in addition to guaranteed renewability. (9) Insured individuals wishing to switch
49 plans should be subject to a lesser degree of risk rating and pre-existing conditions
50 limitations than individuals who are newly seeking coverage; and (10) The regulatory

1 environment should enable rather than impede private market innovation in product
2 development and purchasing arrangements. Specifically: (a) Legislative and regulatory
3 barriers to the formation and operation of group purchasing alliances should, in general,
4 be removed; (b) Benefit mandates should be minimized to allow markets to determine
5 benefit packages and permit a wide choice of coverage options; and (c) Any legislative
6 and regulatory barriers to the development of multi-year insurance contracts should be
7 identified and removed. (CMS Rep. 7, A-03 Reaffirmed: CMS Rep. 6, A-05
8 Reaffirmation A-07 Reaffirmed: CMS Rep. 2, I-07 Reaffirmed: BOT Rep. 7, A-09
9 Appended: Res. 129, A-09 Reaffirmed: CMS Rep. 9, A-11 Reaffirmed in lieu of Res.
10 811, I-11 Reaffirmed in lieu of Res. 109, A-12 Reaffirmed in lieu of Res. 125, A-12
11 Reaffirmed: Res. 239, A-12 Reaffirmed: CMS Rep. 9, A-14)

12
13 (12) RESOLUTION 505 – RECOGNITION OF SEPSIS IN THE
14 COMMUNITY

15
16 RESOLUTION 522 – NATIONAL COORDINATED
17 STRATEGY FOR SEPSIS

18
19 RECOMMENDATION A:

20
21 Madam Speaker, your Reference Committee recommends
22 that the first Resolve of Resolution 522 be amended by
23 addition to read as follows:

24
25 RESOLVED, That our American Medical Association
26 support innovations and public awareness campaigns that
27 facilitate the early recognition and treatment of sepsis in
28 pediatric and adult populations. (New HOD Policy); and be
29 it further

30
31 RECOMMENDATION B:

32
33 Madam Speaker, your Reference Committee recommends
34 that Resolution 522 be amended by deletion of the second
35 Resolve.

36
37 ~~RESOLVED, That our AMA study current and proposed~~
38 ~~sepsis policies, and will make recommendations for the~~
39 ~~evidence-based policies that appear most likely to reduce~~
40 ~~morbidity and mortality from sepsis (Directive to Take~~
41 ~~Action); and be it further~~

1 RECOMMENDATION C:

2
3 Madam Speaker, your Reference Committee recommends
4 that Resolution 522 be amended by deletion of the third
5 Resolve.

6
7 ~~RESOLVED, That our AMA report its findings, and any~~
8 ~~recommendations based on these findings, at the 2018~~
9 ~~Annual Meeting of the House of Delegates. (Directive to~~
10 ~~Take Action)~~

11
12 RECOMMENDATION D:

13
14 Madam Speaker, your Reference Committee recommends
15 that Resolution 522 be amended by the addition of a new
16 Resolve to read as follows:

17
18 RESOLVED, that our AMA believes that medical
19 screening, diagnosis, and treatment protocols for sepsis
20 should not be mandated by governmental entities in the
21 absence of substantial scientific consensus. (New HOD
22 Policy)

23
24 RECOMMENDATION E:

25
26 Madam Speaker, your Reference Committee recommends
27 that Resolution 522 be adopted as amended in lieu of
28 Resolution 505.

29
30 **HOD ACTION: Resolution 522 adopted as amended in lieu**
31 **of Resolution 505 with a change in title.**

32
33 RECOMMENDATION F:

34
35 Madam Speaker, your Reference Committee recommends
36 that the title of Resolution 522 be changed to read as
37 follows:

38
39 IMPROVED TREATMENT OF SEPSIS

40
41 Resolution 505 asks that our AMA 1) encourage educational and public awareness
42 programs to assure that physicians actively educate their patients and/or caregivers on
43 the signs and symptoms of sepsis; and 2) encourage increased enrollment in clinical
44 studies with all appropriate sepsis and septic shock patients, to better identify predictors
45 of short and long-term adverse outcomes, and to advance the treatment of sepsis and
46 sepsis-related complications.

47
48 Resolution 522 asks that our AMA 1) support innovations that facilitate the early
49 recognition and treatment of sepsis; 2) study current and proposed sepsis policies, and
50 will make recommendations for the evidence-based policies that appear most likely to

1 reduce morbidity and mortality from sepsis; and 3) report its findings, and any
2 recommendations based on these findings, at the 2018 Annual Meeting of the House of
3 Delegates.

4
5 Your Reference Committee heard substantial testimony noting the prevalence of sepsis
6 and the difficulties in recognition and early treatment, before it becomes serious and
7 potentially deadly. There was recognition that a distinction is necessary in addressing
8 sepsis in pediatric versus adult populations. While there is support for increased
9 research and education on sepsis, other testimony noted that more evidence and
10 stakeholder alignment is necessary before treatment protocols and mandates could be
11 established. Since there are more than 500 clinical trials addressing sepsis currently
12 underway, your Reference Committee believes that the second resolve of Resolution
13 505 is unnecessary. However, your Reference Committee believes that this is an issue
14 of great importance, and offers amended language combining concepts from
15 Resolutions 505 and 522 that encourage research on treatment and short- and long-
16 term outcomes, education for patients and caregivers, and innovations that support early
17 recognition, as well as new language opposing protocols before scientific consensus
18 exists.

19
20 (13) RESOLUTION 526 – NIH FUNDING FOR BASIC AND
21 TRANSLATIONAL PAIN RESEARCH

22
23 RECOMMENDATION A:

24
25 Madam Speaker, your Reference Committee recommends
26 that Resolution 526 be amended by deletion of the first
27 Resolve to read as follows:

28
29 ~~RESOLVED, That our American Medical Association~~
30 ~~actively advocate for increased funding, and monitor other~~
31 ~~efforts to expand funding, for the National Institutes of~~
32 ~~Health (NIH) specifically for basic and translational pain~~
33 ~~research, with regular updates to AMA membership~~
34 ~~(Directive to Take Action); and be it further~~

35
36 RECOMMENDATION B:

37
38 Madam Speaker, your Reference Committee recommends
39 that Resolution 526 be amended by deletion of the second
40 Resolve to read as follows:

41
42 ~~RESOLVED, That our AMA submit supportive testimony~~
43 ~~on behalf of increased funding for basic and translational~~
44 ~~pain research at the President's Commission on~~
45 ~~Combating Drug Addiction (Directive to Take Action); and~~
46 ~~be it further~~

1 RECOMMENDATION C:
2

3 Madam Speaker, your Reference Committee recommends
4 that the third resolve of Resolution 526 be amended by
5 addition and deletion to read as follows:
6

7 RESOLVED, That our AMA advocate for ~~current legislation~~
8 ~~that will~~ increased funding for basic and translational pain
9 research. (Directive to Take Action)

10
11 RECOMMENDATION D:
12

13 Madam Speaker, your Reference Committee recommends
14 that Resolution 526 be adopted as amended.
15

16 **HOD ACTION: Resolution 526 adopted as amended with a**
17 **change in title.**
18

19 RECOMMENDATION E:
20

21 Madam Speaker, your Reference Committee recommends
22 that the title of Resolution 526 be changed to read as
23 follows:
24

25 FUNDING FOR BASIC AND TRANSLATIONAL PAIN
26 RESEARCH
27

28 Resolution 526 asks that our asks that our AMA 1) actively advocate for increased
29 funding, and monitor other efforts to expand funding, for the National Institutes of Health
30 (NIH) specifically for basic and translational pain research, with regular updates to AMA
31 membership; 2) submit supportive testimony on behalf of increased funding for basic
32 and translational pain research at the President's Commission on Combating Drug
33 Addiction; and 3) advocate for current legislation that will increase funding for basic and
34 translational pain research.
35

36 Testimony was largely supportive of this resolution. Pain is the single most expensive
37 symptom to treat in the United States. Given this reality, the potential significance of
38 reduced funding for the National institutes of Health (NIH) cannot be overstated. Our
39 AMA has already submitted a letter of general support to the President's Commission on
40 Combating Drug Addiction and the Opioid Crisis that detailed eight specific
41 recommendations for the Commission's consideration. Therefore, the second resolve
42 has already been implemented. Given that the goal of both the first and third resolves is
43 similar, and that some other agencies besides the NIH also receive funding for pain
44 research, your Reference Committee recommends deletion of the first resolve and
45 amendment of the third resolve to call for increased funding, which could apply to all
46 research bodies.

1 (14) RESOLUTION 508 – SUPPORT FOR SERVICE
2 ANIMALS, EMOTIONAL SUPPORT ANIMALS, ANIMALS
3 IN HEALTHCARE, AND MEDICAL BENEFITS OF PET
4 OWNERSHIP

5
6 RECOMMENDATION:

7
8 Madam Speaker, your Reference Committee recommends
9 that Resolution 508 be referred.

10
11 **HOD ACTION: Resolution 508 referred.**

12
13 Resolution 508 asks that our AMA (1) recognize the potential medical benefits of animal-
14 assisted therapy and animals as companions; and (2) encourage research into the use
15 and implementation of service animals, emotional support animals and animal-assisted
16 therapy as both a therapeutic and management technique of disorders and handicaps
17 when expert opinion and the scientific literature show a potential benefit.

18
19 Your Reference Committee heard testimony citing many anecdotal instances of health
20 benefits from service animals, emotional support animals, and companion animals.
21 Others noted that research studies are underway to elucidate the benefits of such
22 animals, but that evidence of their widespread use is insufficient at the moment. There is
23 a need for a clearer definition of emotional support animals. There was anecdotal
24 testimony stating that it is relatively easy to obtain certification for one's pet as a support
25 animal, but it is unclear what the standards are for certification or if people are obtaining
26 certification out of a desire to travel with their pet. It was noted that there is a need for
27 better understanding of the current landscape with regard to service and emotional pet
28 assistance, including standards and protocols. Your Reference Committee therefore
29 believes that it would be most appropriate to refer the resolution for further research and
30 understanding on the topic.

31
32 (15) RESOLUTION 525 – PROVIDING FOR PRESCRIPTION
33 DRUG DONATION

34
35 RECOMMENDATION:

36
37 Madam Speaker, your Reference Committee recommends
38 that Resolution 525 be referred.

39
40 **HOD ACTION: Resolution 525 referred.**

41
42 Resolution 525 asks that our AMA 1) advocate for new federal legislation that would
43 allow nursing homes to recycle prescription drugs that are unused, sealed, and dated; 2)
44 advocate for new federal legislation that would allow physician offices and clinics to
45 donate prescription drugs that are unused, sealed, and dated to patients in need who
46 are uninsured or underinsured; and 3) advocate for new federal legislation that would
47 allow cancer programs and clinics to accept and recycle cancer-specific drugs to
48 patients in need who are uninsured or underinsured.

1 Your Reference Committee heard opposing viewpoints on this resolution. The Council
2 on Science and Public Health suggested reaffirming current policy H-280.959 as the
3 primary action. Those in support emphasized that some prescription drug products go to
4 waste, including some that are very expensive, and that some pilot projects have been
5 successful. Those in opposition emphasized that in order to recycle or donate leftover
6 prescription drugs, many substantive issues must be addressed in order to maintain
7 product integrity, ensure track and trace technology, and avoid counterfeit or
8 substandard products. The National Association of Boards of Pharmacy has model
9 legislative principles in place. Given that pharmacy and medical practice are regulated at
10 the state level, your Reference Committee opposes federal oversight. Because so many
11 potentially conflicting issues are apparent, referral is recommended.

12
13 (16) RESOLUTION 501 – AIRPLANE EMISSIONS

14
15 RECOMMENDATION:

16
17 Madam Speaker, your Reference Committee
18 recommends that Resolution 501 not be adopted.

19
20 **HOD ACTION: Resolution 501 not adopted.**

21
22 Resolution 501 asks that our AMA urge the President and the Environmental Protection
23 Agency to expeditiously publish regulations, including binding limits on carbon dioxide
24 emissions and other hazardous byproducts, that will stimulate development of clean
25 aviation technology.

26
27 Testimony was significant, noting the large amount of data already existing on this topic
28 and also noting that airplane manufacturers and airlines are actively working to reduce
29 emissions and fuel consumption, and such emissions are a very small contributor to
30 green house gases. Several organizations, including the Air Force and the International
31 Civil Aviation Organization, offered to provide copies of recently released reports on this
32 topic. Because of the available data and the successful efforts of the aviation industry
33 that are already underway, your Reference Committee believes that not adopting this
34 Resolution is the best course of action.

35
36 (17) RESOLUTION 510 – BAN ON THE USE OF PARAQUAT

37
38 RECOMMENDATION:

39
40 Madam Speaker, your Reference Committee
41 recommends that Resolution 510 not be adopted.

42
43 **HOD ACTION: Resolution 510 not adopted.**

44
45 Resolution 510 asks that our AMA seek appropriate legislation to permanently ban the
46 use of Paraquat in all forms in the United States.

47
48 Testimony was limited on this Resolution. The toxicity of paraquat was noted; however,
49 others testified to the importance of paraquat in industrial farming. The special license
50 and specialized training course required to obtain paraquat products in the United States

1 were mentioned. Your Reference Committee believes that the EPA already has stringent
2 regulations on paraquat, which were recently strengthened in a 2016 registration review,
3 and that a permanent ban is not warranted, therefore, your Reference Committee
4 recommends not adopting Resolution 510.

5
6 (18) RESOLUTION 520 – COMBINATION
7 CLOTRIMAZOLE/BETAMETHASONE DIPROPRIONATE
8 CREAM WARNING

9
10 RECOMMENDATION:

11
12 Madam Speaker, your Reference Committee recommends
13 that Resolution 520 not be adopted.

14
15 **HOD ACTION: Resolution 520 not adopted.**

16
17 Resolution 520 asks that our AMA work with the U.S. Food and Drug Administration to
18 review the safety and indications of the combination clotrimazole/betamethasone
19 dipropionate cream and lotion.

20
21 Testimony on this item was limited and mixed, especially with regard to whether the
22 approved drug product identified in the resolution has clinical value. The FDA-approved
23 indication for this drug combination is for the topical treatment of symptomatic
24 inflammatory tinea pedis, tinea cruris, and tinea corporis due to *Epidermophyton*
25 *floccosum*, *Trichophyton mentagrophytes*, and *Trichophyton rubrum* in patients 17 years
26 and older. Published literature supports use in specific clinical situations. The reference
27 to relevant guidelines from the American Academy of Dermatology was not confirmed.
28 Your Reference Committee does not believe that the requests of this resolution would
29 represent a wise investment of AMA resources, nor is it the role of the AMA, and
30 therefore recommends against adoption.

31
32 (19) RESOLUTION 521 – RETAIL PRESCRIPTION BOTTLE
33 LABEL PRIVACY

34
35 RECOMMENDATION:

36
37 Madam Speaker, your Reference Committee recommends
38 that Resolution 521 not be adopted.

39
40 **HOD ACTION: Resolution 521 not adopted.**

41
42 Resolution 521 asks that our AMA petition the American Pharmacists Association, the
43 U.S. Food and Drug Administration and other relevant agencies, to recommend that
44 labels used for retail prescription bottles be affixed in a manner that allows easy removal
45 or destruction to protect patient privacy.

46
47 Limited testimony was offered indicating the extent of the problem regarding the
48 adhesive properties of prescription drug labels, and the organizations and agencies
49 referred to in the resolution do not have authority over this issue. Considerable testimony
50 stated concerns regarding safety and legal issues of medication containers with labels

1 that may inadvertently fall off. Your Reference Committee believes that it is most
2 important that identification and instruction labels affixed to the prescription drug
3 container remain in place, especially for older patients who are often taking multiple
4 medications. Other easy solutions (e.g., using a permanent marker, soaking in water)
5 are available as alternatives.

6
7 (20) RESOLUTION 502 – ACCESS TO COSMETIC PRODUCT
8 INGREDIENTS

9
10 RECOMMENDATION:

11
12 Madam Speaker, your Reference Committee recommends
13 that Policy H-440.855 be reaffirmed in lieu of Resolution
14 502.

15
16 **HOD ACTION: Policy H-440.855 reaffirmed in lieu of**
17 **Resolution 502.**

18
19 Resolution 502 asks that our AMA 1) encourage the U.S. Food and Drug Administration
20 to mandate that all manufacturers of cosmetics, skincare products, nail polish, and
21 sunscreens make their full ingredient lists available on the package and online to
22 consumers; and 2) prepare a report to increase awareness of acrylate allergy, update
23 potential sources of occupational and non-occupational exposure, and provide an
24 update as to the best ways and barrier methods to avoid acrylate exposure by
25 susceptible individuals, with a report back to the AMA HOD at the 2017 Interim Meeting.

26
27 Mixed testimony was offered for this item. Sensitivities to certain cosmetic ingredients
28 were noted, as well as difficulties in identifying the ingredients in some products. The
29 FDA testified that the Federal Food, Drug, and Cosmetic Act already requires
30 manufacturers to list ingredients on product packaging in descending order of
31 predominance. Your Reference Committee also notes that Policy H-440.855 supports
32 the creation of a publicly available registry of all cosmetics and their ingredients. Some
33 questioned whether the resolution language should refer to “personal care products”
34 rather than “cosmetics” so that it would also apply to sunscreens, which are regulated as
35 over-the-counter (OTC) drug products. However, the FDA noted that OTC drug products
36 also are required to list active and inactive ingredients on their labels. Your Reference
37 Committee was made aware of draft legislation requiring ingredient lists for personal
38 care products. Regarding acrylate, testimony pointed out the large number of products
39 that contain acrylates. Your Reference Committee heard testimony from the
40 Dermatology Section Council noting that acrylate awareness efforts are already a part of
41 dermatology practice. Additionally, your Reference Committee is aware of several other
42 existing regulatory and educational efforts intended to limit acrylate exposure. The
43 Occupational Safety and Health Administration has set permissible occupational
44 exposure limits for several acrylate compounds and the Environmental Protection
45 Agency has published hazard summaries for many individual acrylate compounds.
46 Additionally, the National Institute for Occupational Safety and Health has published
47 guidance for nail technicians to prevent exposure. Accordingly, your Reference
48 Committee does not believe that Resolve 2 is necessary. Also, since current law already
49 requires ingredient lists for cosmetics and sunscreen, and current policy supports a

1 registry of cosmetics and ingredients, your Reference Committee recommends that this
2 policy be reaffirmed in lieu of Resolution 502.

3
4 Policy recommended for reaffirmation:

5
6 H-440.855 National Cosmetics Registry and Regulation

7 1. Our AMA: (a) supports the creation of a publicly available registry of all cosmetics and
8 their ingredients in a manner which does not substantially effect the manufacturers;
9 proprietary interests and (b) supports providing the Food and Drug Administration with
10 sufficient authority to recall cosmetic products that it deems to be harmful. 2. Our AMA
11 will monitor the progress of HR 759 (Food and Drug Administration Globalization Act of
12 2009) and respond as appropriate. BOT Action in response to referred for decision Res.
13 907, I-09

14
15 (21) RESOLUTION 514 – RETINOBLASTOMA DUE TO PRE-
16 NATAL RESIDENTIAL PESTICIDE EXPOSURE

17
18 RECOMMENDATION:

19
20 Madam Speaker, your Reference Committee recommends
21 that Policy H-135.926 be reaffirmed in lieu of Resolution
22 514.

23
24 **HOD ACTION: Policy H-135.926 reaffirmed in lieu of**
25 **Resolution 514.**

26
27 Resolution 514 asks that our AMA 1) encourage the development of appropriate
28 educational materials designed to enhance physician and general public awareness of
29 the potential risks of using pesticides at home for pregnant women, including unilateral
30 retinoblastoma; and 2) encourage physicians to discuss with patients the potential risks
31 of using pesticides at home for pregnant women, including unilateral retinoblastoma.

32
33 Testimony regarding this issue was limited. Some studies have hypothesized that
34 sporadic mutations leading to retinoblastoma are caused by prenatal exposure to
35 pesticides. However, this research is limited, and has been criticized as having important
36 limitations. Because of the uncertainty linking pesticide exposure to retinoblastoma, your
37 Reference Committee believes it would be inappropriate to adopt this resolution as
38 worded but believes that reaffirmation of current policy regarding study of the
39 transgenerational effects of environmental toxins on reproductive health is warranted.

40
41 Policy recommended for reaffirmation:

42
43 H-135.926 Transgenerational Effects of Environmental Toxins on Reproductive Health
44 Our AMA encourages study of the transgenerational effects of environmental toxins on
45 reproductive health and development. Res. 521, A-16

1 (22) RESOLUTION 516 – IN-FLIGHT EMERGENCIES

2
3 RECOMMENDATION:4
5 Madam Speaker, your Reference Committee recommends
6 that Policies H-45.978, H-45.982, and H-45.979 be
7 reaffirmed in lieu of Resolution 516.8
9 **HOD ACTION: Policies H-45.978, H-45.982, and H-**
10 **45.979 reaffirmed in lieu of Resolves 1, 2, and 4 of**
11 **Resolution 516. Resolves 3 and 5 of Resolution**
12 **516 referred.**13
14 Resolution 516 asks that our AMA 1) support and advocate for a requirement that all
15 U.S. based commercial carriers consult with the Air Transport Medicine Committee
16 Aerospace Medical Association every six months to determine the minimal medical
17 equipment that should be available on domestics and international commercial flights
18 and provide easy access to that information to passengers in order to aid in responding
19 to likely emergencies such as adding naloxone to target potential opioid overdoses and
20 a glucometer given the increase prevalence of diabetes; 2) support and advocate for a
21 requirement that medical supplies, equipment, and medications available for an inflight
22 medical emergency are standardized based upon the size and mission of the aircraft
23 across all domestic and international commercial U.S. based airlines with careful
24 consideration of flight crew training requirements; 3) support and advocate for a
25 requirement that flight crews will no longer be required to verify a medical professional's
26 credentials before allowing that person to assist with an inflight medical emergency; 4)
27 support and advocate for a requirement that U.S. based commercial carriers develop an
28 online process for health providers to become credentialed in advance of a flight in order
29 to respond to an inflight emergency; and 5) offer medical trainees and physicians
30 medical education courses to prepare for addressing in-flight emergencies during its
31 meetings and/or by strongly encouraging its affiliated state and local branches to offer
32 similar education courses.33
34 Mixed testimony was offered on this resolution. The sponsors cited a recent incident
35 during which an African-American physician who was willing to assist in an in-flight
36 medical emergency (IFME) was not permitted to do so by the airline staff because they
37 did not believe she was a physician and she was not carrying proof of licensure. Others
38 noted the high incidence of IFMEs and the need to ensure that onboard medical supplies
39 are appropriate for treating the most common emergencies, and that physicians who
40 volunteer to assist be well-prepared to do so. The Aerospace Medical Association
41 (AsMA) testified that it went through an extensive process beginning in 2015 to develop
42 guidance on the topic of IFMEs, and with the collaboration of other medical
43 organizations, including the AMA, finalized recommendations in 2016 that address what
44 IFMEs are and how often they occur, on-board medical supplies, cabin crew training,
45 automated external defibrillators, and legal aspects. Several other aviation
46 organizations, including the International Air Transport Association and the International
47 Civil Aviation Organization, regularly study and make recommendations on IFMEs.
48 Regarding credentialing, the AsMA and others noted that the Federal Aviation
49 Administration does not require that physicians present their credentials before they are
50 permitted to assist in a medical emergency. While some supported the requirement that

1 those volunteering to assist be required to prove they are a physician, other testimony
2 posited that the requirement for an online process for credentialing could be a barrier
3 since a physician who has not registered but who is willing and able to provide care
4 during an emergency may not be allowed to provide care. Your Reference Committee
5 believes that the extensive work by AsMA and others, as well as current AMA policy,
6 address IFMEs in depth, and therefore recommends reaffirmation of those policies in
7 lieu of the resolution.

8
9 Policies recommended for reaffirmation:

10
11 H-45.978 In-flight Medical Emergencies

12 Our AMA urges: (1) urges that decisions to expand the contents of in-flight emergency
13 medical kits and place emergency lifesaving devices onboard commercial passenger
14 aircraft be based on empirical data and medical consensus; in-flight medical supplies
15 and equipment should be tailored to the size and mission of the aircraft, with careful
16 consideration of flight crew training requirements; and (2) the Federal Aviation
17 Administration to work with appropriate medical specialty societies and the airline
18 industry to develop and implement comprehensive in-flight emergency medical systems
19 that ensure: (a) rapid 24-hour access to qualified emergency medical personnel on the
20 ground; (b) at a minimum, voice communication with qualified ground-based emergency
21 personnel; (c) written protocols, guidelines, algorithms, and procedures for responding to
22 in-flight medical emergencies; (d) efficient mechanisms for data collection, reporting, and
23 surveillance, including development of a standardized incident report form; (e) adequate
24 medical supplies and equipment aboard aircraft; (f) routine flight crew safety training; (g)
25 periodic assessment of system quality and effectiveness; and (h) direct supervision by
26 physicians with appropriate training in emergency and aerospace medicine. (CSA Rep.
27 3, I-99 Reaffirmed: CSAPH Rep. 1, A-09 Reaffirmation I-14 Reaffirmed in lieu of: Res.
28 502, A-16)

29
30 H-45.982 Improvement in US Airlines Aircraft Emergency Kits

31 Our AMA urges federal action to require all US air carriers to report data on in-flight
32 medical emergencies, specific uses of in-flight medical kits and emergency lifesaving
33 devices, and unscheduled diversions due to in-flight medical emergencies; this action
34 should further require the Federal Aviation Administration to work with the airline industry
35 and appropriate medical specialty societies to periodically review data on the incidence
36 and outcomes of in-flight medical emergencies and issue recommendations regarding
37 the contents of in-flight medical kits and the use of emergency lifesaving devices aboard
38 commercial aircraft. (Res. 507, A-97 Amended: CSA Rep. 3, I-99 Reaffirmed: CSAPH
39 Rep. 1, A-09 Reaffirmed in lieu of: Res. 502, A-16)

40
41 H-45.979 Air Travel Safety

42 Our AMA: (1) encourages the ongoing efforts of the Federal Aviation Administration, the
43 airline industry, the Aerospace Medical Association, the American College of Emergency
44 Physicians, and other appropriate organizations to study and implement regulations and
45 practices to meet the health needs of airline passengers and crews, with particular focus
46 on the medical care and treatment of passengers during in-flight emergencies; (2)
47 encourages physicians to inform themselves and their patients on the potential medical
48 risks of air travel and how these risks can be prevented; and become knowledgeable of
49 medical resources, supplies, and options that are available if asked to render assistance
50 during an in-flight medical emergency; and (3) will support efforts to educate the flying

1 physician public about in-flight medical emergencies (IFMEs) to help them participate
2 more fully and effectively when an IFME occurs, and such educational course will be
3 made available online as a webinar. (CSA Rep. 5, I-98 Appended: CSA Rep. 3, I-99
4 Reaffirmed: CSAPH Rep. 1, A-09 Appended: Res. 718, A-14 Reaffirmation I-14
5 Reaffirmed in lieu of Res. 503, A-15 Reaffirmed in lieu of: Res. 502, A-16)

- 1 Madam Speaker, this concludes the report of Reference Committee E. I would like to
- 2 thank O. Lee Berkenstock, MD, Brooks Bock, MD, Peter J. Dunbar, MD, Kevin King,
- 3 MD, Michelle Knopp, H. Timberlake Pearce, MD, and all those who testified before the
- 4 Committee as well as our AMA staff.

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