

## DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2024 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

### AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-24)

Report of Reference Committee D

**Dale M. Mandel, MD, Chair**

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

- 4  
5 1. Board of Trustees Report 22 - AMA Public Health Strategy: Update  
6 2. Council on Science and Public Health Report 11 – Stand Your Ground Laws  
7 3. Resolution 401 - Addressing Social Determinants of Health Through Closed Loop  
8 Referral Systems  
9 4. Resolution 405 - Default Proceed Firearm Sales and Safe Storage Laws  
10 5. Resolution 408 - Indian Water Rights  
11 6. Resolution 414 - Addressing the Health Sector’s Contributions to the Climate  
12 Crisis  
13 7. Resolution 415 - Building Environmental Resiliency in Health Systems and  
14 Physician Practices  
15 8. Resolution 418 - Early and Periodic Eye Exams for Adults  
16 9. Resolution 429 - Assessing and Protecting Local Communities from the Health  
17 Risks of Decommissioning Nuclear Power Plants  
18 10. Resolution 435 - Radiation Exposure Compensation  
19

#### 20 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 21  
22 11. Council on Science and Public Health Report 3 - Support Removal of BMI as a  
23 Standard Measure in Medicine and Recognizing Culturally-Diverse and Varied  
24 Presentations of Eating Disorders  
25 12. Council on Science and Public Health Report 6 - Greenhouse Gas Emissions  
26 from Metered Dose Inhalers and Anesthetic Gases  
27 13. Council on Science and Public Health Report 9 - Prescribing Guided Physical  
28 Activity for Depression and Anxiety  
29 14. Council on Science and Public Health Report 13 – Decreasing Youth Access to  
30 E-Cigarettes  
31 15. Resolution 403 - Occupational Screenings for Lung Disease  
32 16. Resolution 406 - Opposition to Pay-to-Stay Incarceration Fees  
33 17. Resolution 407 - Racial Misclassification  
34 18. Resolution 409 - Toxic Heavy Metals  
35 19. Resolution 410 - Access to Public Restrooms  
36 20. Resolution 411 - Missing and Murdered Indigenous Persons  
37 21. Resolution 412 - Lithium Battery Safety

- 1 22. Resolution 416 - Furthering Environmental Justice and Equity
- 2 23. Resolution 420 - Equity in Dialysis Care
- 3 24. Resolution 422 - Immunization Registry
- 4 25. Resolution 424 - LGBTQ+ Senior Health
- 5 26. Resolution 425 - Perinatal Mental Health Disorders among Medical Students and
- 6 Physicians
- 7 27. Resolution 428 - Advocating for Education and Action Regarding the Health
- 8 Hazards of PFAS Chemicals
- 9 28. Resolution 430 - Supporting the Inclusion of Information about Lung Cancer
- 10 Screening within Cigarette Packages
- 11 29. Resolution 432 - Resolution to Decrease Lead Exposure in Urban Areas
- 12 30. Resolution 433 - Improving Healthcare of Rural Minority Populations

#### 13 14 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 15
- 16 31. Resolution 417 - Reducing Job-Related Climate Risk Factors
- 17 Resolution 419 - Addressing the Health Risks of Extreme Heat
- 18 32. Resolution 423 - HPV Vaccination to Protect Healthcare Workers over Age 45

#### 19 20 **RECOMMENDED FOR REFERRAL**

- 21
- 22 33. Council on Science and Public Health Report 10 – Teens and Social Media
- 23 34. Resolution 402 - Guardianship and Conservatorship Reform
- 24 35. Resolution 404 - Protections Against Surgical Smoke Exposure
- 25 36. Resolution 427 - Condemning the Universal Shackling of Every Incarcerated
- 26 Patient in Hospitals
- 27

#### 28 **RECOMMENDED FOR REFERRAL FOR DECISION**

- 29
- 30 37. Resolution 421 - Annual Conference on the State of Obesity and its Impact on
- 31 Disease in America (SODA)
- 32 38. Resolution 426 - Maternal Morbidity and Mortality: The Urgent Need to Help
- 33 Raise Professional and Public Awareness and Optimize Maternal Health – A Call
- 34 to Action
- 35

#### 36 **RECOMMENDED FOR NOT ADOPTION**

- 37
- 38 39. Resolution 434 - Universal Newborn Eye Screening

#### **Amendments**

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

**RECOMMENDED FOR ADOPTION**

- 1  
2  
3 (1) BOARD OF TRUSTEES REPORT 22 - AMA PUBLIC  
4 HEALTH STRATEGY: UPDATE

5  
6 **RECOMMENDATION:**

7  
8 **Madam Speaker, your Reference Committee**  
9 **recommends that Board of Trustees Report 22 be**  
10 **adopted and the remainder of the report be filed.**

11  
12 **HOD ACTION: Board of Trustees Report 22 be adopted and**  
13 **the remainder of the report filed.**

14  
15 Informational Board of Trustees Report.

16  
17 Your Reference Committee heard unanimously supportive testimony for this report. Those  
18 who testified commended the activities as outlined in the report, but noted they would like  
19 to see more detail in future reports on a strategy to strengthen public health infrastructure  
20 as well as a focus on training, inclusive of preventive medicine training. Therefore, your  
21 Reference Committee recommends that the Board of Trustees Report 22 be adopted.

- 22  
23 (2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
24 11 – STAND YOUR GROUND LAWS

25  
26 **RECOMMENDATION:**

27  
28 **Madam Speaker, your Reference Committee**  
29 **recommends that the Recommendations in Council on**  
30 **Science and Public Health (CSAPH) Report 11 be**  
31 **adopted and the remainder of the report be filed.**

32  
33 **HOD ACTION: Recommendations in Council on Science**  
34 **and Public Health 11 be adopted and the remainder of the**  
35 **report filed.**

36  
37 The Council on Science and Public Health recommends that the following be adopted and  
38 the remainder of this report be filed.

39  
40 1. That Policy H-145.966, “Stand Your Ground Laws” be adopted by addition and deletion  
41 to read as follows:

42  
43 Our AMA opposes stand your ground laws, which remove the duty to retreat before using  
44 lethal force if a person feels there is imminent risk of bodily harm, as these laws have been  
45 shown to increase homicide and homicide firearm rates and there is evidence of racial  
46 inequity in the implementation of the laws.

47  
48 Our AMA will supports continued study of the public health implications of  
49 “Stand Your Ground” laws and castle doctrine. (Modify Current HOD Policy)

50

1 2. That Policies H-145.997, "Firearms as a Public Health Problem in the United States -  
2 Injuries and Death," D-145.995, "Gun Violence as a Public Health Crisis," H-145.975,  
3 "Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to  
4 Mental Health Care," and D-145.999 "Epidemiology of Firearm Injuries" be reaffirmed.  
5 (Reaffirm HOD Policy)  
6

7 Your Reference Committee heard testimony that was unanimously supportive of this  
8 report. The available evidence demonstrates that stand your ground laws increase  
9 homicides and firearm homicides, resulting in preventable violent deaths. The application  
10 of these laws also likely results in racial inequities. With this data in mind, it was noted that  
11 opposition to these laws is warranted. Therefore, your Reference Committee recommends  
12 that Council on Science and Public Health Report 11 be adopted.  
13

14 (3) RESOLUTION 401 – ADDRESSING SOCIAL  
15 DETERMINANTS OF HEALTH THROUGH CLOSED  
16 LOOP REFERRAL SYSTEMS  
17

18 **RECOMMENDATION:**  
19

20 **Madam Speaker, your Reference Committee**  
21 **recommends that Resolution 401 be adopted.**  
22

23 **HOD ACTION: Resolution 401 be adopted.**  
24

25 RESOLVED, that our American Medical Association study the effectiveness and best  
26 practices of closed loop referral systems in addressing social determinants of health  
27 (Directive to Take Action).  
28

29 Your Reference Committee heard supportive testimony on this item. Supportive testimony  
30 noted that a study on how closed loop referral systems can be used to address social  
31 determinants of health would help improve access to health care in populations who  
32 historically lack access and is timely. An amendment was proffered to include a report  
33 back at A-25. Your Reference Committee would like to note that this addition is not  
34 necessary because adoption of this item would result in a report back at A-25. Therefore,  
35 Madam Speaker, your Reference Committee recommends that Resolution 401 be  
36 adopted.  
37

38 (4) RESOLUTION 405 – DEFAULT PROCEED FIREARM  
39 SALES AND SAFE STORAGE LAWS  
40

41 **RECOMMENDATION:**  
42

43 **Madam Speaker, your Reference Committee**  
44 **recommends that Resolution 405 be adopted.**  
45

46 **HOD ACTION: Resolution 405 be adopted.**  
47

48 RESOLVED, that our American Medical Association amend Policy H-145.996, "Firearm  
49 Availability," by addition as follows; and be it further  
50

51 Firearm Availability H-145.996

1 1. Our AMA: (a) advocates a waiting period and background check for all firearm  
2 purchasers; (b) encourages legislation that enforces a waiting period and background  
3 check for all firearm purchasers; (c) opposes firearm sales to individuals for whom a  
4 background check has not been completed; (d) opposes destruction of any incomplete  
5 background checks for firearm sales; (e) advocates for public annual reporting by relevant  
6 agencies on inappropriate firearm sales, including number of default proceed sales;  
7 number of firearms retrieved from individuals after these sales through criminal  
8 investigations, across state lines, or via other means; and average time passed between  
9 background check completion and retrieval; and (f) urges legislation to prohibit the  
10 manufacture, sale or import of lethal and non-lethal guns made of plastic, ceramics, or  
11 other non-metallic materials that cannot be detected by airport and weapon detection  
12 devices.

13 2. Our AMA supports requiring the licensing/permitting of firearms-owners and  
14 purchasers, including the completion of a required safety course, and registration of all  
15 firearms.

16 3. Our AMA supports “gun violence restraining orders” for individuals arrested or convicted  
17 of domestic violence or stalking, and supports extreme risk protection orders, commonly  
18 known as “red-flag” laws, for individuals who have demonstrated significant signs of  
19 potential violence. In supporting restraining orders and “red-flag” laws, we also support  
20 the importance of due process so that individuals can petition for their rights to be restored.

21 4. Our AMA advocates for (a) federal and state policies that prevent inheritance, gifting,  
22 or transfer of ownership of firearms without  
23 adhering to all federal and state requirements for background checks, waiting periods, and  
24 licensure; (b) federal and state policies to prevent “multiple sales” of firearms, defined as  
25 the sale of multiple firearms to the same purchaser within five business days; and (c)  
26 federal and state policies implementing background checks for ammunition purchases.  
27 (Modify Current HOD Policy)

28  
29 RESOLVED, that our American Medical Association amend Policy H-145.990,  
30 “Prevention of Firearm Accidents in Children,” by addition as follows:

31  
32 Prevention of Firearm Accidents in Children H-145.990

33 1) Our AMA (a) supports increasing efforts to reduce pediatric firearm morbidity and  
34 mortality by encouraging its members to (i) inquire as to the presence of household  
35 firearms as a part of childproofing the home; (ii) educate patients to the dangers of firearms  
36 to children; (iii) encourage patients to educate their children and neighbors as to the  
37 dangers of firearms; and (iv) routinely remind patients to obtain firearm safety locks, to  
38 store firearms under lock and key, and to store ammunition separately from firearms;(b)  
39 encourages state medical societies to work with other organizations to increase public  
40 education about firearm safety; (c) encourages organized medical staffs and other  
41 physician organizations, including state and local medical societies, to recommend  
42 programs for teaching firearm safety to children; and (d) supports enactment of Child  
43 Access Prevention laws and other types of comprehensive safe storage laws that are  
44 consistent with AMA policy.

45 2) Our AMA and all interested medical societies will (a) educate the public about: (b) best  
46 practices for firearm storage safety; (c) misconceptions families have regarding child  
47 response to encountering a firearm in the home; and (c) the need to ask other families  
48 with whom the child interacts regarding the presence and storage of firearms in other  
49 homes the child may enter. (Modify Current HOD Policy)

1 Your Reference Committee heard testimony that was unanimously supportive of this  
2 resolution, which expands existing AMA policy on background checks to end default  
3 proceed sales and expands existing policy on secure firearm storage beyond child access  
4 protection laws. With firearm deaths continuing to rise, your Reference Committee agrees  
5 with these additions to AMA policy to promote health and prevent unintentional firearm  
6 deaths, suicide, and homicide. Therefore, your Reference Committee recommends that  
7 Resolution 405 be adopted.

8  
9 (5) RESOLUTION 408 – INDIAN WATER RIGHTS

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11 **RECOMMENDATION:**

12  
13 **Madam Speaker, your Reference Committee**  
14 **recommends that Resolution 408 be adopted.**

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16 **HOD ACTION: Resolution be 408 be adopted.**

17  
18 RESOLVED, that our American Medical Association raise awareness about ongoing water  
19 rights issues for federally-recognized American Indian and Alaska Native Tribes and  
20 Villages in appropriate forums (Directive to Take Action); and be it further

21  
22 RESOLVED, that our AMA support improving access to water and adequate sanitation,  
23 water treatment, and environmental support and health services on American Indian and  
24 Alaska Native trust lands. (New HOD Policy)

25  
26 Your Reference Committee heard unanimously supportive testimony on Resolution 408  
27 as written from multiple delegations. Therefore, your Reference Committee recommends  
28 that Resolution 408 be adopted.

29  
30 (6) RESOLUTION 414 – ADDRESSING THE HEALTH  
31 SECTOR'S CONTRIBUTIONS TO THE CLIMATE CRISIS

32  
33 **RECOMMENDATION:**

34  
35 **Madam Speaker, your Reference Committee**  
36 **recommends that Resolution 414 be adopted.**

37  
38 **HOD ACTION: Resolution be 414 be adopted.**

39  
40 RESOLVED, that our American Medical Association recognizes that clinical quality and  
41 safety should not be sacrificed as strategies for reducing greenhouse gasses and waste  
42 (New HOD Policy); and be it further

43  
44 RESOLVED, that our AMA recognizes that animal-based agriculture is a significant  
45 contributor to greenhouse gas emissions and supports efforts to increase and promote  
46 plant-based menu options in hospital food services, for both health and environmental  
47 reasons (New HOD Policy); and be it further

48  
49 RESOLVED, that our AMA expects that health systems will provide transparency and  
50 avoid misleading the public regarding their greenhouse gas emissions, including but not

1 limited to providing definitions used in the calculations of their net-zero emissions (New  
2 HOD Policy); and be it further

3  
4 RESOLVED, that our AMA opposes corporate “greenwashing,” or the act of making  
5 misleading statements about the environmental benefits of products and/or services (New  
6 HOD Policy); and be it further

7  
8 RESOLVED, that our AMA supports the development of locally managed and reliable  
9 electrical microgrids that operate independently from the larger electrical grid for hospitals  
10 and other health care facilities to use as a way to reduce reliance on diesel generation for  
11 back-up services while maintaining critical care functions during emergencies and  
12 supports grants being provided to independent practices to facilitate this development  
13 (New HOD Policy); and be it further

14  
15 RESOLVED, that our AMA support the use of virtual health care, where appropriate, with  
16 reasonable reimbursement, as a strategy to reduce the carbon footprint of health care  
17 (New HOD Policy); and be it further

18  
19 RESOLVED, that our AMA support financial assistance for health care entities, including  
20 community health centers, clinics, rural health centers, small- and medium-sized physician  
21 practices, transitioning to environmentally sustainable operations (New HOD Policy); and  
22 be it further

23  
24 RESOLVED, that our AMA support the development of concise clinical guidelines and  
25 patient education materials to assist physician practices and patients to reduce adverse  
26 organizational and personal impacts on climate change. (New HOD Policy)

27  
28 Your Reference Committee heard unanimously supportive testimony on this resolution.  
29 Testimony noted the large contribution of the health care sector in producing greenhouse  
30 gas emissions and that this new resolution calls out strategies for health care system  
31 decarbonization and resiliency that are not currently addressed in AMA policy. Several of  
32 those testifying specifically noted the importance of supporting efforts to offer plant-based  
33 meals as the default option due to the large greenhouse gas contributions of our food  
34 production system and potential cost savings to health systems. Therefore, Madam  
35 Speaker, your Reference Committee recommends that Resolution 414 be adopted.

36  
37 (7) RESOLUTION 415 – BUILDING ENVIRONMENTAL  
38 RESILIENCY IN HEALTH SYSTEMS AND PHYSICIAN  
39 PRACTICES

40  
41 **RECOMMENDATION:**

42  
43 **Madam Speaker, your Reference Committee**  
44 **recommends that Resolution 415 be adopted.**

45  
46 **HOD ACTION: Resolution 415 be adopted.**

47  
48 RESOLVED, that our American Medical Association support a resilient, accountable  
49 health care system capable of delivering effective and equitable care in the face of  
50 changing health care demands due to climate change (New HOD Policy); and be it further

51

1 RESOLVED, that our AMA encourage health care organizations to develop climate  
 2 resilience plans, for the continuity of operations in an emergency, that take into account  
 3 the needs of groups in their community that experience disproportionate risk of climate-  
 4 related harm and ensure the necessary collaboration between different types of healthcare  
 5 facilities (New HOD Policy); and be it further

6  
 7 RESOLVED, that our AMA recognizes that climate resilience and mitigation efforts will be  
 8 community-specific and supports physician engagement at the local level to promote  
 9 community alliances for environmental justice and equity. (New HOD Policy)

10  
 11 Your Reference Committee heard limited but unanimously supportive testimony on this  
 12 resolution. Testimony noted the importance of health care resiliency in the face of  
 13 increasing extreme weather events because of climate change. Hospital resiliency plans  
 14 are an essential component of preparedness planning to ensure the continuity of  
 15 operations during emergencies and to promote health equity for those communities at  
 16 disproportionate risk of climate-related harms. Therefore, Madam Speaker, your  
 17 Reference Committee recommends that Resolution 415 be adopted.

18  
 19 (8) RESOLUTION 418 – EARLY AND PERIODIC EYE  
 20 EXAMS FOR ADULTS

21  
 22 **RECOMMENDATION:**

23  
 24 **Madam Speaker, your Reference Committee**  
 25 **recommends that Resolution 418 be adopted.**

26  
 27 **HOD ACTION: Resolution 418 be adopted.**

28  
 29 RESOLVED, that our American Medical Association (AMA) amend policy H-25.990 “Eye  
 30 Exams for the Elderly” by addition to read as follows:

31  
 32 **Eye Exams for the Elderly and Adults H-25.990**

33 Our AMA (1) encourages the development of programs and/or outreach efforts to support  
 34 periodic eye examinations and access to affordable prescription eyeglasses for elderly  
 35 patients and adults who suffer from chronic systemic conditions that increase their  
 36 likelihood of developing eye disease as well as a baseline eye examination for all adults  
 37 aged 40 and above. (2) Our AMA encourages physicians to work with their state medical  
 38 associations and appropriate specialty societies to create statutes that uphold the interests  
 39 of patients and communities and that safeguard physicians from liability when reporting in  
 40 good faith the results of vision screenings. (Modify Current HOD Policy)

41  
 42 Your Reference Committee heard testimony in support of this resolution. It was noted that  
 43 this resolution would align AMA policy to the American Academy of Ophthalmology’s  
 44 preferred practice pattern guidelines and would improve early detection of disease, which  
 45 is crucial. Your Reference Committee recommends that Resolution 418 be adopted.

46  
 47 (9) RESOLUTION 429 – ASSESSING AND PROTECTING  
 48 LOCAL COMMUNITIES FROM THE HEALTH RISKS OF  
 49 DECOMMISSIONING NUCLEAR POWER PLANTS

50  
 51 **RECOMMENDATION:**



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**Madam Speaker, your Reference Committee recommends that Resolution 429 be adopted.**

**HOD ACTION: Resolution 429 be adopted.**

RESOLVED, that our American Medical Association advocate for strict limitations of aerosol, soil, and/or water radionuclide releases in the decommissioning of US nuclear power plants in order to protect health, particularly that of local vulnerable populations. (Directive to Take Action)

Your Reference Committee heard very limited but supportive testimony in favor of this resolution. Testimony highlighted the long history of health concerns for those living in close proximity to nuclear power plants, who often have limited resources. Therefore, your Reference Committee recommends that Resolution 429 be adopted.

(10) RESOLUTION 435 – RADIATION EXPOSURE  
COMPENSATION

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Resolution 435 be adopted.**

**HOD ACTION: Resolution 435 be adopted.**

RESOLVED, that our American Medical Association support continued authorization of federal radiation exposure compensation programs and expanded program eligibility to downwind individuals, communities, and tribes affected by the ongoing environmental harms of historic atomic weapons testing, including, but not limited to, residents of areas affected by the test of the first atomic bomb in New Mexico and uranium miners employed between 1942 through 1990. (New HOD Policy)

Your Reference Committee heard unanimously supportive testimony on Resolution 435. No amendments or concerns were raised. Madam Speaker, your Reference Committee recommends that Resolution 435 be adopted.

**RECOMMENDED FOR ADOPTION AS AMENDED**

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2  
3 (11) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
4 3 - SUPPORT REMOVAL OF BMI AS A STANDARD  
5 MEASURE IN MEDICINE AND RECOGNIZING  
6 CULTURALLY-DIVERSE AND VARIED PRESENTATIONS  
7 OF EATING DISORDERS  
8

9 **RECOMMENDATION A:**

10  
11 **Madam Speaker, your Reference Committee**  
12 **recommends that the first Recommendation in CSAPH**  
13 **Report 3 be amended by addition and deletion to read**  
14 **as follows:**

15  
16 **1. That AMA Policy H-440.797, “Support Removal of BMI**  
17 **as a Standard Measure in Medicine and Recognizing**  
18 **Culturally-Diverse and Varied Presentations of Eating**  
19 **Disorders,” be amended by addition to read as follows:**

20  
21 **1. Our AMA recognizes:**

22  
23 **1. the issues with using body mass index (BMI) as a**  
24 **measurement because: (a) of the historical harm of**  
25 **BMI, (b) of the use of BMI for racist exclusion, and (c)**  
26 **BMI cutoffs are based primarily on data collected**  
27 **from previous generations of non-Hispanic White**  
28 **populations and does not consider a person’s**  
29 **gender or ethnicity.**

30  
31 **2. the significant limitations associated with the**  
32 **widespread use of BMI in clinical settings and**  
33 **suggests its use be in a conjunction with other valid**  
34 **measures of risk such as, but not limited to,**  
35 **measurements of: (a) visceral fat, ~~(b) body adiposity~~**  
36 **~~index,~~ ~~(cb)~~ body composition, ~~(d) relative fat mass,~~**  
37 **~~(ec)~~ waist circumference and ~~(fd)~~ genetic/metabolic**  
38 **factors.**

39  
40 **3. that BMI is significantly correlated with the amount**  
41 **of fat mass in the general population but loses**  
42 **predictability when applied on the individual level.**

43  
44 **4. that relative body shape and composition**  
45 **heterogeneity across race/ethnic groups, sexes, and**  
46 **age-span is essential to consider when applying BMI**  
47 **as a measure of adiposity.**

1 5. that the use of BMI should not be used as a sole  
2 criterion to deny appropriate insurance  
3 reimbursement.

4  
5 6. the use of BMI within the context of comorbidities,  
6 baseline mortality risk, and environmental factors  
7 such as chronic stressors, poor nutrition, and low  
8 physical activity may be used for risk stratification.

9  
10 7. BMI is a widely used tool for population level  
11 surveillance of obesity trends due to its ease of use  
12 and low risk for application inconstancies, but BMI  
13 does not fully capture the complexity of the obesity  
14 epidemic.

15  
16 8. that BMI, in combination with other  
17 anthropometric measures and environmental  
18 factors, may be useful as an initial screener to  
19 identify individuals for further investigation of  
20 metabolic health risks.

21  
22 **RECOMMENDATION B:**

23  
24 Madam Speaker, your Reference Committee  
25 recommends that CSAPH 3 be amended by addition of  
26 a fourth Recommendation to read as follows:

27  
28 4. Our AMA advocates for coverage of evidence-based  
29 alternative measures for diagnosing obesity. (New HOD  
30 Policy)

31  
32 **RECOMMENDATION C:**

33  
34 Madam Speaker, your Reference Committee  
35 recommends that the Recommendations in CSAPH  
36 Report 3 be adopted as amended and the remainder of  
37 the report be filed.

38  
39 **RECOMMENDATION D:**

40  
41 Madam Speaker, your Reference Committee  
42 recommends that the title be changed of CSAPH Report  
43 3 to read as follows:

44  
45 **SUPPORT FOR EVIDENCE-BASED USE OF BMI AS A**  
46 **MEASURE IN MEDICINE**

47  
48 **HOD ACTION:** Recommendations in Council on Science  
49 and Public Health Report 3 be adopted as amended with a  
50 title change and the remainder of the report be filed.

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

3  
4 1. That AMA Policy H-440.797, "Support Removal of BMI as a Standard Measure in  
5 Medicine and Recognizing Culturally-Diverse and Varied Presentations of Eating  
6 Disorders," be amended by addition to read as follows:

7  
8 1. Our AMA recognizes:

9  
10 1. the issues with using body mass index (BMI) as a measurement because: (a) of  
11 the historical harm of BMI, (b) of the use of BMI for racist exclusion, and (c) BMI cutoffs  
12 are based primarily on data collected from previous generations of non-Hispanic White  
13 populations and does not consider a person's gender or ethnicity.

14  
15 2. the significant limitations associated with the widespread use of BMI in clinical  
16 settings and suggests its use be in a conjunction with other valid measures of risk such  
17 as, but not limited to, measurements of: (a) visceral fat, (b) body adiposity index, (c) body  
18 composition, (d) relative fat mass, (e) waist circumference and (f) genetic/metabolic  
19 factors.

20  
21 3. that BMI is significantly correlated with the amount of fat mass in the general  
22 population but loses predictability when applied on the individual level.

23  
24 4. that relative body shape and composition heterogeneity across race/ethnic  
25 groups, sexes, and age-span is essential to consider when applying BMI as a measure of  
26 adiposity.

27  
28 5. that the use of BMI should not be used as a sole criterion to deny appropriate  
29 insurance reimbursement.

30  
31 6. the use of BMI within the context of comorbidities, baseline mortality risk, and  
32 environmental factors such as chronic stressors, poor nutrition, and low physical activity  
33 may be used for risk stratification.

34  
35 7. BMI is a widely used tool for population level surveillance of obesity trends due  
36 to its ease of use and low risk for application inconsistencies, but BMI does not fully capture  
37 the complexity of the obesity epidemic.

38  
39 8. that BMI, in combination with other anthropometric measures and environmental  
40 factors, may be useful as an initial screener to identify individuals for further investigation  
41 of metabolic health risks.

42  
43 2. Our AMA supports further research on the application of the extended BMI percentiles  
44 and z-scores and its association with other anthropometric measurements, risk factors,  
45 and health outcomes.

46  
47 3. Our AMA supports efforts to educate physicians on the issues with BMI and alternative  
48 measures for diagnosing obesity. (Amend HOD Policy)

49  
50 Your Reference Committee heard mostly supportive testimony on this item. Supportive  
51 testimony noted that BMI has many shortcomings as a measure of health risk and that

1 studies show that physical fitness and nutritional status better predict overall health and  
2 mortality risk. An amendment was proffered to change the title to better capture the content  
3 of the report as well as the current policy. Your Reference Committee agrees with this  
4 amendment to the title. An amendment was proffered to remove body adiposity index and  
5 relative fat mass because these are not widely accepted tools. Your Reference Committee  
6 agrees with this amendment. Further, another amendment was proffered to include other  
7 measures of obesity such as DEXA and bioelectrical impedance noting that these tools  
8 are not covered by insurance. There was testimony in opposition of specific inclusion of  
9 measures. Your Reference Committee agrees with this but also supports the need to have  
10 insurance coverage of new tools to measure obesity and has therefore recommended the  
11 inclusion of “evidence-based tools” to alleviate this concern. Testimony in opposition noted  
12 that BMI is a useful risk factor for obstructive sleep apnea. Your Reference Committee  
13 would like to note that the CSAPH recommendations support BMI in the context of other  
14 factors for risk stratification and therefore address the concern for use of BMI in the context  
15 of obstructive sleep apnea. Testimony in opposition also noted the need to make sure that  
16 obesity measures are validated in children. Your Reference Committee would like to note  
17 that this was discussed in the original BMI report presented at A-23 and is not germane to  
18 the body of this report. Therefore, Madam Speaker, your Reference Committee  
19 recommends that Recommendations in Council on Science and Public Health Report 3  
20 be adopted as amended.

1 (12) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
2 6 – GREENHOUSE GAS EMISSIONS FROM METERED  
3 DOSE INHALERS AND ANESTHETIC GASES  
4

5 **RECOMMENDATION A:**  
6

7 **Madam Speaker, your Reference Committee**  
8 **recommends that the second Recommendation in**  
9 **CSAPH Report 6 be amended by addition to read as**  
10 **follows:**  
11

- 12 **2. That Policy H-135.913, “Metered Dose Inhalers and**  
13 **Greenhouse Gas Emissions” be amended by addition**  
14 **and deletion to read as follows:**  
15
- 16 **1. Our AMA will advocate to reduce the climate effects**  
17 **of hydrofluorocarbon propellants in metered-dose**  
18 **inhalers and encourage strategies ~~for encouraging~~**  
19 **supporting the development and use of alternative**  
20 **inhalers and propellants with equal and or higher**  
21 **efficacy and less adverse effect on our climate.**
  - 22 **2. Our AMA ~~will advocate for~~ supports legislative and**  
23 **regulatory reforms, that increase access to affordable**  
24 **~~to keep inhalers medications affordable and~~**  
25 **~~accessible, will urge FDA to consider metered-dose~~**  
26 **~~inhaler propellant substitutions for the purposes~~**  
27 **~~of climate protection as drug reclassifications, with~~**  
28 **lower greenhouse gas emissions that align with**  
29 **current recommended standards of care. Reforms**  
30 **should aim to ensure the quality of patents issued on**  
31 **new drug-device combinations, prevent new patents**  
32 **for minor changes made to delivery systems, and**  
33 **remove barriers to market entry for generic inhalers.**
  - 34 **3. Our AMA supports consideration of the**  
35 **environmental impacts of inhalers when creating**  
36 **prescription drug formularies and for the federal**  
37 **government to factor environmental impact into price**  
38 **negotiations with pharmaceutical manufacturers,**  
39 **~~without new patent or exclusivity privileges, and not~~**  
40 **~~allow these substitutions to classify as new drug~~**  
41 **~~applications.~~**
  - 42 **4. Our AMA recognizes the unique role metered dose**  
43 **inhalers play, in combination with spacers and**  
44 **facemasks, in treating vulnerable patients who are**  
45 **unable to use other inhaler options due to age,**  
46 **physiologic limitation from weakness or**  
47 **neurocognitive limitations, including but not limited**  
48 **to children with asthma, patients with**  
49 **tracheostomies, patients with cerebrovascular**  
50 **injuries, and patients with neuromuscular diseases.**

1 ~~3. Our AMA will study options for reducing~~  
2 ~~hydrofluorocarbon use in the medical sector. (Modify~~  
3 ~~Current AMA Policy)~~

4  
5 **RECOMMENDATION B:**

6  
7 **Madam Speaker, your Reference Committee**  
8 **recommends that the third Recommendation in CSAPH**  
9 **Report 6 be amended by deletion to read as follows:**

10  
11 **3. That the following new policy be adopted.**

12  
13 **Reducing Environmental Impacts of Anesthetic Gases**

14  
15 **The AMA, in collaboration with interested parties and**  
16 **organizations, will disseminate evidence-based content**  
17 **and recommended strategies to reduce the global**  
18 **warming impact of anesthetic gases ~~and encourage the~~**  
19 **~~phasing out of desflurane as an anesthetic gas.~~ (New**  
20 **HOD Policy)**

21  
22 **RECOMMENDATION C:**

23  
24 **Madam Speaker, your Reference Committee**  
25 **recommends that CSAPH Report 6 be adopted as**  
26 **amended and the rest of the report be filed.**

27  
28 **HOD ACTION: Recommendations in Council on Science**  
29 **and Public Health Report 6 be adopted as amended and**  
30 **the remainder of the report be filed.**

31  
32 The Council on Science and Public Health recommends that the following be adopted,  
33 and the remainder of the report be filed.

34  
35 1. That Policy H-160.932, "Asthma Control" be amended by addition and deletion to read  
36 as follows:

37  
38 The AMA: (1) encourages physicians to make appropriate use of evidence-based  
39 guidelines, including those contained in Expert Panel Report III: Guidelines for the  
40 Diagnosis and Management of Asthma released by the National Heart, Lung and Blood  
41 Institute and the National Asthma Education and Prevention Program Coordinating  
42 Committee Expert Panel Working Group 2020 Focused Updates to the Asthma  
43 Management Guidelines; (2) encourages physicians to provide self-management  
44 education tailored to the literacy level of the patient by teaching and reinforcing appropriate  
45 self-monitoring, the use of a written asthma action plan, taking medication correctly, and  
46 avoiding environmental factors that worsen asthma; ~~and~~ (3) encourages physicians to  
47 incorporate the four components of care (assessment and monitoring; education; control  
48 of environmental factors and comorbid conditions; and appropriate medication selection  
49 and use); and (4) will, in collaboration with interested parties and organizations, develop  
50 content to help physicians talk through the different asthma control options and their  
51 known economic costs and environmental impacts. (Modify Current AMA Policy)

1  
2 2. That Policy H-135.913, “Metered Dose Inhalers and Greenhouse Gas Emissions” be  
3 amended by addition and deletion to read as follows:  
4

5 1. Our AMA will advocate to reduce the climate effects of hydrofluorocarbon  
6 propellants in metered-dose inhalers and encourage strategies ~~for encouraging~~  
7 supporting the development and use of alternative inhalers and propellants with  
8 equal and or higher efficacy and less adverse effect on our climate.

9 2. ~~Our AMA will advocate for~~ supports legislative and regulatory reforms, that  
10 increase access to affordable ~~to keep inhalers medications affordable and~~  
11 ~~accessible, will urge FDA to consider metered dose inhaler propellant substitutions~~  
12 ~~for the purposes of climate protection as drug reclassifications, with lower~~  
13 ~~greenhouse gas emissions that align with current recommended standards of care.~~  
14 Reforms should aim to ensure the quality of patents issued on new drug-device  
15 combinations, prevent new patents for minor changes made to delivery systems,  
16 and remove barriers to market entry for generic inhalers.

17 3. Our AMA supports consideration of the environmental impacts of inhalers  
18 when creating prescription drug formularies and for the federal government to  
19 factor environmental impact into price negotiations with pharmaceutical  
20 manufacturers, without new patent or exclusivity privileges, and not allow these  
21 substitutions to classify as new drug applications.  
22

23 ~~3. Our AMA will study options for reducing hydrofluorocarbon use in the medical sector.~~  
24 (Modify Current AMA Policy)  
25

26 3. That the following new policy be adopted.  
27

#### 28 Reducing Environmental Impacts of Anesthetic Gases 29

30 The AMA, in collaboration with interested parties and organizations, will disseminate  
31 evidence-based content and recommended strategies to reduce the global warming  
32 impact of anesthetic gases and encourage the phasing out of desflurane as an anesthetic  
33 gas. (New HOD Policy)  
34

35 Your Reference Committee heard generally supportive testimony on CSAPH Report 6,  
36 particularly regarding the first and second Recommendations, with an amendment  
37 proffered to address the unique role that metered dose inhalers play in some populations  
38 that are unable to use other inhaler options. The suggested amendment was supported  
39 by others testifying. Your committee also heard testimony from delegations representing  
40 anesthesiologists that were not in support of the third recommendation because of its call  
41 to phase out desflurane, even though it was noted by others that many health systems  
42 have already started eliminating the use of desflurane and that there are cost savings from  
43 its removal. One individual, while supportive of the report, was wondering why we should  
44 be concerned about the greenhouse gas emissions from inhalers when Taylor Swift  
45 frequently takes private international jet trips. Your Reference Committee felt the proffered  
46 amendment on the utility of metered dose inhaler for use in specific populations was  
47 relevant to include but did not feel that the complete removal of the third recommendation  
48 was warranted, as most of the recommendation language supports engagement with  
49 interested parties on disseminating evidence-based content and recommended  
50 strategies. However, your Reference Committee supported the removal of specific  
51 language about desflurane in attempt to not limit other anesthetic gases that might



1 contribute to climate change. Madam Speaker, your Reference Committee recommends  
2 that recommendations in Council on Science and Public Health Report 6 be adopted as  
3 amended.

4 (13) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
5 9 – PRESCRIBING GUIDED PHYSICAL ACTIVITY FOR  
6 DEPRESSION AND ANXIETY

7  
8 **RECOMMENDATION A:**

9  
10 **Madam Speaker, your Reference Committee**  
11 **recommends that the first Recommendation in CSAPH**  
12 **Report 9 be amended by deletion to read as follows:**

13  
14 **1. That our AMA amend policy H-470.997, “Exercise and**  
15 **Physical Fitness” by addition and deletion to read as**  
16 **follows:**

17  
18 **Exercise and Physical Fitness H-470.997**

19 **1. Our AMA encourages all physicians to utilize the**  
20 **health potentialities of exercise for their patients as a**  
21 **most important part of health promotion and**  
22 **rehabilitation and urges state and local medical**  
23 **societies to emphasize through all available channels**  
24 **the need for physical activity ~~for all age groups and~~**  
25 **~~both sexes.~~ The AMA encourages other organizations**  
26 **and agencies to join ~~with the Association~~ in promoting**  
27 **physical fitness through all appropriate means.**

28  
29 **~~Our AMA will study evidence of the efficacy of physical~~**  
30 **~~activity interventions (i.e., group fitness, personal~~**  
31 **~~training, or physical therapy) on behavioral activation~~**  
32 **~~and outcomes on depressive and anxiety symptoms.~~**

33  
34 **RECOMMENDATION B:**

35  
36 **Madam Speaker, your Reference Committee**  
37 **recommends that the third Recommendation in CSAPH**  
38 **Report 9 be amended by addition and deletion to read**  
39 **as follows:**

40  
41 **3. Our AMA encourages:**

- 42 **1. the education of health care professionals on the**  
43 **role of physical activity and/or structured exercise**  
44 **in treating and managing anxiety and depression;**  
45 **and the need to screen for levels of physical activity**  
46 **of patients; the need to motivate, and educate**  
47 **patients of all ages about the benefits of physical**  
48 **activity, including positive mental health benefits.**  
49 **2. the provision of coverage by health care payers**  
50 **and employers to provide coverage for gym fitness**

1 club memberships and access to other physical  
2 activity programs.  
3 3. the implementation, trending, and utilization of  
4 evidenced-based physical activity measures, such  
5 as physical activity vital signs (PAVS), in the  
6 medical record for treatment prescription,  
7 counseling, coaching, and follow up of physical  
8 activity for therapeutic use. (Modify HOD Policy)  
9

10 **RECOMMENDATION C:**

11  
12 **Madam Speaker, your Reference Committee**  
13 **recommends that the Recommendations in CSAPH**  
14 **Report 9 be adopted as amended and the remainder of**  
15 **the report be filed.**  
16

17 **HOD ACTION: Recommendations in Council on Science**  
18 **and Public Health Report 9 be adopted as amended and**  
19 **the remainder of the report be filed.**  
20

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

23  
24 1. That our AMA amend policy H-470.997, "Exercise and Physical Fitness" by addition  
25 and deletion to read as follows:

26  
27 Exercise and Physical Fitness H-470.997

28 1. Our AMA encourages all physicians to utilize the health potentialities of exercise for  
29 their patients as a most important part of health promotion and rehabilitation and urges  
30 state and local medical societies to emphasize through all available channels the need for  
31 physical activity for all age groups and both sexes. The AMA encourages other  
32 organizations and agencies to join with the Association in promoting physical fitness  
33 through all appropriate means.

34  
35 ~~Our AMA will study evidence of the efficacy of physical activity interventions (i.e., group~~  
36 ~~fitness, personal training, or physical therapy) on behavioral activation and outcomes on~~  
37 ~~depressive and anxiety symptoms.~~  
38

39 2. Our AMA advocates for continued research towards development of structured physical  
40 activity treatment plans for the specific diagnoses of anxiety and depression, as well as  
41 longitudinal studies to examine the effects of physical activity on health outcomes,  
42 particularly later in life.  
43

44 3. Our AMA encourages:

45 1. education of health care professionals on the role of physical activity and/or  
46 structured exercise in treating and managing anxiety and depression and the need to  
47 screen, motivate, and educate patients of all ages about the benefits of physical activity,  
48 including positive mental health benefits.

49 2. health care payers and employers to provide coverage for gym memberships and  
50 access to other physical activity programs.

1 3. the implementation, trending, and utilization of physical activity measures, such as  
 2 physical activity vital signs (PAVS), in the medical record for treatment prescription,  
 3 counseling, coaching, and follow up of physical activity for therapeutic use. (Modify HOD  
 4 Policy)

5  
 6 Your Reference Committee heard supportive testimony on this report. The testimony  
 7 noted that physical activity is important for health and function, and not just physical but  
 8 also mental and emotional wellbeing. However, a few amendments were proffered on the  
 9 report recommendations. In particular, there was concern with the inclusion of the physical  
 10 activity vital signs (PAVS) in the recommendation, as it was noted that there is no evidence  
 11 to support the inclusion of that measure. Those testifying also noted they wanted to avoid  
 12 unnecessary administrative burden to physicians and staff. The report authors offered  
 13 rebuttal testimony noting that PAVS is just one example of a measure that can be used to  
 14 track progress as a therapy when physical activity is prescribed, not as something that  
 15 needs to be documented all the time. Your Reference Committee felt the inclusion of the  
 16 PAVS specific language was unnecessary and opted to include language around  
 17 evidence-based physical activity measures. Madam Speaker, your Reference Committee  
 18 recommends that the recommendations in Council on Science and Public Health Report  
 19 9 be adopted as amended.

20  
 21 (14) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
 22 13 - DECREASING YOUTH ACCESS TO E-CIGARETTES

23  
 24 **RECOMMENDATION A:**

25  
 26 **Madam Speaker, your Reference Committee**  
 27 **recommends that the second Recommendation in**  
 28 **CSAPH Report 13 be amended by addition and deletion**  
 29 **to read as follows:**

30  
 31 **(10) supports measures that decrease the overall**  
 32 **geographic density of tobacco specialty retail stores,**  
 33 **including but not limited to, preventing retailers from**  
 34 **opening new tobacco specialty selling tobacco**  
 35 **products in stores in close proximity to schools.**  
 36 **(Modify Current AMA Policy)**

37  
 38 **RECOMMENDATION B:**

39  
 40 **Madam Speaker, your Reference Committee**  
 41 **recommends that the Recommendations in CSAPH**  
 42 **Report 13 be adopted as amended and the remainder of**  
 43 **the report be filed.**

44  
 45 **HOD ACTION: Recommendations in Council on Science**  
 46 **and Public Health Report 13 be adopted as amended and**  
 47 **the remainder of the report be filed.**

48  
 49 **The Council on Science and Public Health recommends that the following be adopted,**  
 50 **and the remainder of the report be filed:**  
 51

1 1. That our AMA supports the inclusion of all forms of e-cigarettes (e.g., disposable,  
2 refillable cartridge, and tank-based e-cigarettes) in the language and implementation of  
3 relevant nicotine-based policies and regulations by the Food and Drug Administration or  
4 other regulatory agencies. (New HOD Policy)

5  
6 2. That current AMA Policy H-495.986, "Tobacco Product Sales and Distribution," be  
7 amended by addition to read as follows:

8  
9 Tobacco Product Sales and Distribution, H-495.986

10 (1) recognizes the use of e-cigarettes and vaping as an urgent public health epidemic and  
11 will actively work with the Food and Drug Administration and other relevant stakeholders  
12 to counteract the marketing and use of addictive e-cigarette and vaping devices, including  
13 but not limited to bans and strict restrictions on marketing to minors under the age of 21;

14 (2) encourages the passage of laws, ordinances and regulations that would set the  
15 minimum age for purchasing tobacco products, including electronic nicotine delivery  
16 systems (ENDS) and e-cigarettes, at 21 years, and urges strict enforcement of laws  
17 prohibiting the sale of tobacco products to minors;

18 (3) supports the development of model legislation regarding enforcement of laws  
19 restricting children's access to tobacco, including but not limited to attention to the  
20 following issues: (a) provision for licensure to sell tobacco and for the revocation thereof;  
21 (b) appropriate civil or criminal penalties (e.g., fines, prison terms, license revocation) to  
22 deter violation of laws restricting children's access to and possession of tobacco; (c)  
23 requirements for merchants to post notices warning minors against attempting to purchase  
24 tobacco and to obtain proof of age for would-be purchasers; (d) measures to facilitate  
25 enforcement; (e) banning out of-package cigarette sales ("loosies"); and (f) requiring  
26 tobacco purchasers and vendors to be of legal smoking age;

27 (4) requests that states adequately fund the enforcement of the laws related to tobacco  
28 sales to minors;

29 (5) opposes the use of vending machines to distribute tobacco products and supports  
30 ordinances and legislation to ban the use of vending machines for distribution of tobacco  
31 products;

32 (6) seeks a ban on the production, distribution, and sale of candy products that depict or  
33 resemble tobacco products;

34 (7) opposes the distribution of free tobacco products by any means and supports the  
35 enactment of legislation prohibiting the disbursement of samples of tobacco and tobacco  
36 products by mail;

37 (8) (a) publicly commends (and so urges local medical societies) pharmacies and  
38 pharmacy owners who have chosen not to sell tobacco products, and asks its members  
39 to encourage patients to seek out and patronize pharmacies that do not sell tobacco  
40 products; (b) encourages other pharmacists and pharmacy owners individually and  
41 through their professional associations to remove such products from their stores; (c)  
42 urges the American Pharmacists Association, the National Association of Retail Druggists,  
43 and other pharmaceutical associations to adopt a position calling for their members to  
44 remove tobacco products from their stores; and (d) encourages state medical associations  
45 to develop lists of pharmacies that have voluntarily banned the sale of tobacco for  
46 distribution to their members; and

47 (9) opposes the sale of tobacco at any facility where health services are provided; and

48 (10) supports measures that decrease the overall density of tobacco specialty stores,  
49 including but not limited to, preventing retailers from opening new tobacco specialty stores  
50 in close proximity to schools. (Modify Current AMA Policy)

51

1 3. That our AMA reaffirm Policies H-495.970, "Regulation of "Cool/Non-Menthol" Tobacco  
 2 Products, H-495.971 "Opposition to Addition of Flavors to Tobacco Products," and H-  
 3 495.976, "Opposition to Exempting the Addition of Menthol to Cigarettes." (Reaffirm HOD  
 4 Policy)

5  
 6 Your Reference Committee heard mostly supportive testimony on the recommendations  
 7 in the Council of Science and Public Health Report 13. Two delegations proffered minor  
 8 amendments to the language of Recommendation two, subclause 10. Specifically, one  
 9 delegation supported removing language regarding specialty stores, noting that e-  
 10 cigarettes are primarily purchased at gas stations and convenience stores therefore more  
 11 inclusive language would be more appropriate. Although there were concerns about the  
 12 feasibility of decreasing geographic density by one delegation, there was general support  
 13 for this recommendation and the proposed amendments. Madam Speaker, your  
 14 Reference Committee recommends that Council on Science and Public Health Report 13  
 15 be adopted as amended.

16  
 17 (15) RESOLUTION 403 – OCCUPATIONAL SCREENINGS  
 18 FOR LUNG DISEASE

19  
 20 **RECOMMENDATION A:**

21  
 22 **Madam Speaker, your Reference Committee**  
 23 **recommends that Resolution 403 be amended by**  
 24 **deletion to read as follows:**

25  
 26 **RESOLVED, that our AMA amend Policy H-365.988,**  
 27 **"Integration of Occupational Medicine, Environmental**  
 28 **Health, and Injury Prevention Programs into Public**  
 29 **Health Agencies" by addition and deletion as follows:**

30  
 31 **Our AMA supports: (1) supports the integration of**  
 32 **occupational health and environmental health and injury**  
 33 **prevention programs within existing health departments**  
 34 **at the state and local level; (2) supports taking a**  
 35 **leadership role in assisting state medical societies in**  
 36 **implementation of such programs; and (3) supports**  
 37 **working with federal agencies to ensure that "health" is**  
 38 **the primary determinant in establishing environmental**  
 39 **and occupational health policy; (4) recognizes barriers**  
 40 **to accessibility and utilization of such programs; (5)**  
 41 **recognizes inequities in occupational health screenings**  
 42 **for pulmonary lung disease and supports efforts to**  
 43 **increase accessibility of these screenings in**  
 44 **marginalized communities; and (6) encourages**  
 45 **utilization of free and accessible screenings, such as**  
 46 **those used in the NIOSH Coal Workers Health**  
 47 **Surveillance Program, for other at-risk occupational**  
 48 **groups and utilization of these free screenings.**

49  
 50 **RECOMMENDATION B:**

1           **Madam Speaker, your Reference Committee**  
2           **recommends that Resolution 403 be adopted as**  
3           **amended.**

4  
5           **HOD ACTION: Resolution 403 be adopted as amended.**

6  
7           RESOLVED, that our AMA amend Policy H-365.988, "Integration of Occupational  
8           Medicine, Environmental Health, and Injury Prevention Programs into Public Health  
9           Agencies" by addition and deletion as follows:

10  
11           Our AMA ~~supports~~: (1) supports the integration of occupational health and environmental  
12           health and injury prevention programs within existing health departments at the state and  
13           local level; (2) supports taking a leadership role in assisting state medical societies in  
14           implementation of such programs; ~~and~~ (3) supports working with federal agencies to  
15           ensure that "health" is the primary determinant in establishing environmental and  
16           occupational health policy; (4) recognizes barriers to accessibility and utilization of such  
17           programs; (5) recognizes inequities in occupational health screenings for pulmonary lung  
18           disease and supports efforts to increase accessibility of these screenings in marginalized  
19           communities; and (6) encourages utilization of accessible screenings, such as those used  
20           in the NIOSH Coal Workers Health Surveillance Program, for other at risk occupational  
21           groups and utilization of these free screenings. (Modify Current Policy)

22  
23           Your Reference Committee heard generally supportive testimony on this resolution, with  
24           small editorial amendments proffered which were supported by the resolution authors.  
25           Testimony acknowledged the importance of the issue for many living in medically  
26           underserved and marginalized communities. Testimony noted that the modified policy  
27           could help reduce barriers to occupational health services while another person noted that  
28           the issue is not with access but rather that miners are being disincentivized from getting  
29           screened. However, no amendments were proffered to address this last concern. Madam  
30           Speaker, your Reference Committee recommends that Resolution 403 be adopted as  
31           amended.

32  
33           (16)    **RESOLUTION 406 – OPPOSITION TO PAY-TO-STAY**  
34           **INCARCERATION FEES**

35  
36           **RECOMMENDATION A:**

37  
38           **Madam Speaker, your Reference Committee**  
39           **recommends that Resolution 406 be amended by**  
40           **addition and deletion to read as follows:**

41  
42           **RESOLVED, that our American Medical Association**  
43           **oppose fees charged to incarcerated justice involved**  
44           **individuals for room and board and advocate for federal**  
45           **and state efforts to repeal statutes and ordinances**  
46           **which permit inmates to be charged for room and board**  
47           **and basic amenities. (Directive to Take Action); and be**  
48           **it further**

49  
50           **RECOMMENDATION B:**

1           **Madam Speaker, your Reference Committee**  
2           **recommends that Resolution 406 be amended by**  
3           **addition of a Resolve clause to read as follows:**

4  
5           **RESOLVED, that our AMA oppose probation and parole**  
6           **supervision fees and support federal and state efforts**  
7           **to repeal statutes and ordinances which permit**  
8           **individuals on probation or parole to be charged for**  
9           **supervision fees.**

10  
11           **RECOMMENDATION C:**

12  
13           **Madam Speaker, your Reference Committee**  
14           **recommends that Resolution 406 be adopted as**  
15           **amended.**

16           **RECOMMENDATION D:**

17  
18           **Madam Speaker, your Reference Committee**  
19           **recommends that the title be changed of Resolution 406**  
20           **to read as follows:**

21  
22           **OPPOSITION TO JUSTICE INVOLVED FEES**

23  
24           **HOD ACTION: Resolution 403 be adopted as amended with**  
25           **a title change.**

26  
27           RESOLVED, that our American Medical Association oppose fees charged to incarcerated  
28           individuals for room and board and advocate for federal and state efforts to repeal statutes  
29           and ordinances which permit inmates to be charged for room and board. (Directive to Take  
30           Action)

31  
32           Your Reference Committee heard supportive testimony of this resolution highlighting the  
33           detrimental effects of pay-to-stay prison requirements on both individuals and society and  
34           the need to find alternative approaches. An amendment was proffered to use the  
35           terminology justice involved instead of incarcerated individuals, noting that these labels  
36           are dehumanizing and increases stigmatization. Another amendment was proffered to  
37           include supervision fees noting that they have the same detrimental effects as pay-to-stay  
38           fees. The author and your Reference Committee agree with this inclusion given it falls  
39           within the scope of this resolution. Therefore, Madam Speaker, your Reference Committee  
40           recommends that Resolution 406 be adopted as amended.

41  
42           (17)   **RESOLUTION 407 – RACIAL MISCLASSIFICATION**

43  
44           **RECOMMENDATION A:**

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

49  
50           **4. Our AMA further supports HIPAA-compliant, Tribally**  
51           **approved data linkages between Native Hawaiian and**

**Tribal Registries, population-based and hospital-based clinical trial and disease registries, and local, state, tribal, and federal vital statistics databases aimed at minimizing racial misclassification.**

**RECOMMENDATION B:**

**Madam Speaker, your Reference Committee recommends that Resolution 407 be adopted as amended.**

**HOD ACTION: Resolution 407 be adopted as amended.**

RESOLVED, that our American Medical Association amend H-85.953, "Improving Death Certification Accuracy and Completion," by addition as follows:

Improving Death Certification Accuracy and Completion H-85.953

1. Our AMA: (a) acknowledges that the reporting of vital events is an integral part of patient care; (b) urges physicians to ensure completion of all state vital records carefully and thoroughly with special attention to the use of standard nomenclature, using legible writing and accurate diagnoses; and (c) supports notifying state medical societies and state departments of vital statistics of this policy and encouraging their assistance and cooperation in implementing it.

2. Our AMA also: (a) supports the position that efforts to improve cause of death statistics are indicated and necessary; (b) endorses the concept that educational efforts to improve death certificates should be focused on physicians, particularly those who take care of patients in facilities where patients are likely to die, namely in acute hospitals, nursing homes and hospices; and (c) supports the concept that training sessions in completion of death certificates should be (i) included in hospital house staff orientation sessions and clinical pathologic conferences; (ii) integrated into continuing medical education presentations; (iii) mandatory in mortality conferences; and (iv) included as part of in-service training programs for nursing homes, hospices and geriatric physicians.

3. Our AMA further: (a) promotes and encourages the use of ICD codes among physicians as they complete medical claims, hospital discharge summaries, death certificates, and other documents; (b) supports cooperating with the National Center for Health Statistics (NCHS) in monitoring the four existing models for collecting tobacco-use data; (c) urges the NCHS to identify appropriate definitions, categories, and methods of collecting risk-factor data, including quantification of exposure, for inclusion on the U.S. Standard Certificates, and that subsequent data be appropriately disseminated; and (d) continues to encourage all physicians to report tobacco use, exposure to environmental tobacco smoke, and other risk factors using the current standard death certificate format.

4. Our AMA further supports HIPAA-compliant data linkages between Native Hawaiian and Tribal Registries, population-based and hospital-based clinical trial and disease registries, and local, state, tribal, and federal vital statistics databases aimed at minimizing racial misclassification. (Modify HOD Policy)

Your Reference Committee heard mostly supportive testimony on Resolution 407. Testimony highlighted the potential to reduce disparities by improving vital statistics, which currently are plagued by missing and inaccurate information. An amendment was proffered to expand the language in the fourth resolve clause to specify that the HIPAA-compliant data linkages also be Tribally approved. Multiple delegations supported the



1 amendment as written. Madam Speaker, your Reference Committee recommends that  
2 Resolution 407 be adopted as amended.

3  
4 (18) RESOLUTION 409 – TOXIC HEAVY METALS

5  
6 **RECOMMENDATION A:**

7  
8 **Madam Speaker, your Reference Committee**  
9 **recommends that the second Resolve of Resolution 409**  
10 **be amended by addition and deletion to read as follows:**

11  
12 **RESOLVED, that our AMA support efforts: (a) to**  
13 **monitor and educate individuals on (a) the chronic**  
14 **effects of exposure to ~~toxic~~ hazardous pollutants and**  
15 **heavy metals including at levels below regulation limits,**  
16 **and—(b) to monitor the burden of toxicity in**  
17 **communities, especially near urban, Superfund,**  
18 **military bases, and industrial sites, and (c) to educate**  
19 **individuals on the chronic effects of those exposures.**  
20 **(New HOD Policy)**

21 **RECOMMENDATION B:**

22  
23 **Madam Speaker, your Reference Committee**  
24 **recommends that Resolution 409 be adopted as**  
25 **amended.**

26  
27 **RECOMMENDATION C:**

28  
29 **Madam Speaker, your Reference Committee**  
30 **recommends that the title be changed of Resolution 409**  
31 **to read as follows:**

32  
33 **HAZARDOUS POLLUTANTS AND HEAVY METALS**

34  
35 **HOD ACTION: Resolution 409 be adopted as amended with**  
36 **a title change.**

37  
38 **RESOLVED, that our American Medical Association urge governmental agencies to**  
39 **establish and enforce limits for identified hazardous pollutants and heavy metals in our**  
40 **food, water, soil, and air (Directive to Take Action); and be it further**

41  
42 **RESOLVED, that our AMA support efforts to monitor and educate individuals on (a) the**  
43 **chronic effects of exposure to toxic heavy metals including at levels below regulation limits,**  
44 **and (b) the burden of toxicity in communities, especially near urban, Superfund, and**  
45 **industrial sites. (New HOD Policy)**

46 **Testimony on this resolution was mostly supportive. The authors as well as others**  
47 **testifying noted the well-known negative health effects of hazardous pollutants and heavy**  
48 **metals, which are disproportionately high among urban communities that fall within**  
49 **historically redlined areas, and the lack of existing regulatory standards for some of these**  
50 **toxic substances. Several delegations proffered minor amendments to the title and**  
51 **resolution text to be consistent in language and to add military bases as a community that**

1 is disproportionately impacted by exposure to hazardous pollutants and heavy metals. Your  
2 Reference Committee was supportive of these minor changes. Madam Speaker, your  
3 Reference Committee recommends that Resolution 409 be adopted as amended and that  
4 the title be changed.

5  
6 (19) RESOLUTION 410 – ACCESS TO PUBLIC RESTROOMS

7  
8 **RECOMMENDATION A:**

9  
10 **Madam Speaker, your Reference Committee**  
11 **recommends that Resolution 410 be amended by**  
12 **addition and deletion to read as follows:**

13  
14 **RESOLVED, that our AMA support ~~parity~~ equity in**  
15 **restroom access by gender identity, including**  
16 **increasing the number of female and gender-neutral**  
17 **bathrooms available in both new and existing buildings.**

18  
19 **RECOMMENDATION B:**

20  
21 **Madam Speaker, your Reference Committee**  
22 **recommends that Resolution 410 be adopted as**  
23 **amended.**

24 **RECOMMENDATION C:**

25  
26 **Madam Speaker, your Reference Committee**  
27 **recommends that the title be changed of Resolution 410**  
28 **to read as follows:**

29  
30 **EQUITY IN ACCESS TO PUBLIC RESTROOMS**

31  
32 **HOD ACTION: Resolution 410 be adopted as amended.**

33  
34 **RESOLVED, that our American Medical Association support access to clean, accessible,**  
35 **and permanent public restrooms that, at minimum, contain a toilet and sink, regardless of**  
36 **any identifying characteristics such as gender identity, appearance, employment status,**  
37 **or commercial status (New HOD Policy); and be it further**

38  
39 **RESOLVED, that our AMA support parity in restroom access by gender identity, including**  
40 **increasing the number of female and gender-neutral bathrooms available in both new and**  
41 **existing buildings. (New HOD Policy)**

42  
43 Your Reference Committee heard mostly supportive testimony on Resolution 410. An  
44 amendment was proffered to replace parity with equity in the second resolve, which was  
45 also supported. The title revision ensures alignment between the policy and the title.  
46 Madam Speaker, your Reference Committee recommends that Resolution 410 be  
47 adopted as amended.

48  
49 (20) RESOLUTION 411 – MISSING AND MURDERED  
50 INDIGENOUS PERSONS

1           **RECOMMENDATION A:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that Resolution 411 be amended by**  
5           **addition and deletion to read as follows:**

6  
7           **RESOLVED, that our American Medical Association**  
8           **supports emergency alert systems for American Indian**  
9           **and Alaska Native tribal members reported missing on**  
10          **tribal reservations and ~~in urban areas~~ elsewhere. (New**  
11          **HOD Policy)**

12  
13          **RECOMMENDATION B:**

14  
15          **Madam Speaker, your Reference Committee**  
16          **recommends that Resolution 411 be adopted as**  
17          **amended.**

18  
19               **HOD ACTION: Resolution 411 be adopted as amended.**

20  
21          RESOLVED, that our American Medical Association supports emergency alert systems  
22          for American Indian and Alaska Native tribal members reported missing on reservations  
23          and in urban areas. (New HOD Policy)

24  
25          Your Reference Committee heard mostly supportive testimony on Resolution 411. In  
26          particular, multiple delegations highlighted the success of existing state specific systems.  
27          Amendments were proffered by two delegations to create broader and more inclusive  
28          language about where the policy would apply. The amendments highlight the need to  
29          include individuals reported missing both on tribal reservations and elsewhere, rather than  
30          limiting it to only tribal lands and urban areas. These amendments were supported by  
31          multiple delegations. Madam Speaker, your Reference Committee recommends that  
32          Resolution 411 be adopted as amended.

33  
34          (21)    **RESOLUTION 412 – LITHIUM BATTERY SAFETY**

35  
36          **RECOMMENDATION A:**

37  
38          **Madam Speaker, your Reference Committee**  
39          **recommends that Resolution 412 be amended by**  
40          **addition and deletion to read as follows:**

41  
42          **RESOLVED, that our American Medical Association**  
43          **~~seek support~~ legislation to increase environmental and**  
44          **public safety oversight of lithium batteries and**  
45          **businesses that store and dispose of lithium batteries.**  
46          **(Directive to Take Action)**

47  
48          **RECOMMENDATION B:**

1           **Madam Speaker, your Reference Committee**  
2           **recommends that Resolution 412 be amended by the**  
3           **addition of a Resolve clause to read as follows:**

4  
5           **RESOLVED, that the AMA support educational efforts**  
6           **to inform the public about the proper disposal and**  
7           **recycling of lithium batteries and the risks of improper**  
8           **storage and disposal of lithium batteries.**

9  
10           **RECOMMENDATION C:**

11  
12           **Madam Speaker, your Reference Committee**  
13           **recommends that Resolution 412 be adopted as**  
14           **amended.**

15  
16           **HOD ACTION: Resolution 412 be adopted as amended.**

17  
18           **RESOLVED, that our American Medical Association seek legislation to increase**  
19           **environmental and public safety oversight of lithium batteries and businesses that store**  
20           **and dispose of lithium batteries. (Directive to Take Action)**

21  
22           Your Reference Committee heard testimony in support of this resolution, citing serious fire  
23           safety concerns from the explosion of lithium batteries. An additional resolve clause was  
24           proffered to support education efforts on this topic, which was supported by the resolution  
25           authors. Your Reference Committee supports the adoption of this resolution and believes  
26           the proffered amendment and additional resolve clause makes this an even stronger  
27           policy. Madam Speaker, your Reference Committee recommends that Resolution 412 be  
28           adopted as amended.

29  
30           (22)   **RESOLUTION 416 – FURTHERING ENVIRONMENTAL**  
31           **JUSTICE AND EQUITY**

32  
33           **RECOMMENDATION A:**

34  
35           **Madam Speaker, your Reference Committee**  
36           **recommends that the first Resolve of Resolution 416 be**  
37           **amended by addition and deletion to read as follows:**

38  
39           **RESOLVED, that our AMA support prioritizing**  
40           **greenspace access and tree canopy coverage for**  
41           **communities that received a “D” rating from the Home**  
42           **Owners’ Loan Corporation, otherwise known as being**  
43           **“redlined,” or that have been impacted by other**  
44           **discriminatory development and building practices,**  
45           **~~thereby protecting residents of these communities from~~**  
46           **displacement with full participation by the community**  
47           **residents in these decisions. (New HOD Policy)**

48  
49           **RECOMMENDATION B:**

1           **Madam Speaker, your Reference Committee**  
2           **recommends that Resolution 416 be adopted as**  
3           **amended.**

4  
5           **HOD ACTION: Resolution 416 be adopted as amended.**

6  
7           RESOLVED, that our American Medical Association support state and local climate-health  
8           risk assessments, disease surveillance and early warning systems, and research on  
9           climate and health, with actions to improve and/or correct the findings (New HOD Policy);  
10          and be it further

11  
12          RESOLVED, that our AMA support measures to protect frontline communities from the  
13          health harms of proximity to fossil fuel extraction, refining and combustion, such as the  
14          best available technology to reduce local pollution exposure from oil refineries, or health  
15          safety buffers from oil extraction operations (New HOD Policy); and be it further

16  
17          RESOLVED, that our AMA support prioritizing greenspace access and tree canopy  
18          coverage for communities that received a “D” rating from the Home Owners’ Loan  
19          Corporation, otherwise known as being “redlined,” or that have been impacted by other  
20          discriminatory development and building practice, thereby protecting residents of these  
21          communities from displacement. (New HOD Policy)

22  
23          Your Reference Committee heard mostly supportive testimony on this resolution, with an  
24          amendment proffered on the third resolve to be aligned with AMA’s current environmental  
25          justice policy. Resolution authors testified they were supportive of the suggested  
26          amendment. Testimony noted the inequitable distribution of risks from climate change and  
27          environmental-related threats among vulnerable communities and the role that redlining  
28          and other historically racist policies contribute to these existing health disparities. Your  
29          Reference Committee agreed with the provided testimony and proffered amendment.  
30          Madam Speaker, your Reference Committee recommends that Resolution 416 be  
31          adopted as amended.

32  
33          (23)    RESOLUTION 420 – EQUITY IN DIALYSIS CARE

34  
35                **RECOMMENDATION A:**

36  
37                **Madam Speaker, your Reference Committee**  
38                **recommends that Resolution 420 be amended by**  
39                **addition of two Resolve clauses to read as follows:**

40  
41                **RESOLVED, that our American Medical Association ask**  
42                **the Indian Health Service to offer a plan, agency**  
43                **expertise, technical assistance, and health-facilities**  
44                **funding to assist Tribes in expanding local dialysis**  
45                **services; and be it further**

46  
47                **RESOLVED, that our AMA support a nationwide**  
48                **American Indian and Alaskan Native Medicare and**  
49                **Medicaid enrollment campaign coordinated by CMS**  
50                **and the IHS that funds insurance navigator programs at**

1 **Tribal Health Programs to improve equitable access to**  
2 **dialysis care.**

3  
4 **RECOMMENDATION B:**

5  
6 **Madam Speaker, your Reference Committee**  
7 **recommends that Resolution 420 be adopted as**  
8 **amended.**

9  
10 **HOD ACTION: Resolution 420 be adopted as amended.**

11  
12 RESOLVED, that our American Medical Association declare kidney failure as a significant  
13 public health problem with disproportionate affects and harm to under-represented  
14 communities (New HOD Policy); and be it further

15  
16 RESOLVED, that our AMA vigorously pursue potential solutions and partnerships to  
17 identify economic, cultural, clinical and technological solutions that increase equitable  
18 access to all modalities of care including home dialysis. (Directive to Take Action)

19  
20 Your Reference Committee heard mostly supportive testimony on Resolution 420. An  
21 amendment was proffered adding two resolve clauses; specifically, that the Indian Health  
22 Service both provide guidance and technical expertise as well as funding these efforts in  
23 collaboration with CMS. Madam Speaker, your Reference Committee recommends that  
24 Resolution 420 be adopted as amended.

25  
26 (24) **RESOLUTION 422 – IMMUNIZATION REGISTRY**

27  
28 **RECOMMENDATION A:**

29  
30 **Madam Speaker, your Reference Committee**  
31 **recommends that the first and third Resolves of**  
32 **Resolution 422 be deleted.**

33  
34 **RECOMMENDATION B:**

35  
36 **Madam Speaker, your Reference Committee**  
37 **recommends that Resolution 422 be adopted as**  
38 **amended.**

39  
40 **HOD ACTION: Resolution 422 be adopted as amended.**

41  
42 RESOLVED, that our American Medical Association develop model legislation requiring  
43 all vaccine providers to participate in their statewide immunization information system  
44 (Directive to Take Action); and be it further

45  
46 RESOLVED, that our AMA support mandating all vaccine providers to report all  
47 immunizations to their respective state immunization registry, for both adults and children  
48 (New HOD Policy); and be it further

49  
50 RESOLVED, that our AMA support reimbursement for reporting immunizations to state  
51 registries by both public and private payers.(New HOD Policy)

1  
2 Your Reference Committee heard supportive testimony noting that non-physician entities  
3 administer vaccines, and it is crucial to have access to up-to-date immunization records.  
4 Supportive testimony also noted that this aligns adult vaccinations with pediatric  
5 vaccinations so that reporting is consistent. Testimony also noted that reimbursement is  
6 may not as much of an issue once the interface is established with the state due to  
7 automatic reporting and therefore recommended deletion of the third Resolve clause. Your  
8 Reference Committee agrees with this amendment. Further, testimony noted most states  
9 already have legislation establishing statewide immunization information systems and  
10 therefore the first Resolve clause asking for the development of model legislation isn't  
11 necessary. Your Reference Committee agrees. Therefore, Madam Speaker, your  
12 Reference Committee recommends that Resolution 422 be adopted as amended.

13  
14 (25) RESOLUTION 424 – LGBTQ+ SENIOR HEALTH

15  
16 **RECOMMENDATION A:**

17  
18 **Madam Speaker, your Reference Committee**  
19 **recommends that the first Resolve of Resolution 424 be**  
20 **amended by addition and deletion to read as follows:**

21  
22 **RESOLVED, that our American Medical Association**  
23 **~~create and disseminate educational initiatives content~~**  
24 **to increase awareness and understanding of ~~senior~~**  
25 **LGBTQ+ health aging issues among the general public,**  
26 **healthcare professionals, and policy makers (Directive**  
27 **to Take Action); and be it further**

28  
29 **RECOMMENDATION B:**

30  
31 **Madam Speaker, your Reference Committee**  
32 **recommends that the second Resolve of Resolution 424**  
33 **be amended by addition and deletion to read as follows:**

34  
35 **RESOLVED, that our AMA ~~develop and promote cultural~~**  
36 **competency training for clinicians in caring for ~~senior~~**  
37 **LGBTQ+ older adults ~~individuals~~ (Directive to Take**  
38 **Action); and be it further**

39  
40 **RECOMMENDATION C:**

41  
42 **Madam Speaker, your Reference Committee**  
43 **recommends that the third Resolve of Resolution 424**  
44 **be amended by addition and deletion to read as follows:**

45  
46 **RESOLVED, that our AMA ~~develop and promote~~**  
47 **policies and practices for implementation within all**  
48 **healthcare settings that are inclusive and affirming for**  
49 **LGBTQ+ seniors older adults (Directive to Take Action);**  
50 **and be it further**

1           **RECOMMENDATION D:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that Resolution 424 be amended by**  
5           **addition and deletion to read as follows:**

6  
7           **RESOLVED, that our AMA advocate for increased**  
8           **funding and resources for research into health issues**  
9           **of LGBTQ+ seniors older adults. (Directive to Take**  
10           **Action)**

11  
12           **RECOMMENDATION E:**

13  
14           **Madam Speaker, your Reference Committee**  
15           **recommends that the title be changed of Resolution 424**  
16           **to read as follows:**

17  
18           **LGBTQ+ OLDER ADULTS**

19  
20           **HOD ACTION: Resolution 424 be adopted as amended with**  
21           **a title change.**

22  
23           RESOLVED, that our American Medical Association create and disseminate educational  
24           initiatives to increase awareness and understanding of senior LGBTQ+ health aging  
25           issues among the general public, healthcare professionals, and policy makers (Directive  
26           to Take Action); and be it further

27  
28           RESOLVED, that our AMA develop and promote cultural competency training for clinicians  
29           in caring for senior LGBTQ+ individuals (Directive to Take Action); and be it further

30  
31           RESOLVED, that our AMA develop and promote policies and practices for implementation  
32           within all healthcare settings that are inclusive and affirming for LGBTQ+ seniors (Directive  
33           to Take Action); and be it further

34  
35           RESOLVED, that our AMA advocate for increased funding and resources for research into  
36           health issues of LGBTQ+ seniors. (Directive to Take Action)

37  
38           Your Reference Committee heard mostly supportive testimony on Resolution 424. An  
39           amendment to terminology was proposed -- that "Senior" be changed to "Older Adult" to  
40           align with existing AMA policy. The same delegation also proposed deleting language  
41           around the creation and development of educational materials, trainings, and policies and  
42           practices in response to concerns about the fiscal note and acknowledgement that such  
43           resources exist elsewhere. Madam Speaker, your Reference Committee recommends  
44           that Resolution 424 be adopted as amended.

45  
46           (26)   **RESOLUTION 425 – PERINATAL MENTAL HEALTH**  
47           **DISORDERS AMONG MEDICAL STUDENTS AND**  
48           **PHYSICIANS**

49  
50           **RECOMMENDATION A:**



1 **Madam Speaker, your Reference Committee**  
2 **recommends that Resolution 425 be amended by**  
3 **addition and deletion to read as follows:**

4  
5 **RESOLVED, that our American Medical Association**  
6 **work with relevant stakeholders to identify ways to**  
7 **increase screening and referrals to services for**  
8 **perinatal mental health conditions, including**  
9 **substance use disorder, with privacy protections,**  
10 **among medical students, physicians, and their families**  
11 **and reduce stigma surrounding the diagnosis and**  
12 **treatment of perinatal mental health conditions,**  
13 **including substance use disorder, with privacy**  
14 **protections (Directive to Take Action); and be it further**

15  
16 **RESOLVED, that our AMA advocate for reducing**  
17 **structural and systemic barriers to the diagnosis and**  
18 **treatment of perinatal mental health conditions,**  
19 **including substance use disorder, with privacy**  
20 **protections, in physicians, and medical students and**  
21 **their families. (Directive to Take Action)**

22  
23 **RECOMMENDATION B:**

24  
25 **Madam Speaker, your Reference Committee**  
26 **recommends that Resolution 425 be adopted as**  
27 **amended.**

28  
29 **HOD ACTION: Resolution 425 be adopted as amended.**

30  
31 **RESOLVED, that our American Medical Association work with relevant stakeholders to**  
32 **identify ways to increase screening for perinatal mental health conditions and reduce**  
33 **stigma surrounding the diagnosis and treatment of perinatal mental health conditions**  
34 **(Directive to Take Action); and be it further**

35  
36 **RESOLVED, that our AMA advocate for reducing structural and systemic barriers to the**  
37 **diagnosis and treatment of perinatal mental health conditions in physicians and medical**  
38 **students.(Directive to Take Action)**

39  
40 Your Reference Committee heard limited, but supportive testimony on this resolution. One  
41 proposed amendment suggested expanding it beyond screening to also include referral  
42 to services. Your Reference Committee agreed that would strengthen the policy. Another  
43 amendment suggested adding reference to substance use disorders. The original authors  
44 spoke in opposition to that amendment. Your Reference Committee agrees as mental  
45 health is broad enough to encompass substance use disorders. Furthermore, given the  
46 focus on physicians and medical students, your Reference Committee did not include a  
47 proposed amendment to include reference to families of physicians and medical students  
48 as it was felt to be outside of the scope. Therefore, your Reference Committee  
49 recommends that Resolution 425 be adopted as amended.

1 (27) RESOLUTION 428 – ADVOCATING FOR EDUCATION  
2 AND ACTION REGARDING THE HEALTH HAZARDS OF  
3 PFAS CHEMICALS  
4

5 **RECOMMENDATION A:**  
6

7 **Madam Speaker, your Reference Committee**  
8 **recommends that Resolution 428 be amended by**  
9 **addition and deletion to read as follows:**  
10

11 **RESOLVED, that our American Medical Association**  
12 **~~improve~~ amplify physician and public education around**  
13 **the adverse health effects of PFAS chemicals and**  
14 **potential mitigation and prevention efforts. (Directive to**  
15 **Take Action).**  
16

17 **RECOMMENDATION B:**  
18

19 **Madam Speaker, your Reference Committee**  
20 **recommends that Resolution 428 be adopted as**  
21 **amended.**  
22

23 **HOD ACTION: Resolution 428 be adopted as amended.**  
24

25 **RESOLVED, that our American Medical Association improve physician and public**  
26 **education around the adverse health effects of PFAS and potential mitigation and**  
27 **prevention efforts. (Directive to Take Action).**

28 Your Reference Committee heard testimony that was generally supportive, noting that  
29 PFAS chemicals have harmful impacts on the endocrine system have a ubiquitous  
30 presence in our environment, and that there are no known safe limits for PFAS. Testimony  
31 acknowledged that this issue was timely, as physicians are increasingly being called upon  
32 to address this issue with their patients. Online testimony noted that there is existing  
33 educational content that AMA could amplify, as opposed to developing new content itself.  
34 Based on this testimony, the Reference Committee believes a small modification to the  
35 proposed resolution text would address proffered testimony. Madam Speaker, your  
36 Reference Committee recommends that Resolution 428 be adopted as amended.  
37

38 (28) RESOLUTION 430 – SUPPORTING THE INCLUSION OF  
39 INFORMATION ABOUT LUNG CANCER SCREENING  
40 WITHIN CIGARETTE PACKAGES  
41

42 **RECOMMENDATION A:**  
43

44 **Madam Speaker, your Reference Committee**  
45 **recommends that the first Resolve of Resolution 430 be**  
46 **referred for decision.**  
47

48 **RECOMMENDATION B:**

1 **Madam Speaker, your Reference Committee**  
2 **recommends that the second Resolve of Resolution 430**  
3 **be amended by addition and deletion to read as follows:**

4  
5 **RESOLVED, that our AMA will work with appropriate**  
6 **public health organizations and governmental agencies**  
7 **to monitor the impact of “~~non-combustible tobacco~~”**  
8 **novel nicotine delivery devices on cancer epidemiology**  
9 **and promote appropriate cancer screening should the**  
10 **suspected link be proven. (Directive to Take Action)**

11  
12 **RECOMMENDATION C:**

13  
14 **Madam Speaker, your Reference Committee**  
15 **recommends that Resolution 430 be adopted as**  
16 **amended.**

17  
18 **RECOMMENDATION D:**

19  
20 **Madam Speaker, your Reference Committee**  
21 **recommends that the title be changed of Resolution 430**  
22 **to read as follows:**

23  
24 **CANCER RISKS ASSOCIATED WITH NOVEL**  
25 **NICOTINE DELIVERY DEVICES**

26  
27 **HOD ACTION: Resolution 430 be adopted as amended with**  
28 **a change in title.**

29  
30 **RESOLVED, that our American Medical Association advocate for information about lung**  
31 **cancer screening to be included within all combustible tobacco product packaging**  
32 **(Directive to Take Action); and be it further**

33  
34 **RESOLVED, that our AMA will work with appropriate public health organizations and**  
35 **governmental agencies to monitor the impact of “non-combustible tobacco” nicotine**  
36 **delivery devices on cancer epidemiology and promote appropriate cancer screening**  
37 **should the suspected link be proven. (Directive to Take Action)**

38  
39 Your Reference Committee heard mixed testimony on this resolution. While there is  
40 agreement that lung cancer screening rates should be improved, there was conflicting  
41 testimony as to whether the first Resolve was the best way to accomplish that. Those in  
42 support argued that this is currently within the FDA’s purview. Others cautioned that there  
43 is no evidence to suggest that including information about lung screening on tobacco  
44 products would improve screening rates. It was also stated that this approach would  
45 require opening up the Tobacco Control Act and could weaken that law. Your Reference  
46 Committee thinks this is complex and recommends the first Resolve be referred for  
47 decision. The second Resolve was generally supported with amendments to broaden it  
48 beyond “non-combustible tobacco.” Your Reference Committee agrees that expanding  
49 this resolve to cover all novel nicotine products is advisable and therefore recommends  
50 adoption as amended with a change in title to ensure alignment in scope.

1 (29) RESOLUTION 432 – RESOLUTION TO DECREASE  
2 LEAD EXPOSURE IN URBAN AREAS  
3

4 **RECOMMENDATION A:**

5  
6 **Madam Speaker, your Reference Committee**  
7 **recommends that the second Resolve of Resolution 432**  
8 **be amended by addition and deletion to read as follows:**  
9

10 **RESOLVED, that our AMA advocates for accessible**  
11 **testing of domestic water supplies, prioritizing testing**  
12 **for lead in potable water used by pregnant ~~women~~**  
13 **people, newborns and young children, and with the**  
14 **provision of accessible water filters in homes found to**  
15 **have elevated lead levels in potable water (Directive to**  
16 **Take Action); and be it further**  
17

18 **RECOMMENDATION B:**

19  
20 **Madam Speaker, your Reference Committee**  
21 **recommends Resolution 432 be adopted as amended.**  
22

23 **RECOMMENDATION C:**

24  
25 **Madam Speaker, your Reference Committee**  
26 **recommends that the title be changed of Resolution 432**  
27 **to read as follows:**  
28

29 **DECREASING LEAD EXPOSURE**

30  
31 **HOD ACTION: Resolution 432 be adopted as amended with**  
32 **a change in title.**  
33 ¶

34 **RESOLVED, that our American Medical Association reaffirm the following policy H-**  
35 **135.928, “Safe Drinking Water” in support of EPA’s Lead and Copper Rule and evidence-**  
36 **based research demonstrating there is no safe level of lead for humans and therefore**  
37 **warrants immediate Federal, State, and municipal action (Reaffirm HOD Policy); and be it**  
38 **further**  
39

40 **RESOLVED, that our AMA advocates for accessible testing of domestic water supplies,**  
41 **prioritizing testing for lead in potable water used by pregnant women, newborns and young**  
42 **children, with the provision of accessible water filters in homes found to have elevated**  
43 **lead levels in potable water (Directive to Take Action); and be it further**  
44

45 **RESOLVED, that our AMA supports increased funding for lead pipe replacement and**  
46 **other steps to eliminate lead from public and private drinking water supplies (Directive to**  
47 **Take Action); and be it further**  
48

49 **RESOLVED, that our AMA promotes community awareness and education campaigns on**  
50 **the causes and risks of lead in drinking water and steps that can be taken to eliminate**  
51 **these risks (Directive to Take Action); and be it further**

1  
2 RESOLVED, that our AMA supports the development and use of searchable registries of  
3 housing units known to have unresolved lead in the drinking water due to lead connectors  
4 to water mains or other sources of lead in the drinking water in cities with significant public  
5 lead exposure (Directive to Take Action); and be it further

6  
7 RESOLVED, that our AMA urges healthcare providers to increase screening for lead  
8 exposure, particularly in areas known to have lead pipes, and particularly in underserved  
9 areas (Directive to Take Action); and be it further

10  
11 RESOLVED, that our AMA calls for research into innovative and cost-effective methods  
12 for elimination of lead in public and private water supplies and lead from lead pipe  
13 connectors to such water supplies (Directive to Take Action).

14  
15 Your Reference Committee heard mostly supportive testimony. Resolution authors and  
16 others testified that despite improvements in lead exposure over the past few decades, it  
17 remains a concern, particularly among young children in historically marginalized  
18 communities. Two amendments were proffered; one to align language around individuals  
19 who are pregnant to preferred terminology and the other to remove the reference to urban  
20 areas in the title, as lead exposure in drinking water is a concern in rural communities. The  
21 Reference Committee agreed these minor changes were relevant and therefore, Madam  
22 Speaker, your Reference Committee recommends that Resolution 432 be adopted as  
23 amended.

24  
25 (30) RESOLUTION 433 – IMPROVING HEALTHCARE OF  
26 RURAL MINORITY POPULATIONS

27  
28 **RECOMMENDATION A:**

29  
30 **Madam Speaker, your Reference Committee**  
31 **recommends that the first Resolve of Resolution 433 be**  
32 **amended by addition and deletion to read as follows:**

33  
34 **RESOLVED, that our American Medical Association**  
35 **encourage health promotion, access to care, and**  
36 **disease prevention through educational efforts and**  
37 **publications specifically tailored to ~~rural minorities~~**  
38 **minority communities in rural areas (Directive to Take**  
39 **Action); and be it further**

40  
41 **RECOMMENDATION B:**

42  
43 **Madam Speaker, your Reference Committee**  
44 **recommends that the second Resolve of Resolution 433**  
45 **be amended by addition and deletion to read as follows:**

46  
47 **RESOLVED, that our AMA encourage enhanced**  
48 **understanding by federal, state and local governments**  
49 **of the unique health and health-related needs, including**  
50 **mental health, of ~~rural minorities~~ minority communities**

1 in rural areas in an effort to improve their quality of life;  
2 (New HOD Policy) and be it further  
3

4 **RECOMMENDATION C:**

5  
6 Madam Speaker, your Reference Committee  
7 recommends that the third Resolve of Resolution 433  
8 be amended by addition and deletion to read as follows:  
9

10 **RESOLVED**, that our AMA encourage the collection of  
11 vital statistics and other relevant demographic data of  
12 rural minorities minority communities in rural areas  
13 (New HOD Policy); and be it further  
14

15 **RECOMMENDATION D:**

16  
17 Madam Speaker, your Reference Committee  
18 recommends that the fourth Resolve of Resolution 433  
19 be amended by addition and deletion to read as follows:  
20

21 **RESOLVED**, that our AMA encourage advise  
22 organizations of the importance of ~~rural~~ minority health  
23 in rural areas (New HOD Policy); and be it further  
24

25 **RECOMMENDATION E:**

26  
27 Madam Speaker, your Reference Committee  
28 recommends that the fifth Resolve of Resolution 433 be  
29 amended by addition and deletion to read as follows:  
30

31 **RESOLVED**, that our AMA research and study health  
32 issues unique to ~~rural minorities~~ minority communities  
33 in rural areas, such as access to care difficulties  
34 (Directive to Take Action); and be it further  
35

36 **RECOMMENDATION F:**

37  
38 Madam Speaker, your Reference Committee  
39 recommends that the sixth Resolve of Resolution 433  
40 be amended by addition and deletion to read as follows:  
41

42 **RESOLVED**, that our AMA channel existing policy for  
43 telehealth to support ~~rural~~ minority communities in  
44 rural areas (Directive to Take Action); and be it further  
45

46 **RECOMMENDATION G:**

47  
48 Madam Speaker, your Reference Committee  
49 recommends that the seventh Resolve of Resolution  
50 433 be amended by addition and deletion to read as  
follows:

**RESOLVED, that our AMA will encourage our Center for Health Equity to support rural minority health in rural areas through programming, equity initiatives, and other representation efforts. (New HOD Policy)**

**RECOMMENDATION H:**

**Madam Speaker, your Reference Committee recommends that Resolution 433 be adopted as amended.**

**RECOMMENDATION I:**

**Madam Speaker, your Reference Committee recommends that the title be changed of Resolution 433 to read as follows:**

**IMPROVING HEALTHCARE OF MINORITY COMMUNITIES IN RURAL AREAS**

**HOD ACTION: Resolution 433 be adopted as amended with a change in title.**

RESOLVED, that our American Medical Association encourage health promotion, access to care, and disease prevention through educational efforts and publications specifically tailored to rural minorities (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage federal, state and local governments of the unique health and health-related needs of rural minorities in an effort to improve their quality of life; (New HOD Policy) and be it further

RESOLVED, that our AMA encourage the collection of vital statistics and other relevant demographic data of rural minorities (New HOD Policy); and be it further

RESOLVED, that our AMA encourage organizations of the importance of rural minority health (New HOD Policy); and be it further

RESOLVED, that our AMA research and study health issues unique to rural minorities, such as access to care difficulties (Directive to Take Action); and be it further

RESOLVED, that our AMA channel existing policy for telehealth to support rural minority communities (Directive to Take Action); and be it further

RESOLVED, that our AMA will encourage our Center for Health Equity to support rural minority health through programming, equity initiatives, and other representation efforts. (New HOD Policy)

Your Reference Committee heard testimony mostly in support of this resolution and praise for bringing this issue to the forefront. There were some questions as to which minority populations were specifically included as rural minorities. Your Reference Committee believed it was best to not list specific groups, but to clarify the language throughout by

- 1 changing it from “rural minorities” to “minority communities in rural areas.” Your Reference
- 2 Committee also agreed with an amendment to specifically include reference to mental
- 3 health. Therefore, your Reference Committee recommends adoption as amended.



**RECOMMENDED FOR ADOPTION IN LIEU OF**

- 1  
2  
3 (31) RESOLUTION 417 – REDUCING JOB-RELATED  
4 CLIMATE RISK FACTORS  
5 RESOLUTION 419 – ADDRESSING THE HEALTH RISKS  
6 OF EXTREME HEAT  
7

8 **RECOMMENDATION:**  
9

10 **Madam Speaker, your Reference Committee**  
11 **recommends that Alternate Resolution 417 be adopted**  
12 **in lieu of Resolution 417 and 419.**  
13

14 **ADDRESSING THE HEALTH RISKS OF EXTREME**  
15 **TEMPERATURES**  
16

17 **RESOLVED, that our American Medical Association**  
18 **support the creation of federal occupational outdoor**  
19 **heat standards and the establishment of enforceable**  
20 **indoor temperature standards (addressing both cold**  
21 **and hot temperatures), for occupational settings,**  
22 **incarceration facilities (e.g., prisons, jails, and**  
23 **detention centers), schools, licensed health care and**  
24 **other congregate facilities (New HOD Policy); and be it**  
25 **further**  
26

27 **RESOLVED, that our American Medical Association**  
28 **support funding for cooling and heating centers as**  
29 **well as subsidizing energy costs to provide adequate**  
30 **heating and cooling for low-income households to**  
31 **maintain safe temperatures during periods of extreme**  
32 **temperature. (New HOD Policy)**  
33

34 **HOD ACTION: Alternate Resolution 417 be adopted in lieu**  
35 **of Resolution 417 and 419.**  
36

37 RESOLVED, that our American Medical Association support enforcement of existing  
38 outdoor health standards and the establishment of enforceable indoor heat and outdoor  
39 cold illness prevention standards, for occupational settings, schools, licensed health care  
40 and other congregate facilities. (New HOD Policy)  
41

42 RESOLVED, that our American Medical Association support funding for subsidizing  
43 energy costs and air conditioning units for low-income households to maintain safe  
44 temperatures during periods of extreme temperature (New HOD Policy); and be it further  
45

46 RESOLVED, that our AMA support the implementation and enforcement of state and  
47 federal temperature standards in prisons, jails, and detention centers, including the  
48 implementation of air conditioning in areas that experience dangerously high  
49 temperatures. (New HOD Policy)

1 Your Reference Committee heard testimony in support of these two resolutions and it was  
2 noted that they are very similar in intent. Two groups testifying supported the combination  
3 into a single alternate resolution and alternative resolution text was proffered. The original  
4 resolution authors testified that they supported the proposed amendment that combined  
5 the two resolutions, and the Reference Committee agrees that this new resolution text  
6 streamlines the two original resolutions and provides greater clarity. Madam Speaker, your  
7 Reference Committee recommends that Alternate Resolution 417 be adopted in lieu of  
8 Resolutions 417 and 419.

9  
10 (32) RESOLUTION 423 – HPV VACCINATION TO PROTECT  
11 HEALTHCARE WORKERS OVER AGE 45

12  
13 **RECOMMENDATION:**

14  
15 **Madam Speaker, your Reference Committee**  
16 **recommends that Alternate Resolution 423 be adopted**  
17 **in lieu of Resolution 423.**

18  
19 **RESOLVED, that our AMA encourage the CDC to review**  
20 **the available evidence for recommending the HPV**  
21 **vaccine for health care professionals to prevent health**  
22 **care related infection of HPV (Directive to Take Action);**  
23 **and be it further**

24  
25 **RESOLVED, that our AMA supports the need for**  
26 **additional ongoing research regarding minimization of**  
27 **occupational exposure to HPV, including through use**  
28 **of personal protective equipment. (New HOD Policy)**

29  
30 **HOD ACTION: Alternate Resolution 423 be adopted in lieu**  
31 **of Resolution 423.**

32  
33 **RESOLVED, that our American Medical Association support all health care workers**  
34 **(HCWs) who might be exposed to HPV in the course of their clinical duties and strongly**  
35 **encourage them to wear masks, preferably N-95 (New HOD Policy); and be it further**

36  
37 **RESOLVED, that our AMA will work with appropriate stakeholders to ensure that the HPV**  
38 **vaccine should be offered to all HCWs with potential exposure to HPV oncogenic material**  
39 **at no or minimal cost to the HCW individual (Directive to Take Action); and be it further**

40  
41 **RESOLVED, that our AMA work with relevant stakeholders, including the CDC, to**  
42 **recommend HPV vaccine to HCWs to prevent health care related transmission. (Directive**  
43 **to Take Action)**

44  
45 Your Reference Committee heard mixed testimony on this item. Supportive testimony  
46 noted that this resolution explicitly bridges coverage and provides cancer prevention to  
47 those older than age 45 who might be exposed to HPV oncogenic material during their  
48 treatment of patients. Testimony in opposition noted the limited data available on  
49 occupational risk to exposure of HPV oncogenic material. Testimony in opposition to the  
50 first Resolve clause noted that it was vague in scope and is not evidence-based. Your  
51 Reference Committee agrees with this amendment. Testimony in opposition of Resolve

1 clause 2 and 3 noted conflict with endorsement of off label use of vaccine given that there  
2 is no study of the efficacy of the HPV vaccine in these individuals. An amendment was  
3 proffered to include a resolve clause asking for further study of the efficacy of HPV  
4 vaccination and the use of PPE to minimize occupational exposure to HPV oncogenic  
5 material. Your Reference Committee agrees with this amendment noting the need for  
6 continued research on the risk of occupational exposure. Further, an amendment was  
7 proffered to address issues with off-label use and the need for a recommendation by  
8 CDC's ACIP to ensure reimbursement. Your Reference Committee agrees with this  
9 amendment. Madam Speaker, your Reference Committee recommends that Alternate  
10 Resolution 423 be adopted in lieu of Resolution 423.

**RECOMMENDED FOR REFERRAL**

(33) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
10 – TEENS AND SOCIAL MEDIA

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that CSAPH Report 10 be referred.**

**HOD ACTION: Council on Science and Public Health Report 10 be referred.**

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

1. That our AMA:

(1) urges physicians to: (a) educate themselves about social media; (b) be prepared to counsel patients and/or their guardians about the potential risks and harms of social media; and (c) consider expanding clinical interviews to inquire about social media use.

(2) encourages further clinical, epidemiological, and interdisciplinary research on the impact of social media on health.

(3) supports education of clinicians, educators, and the public on digital media literacy and the health effects of social media.

(4) recognizes that the relative risks and benefits of social media may depend on individual differences (e.g., social media engagement, pre-existing traits, and environment).

(5) supports legislative, regulatory, and associated initiatives (e.g., development of industry standards, age-appropriate design, and funding programs that support those harmed by online harassment).

(6) will collaborate with professional societies, industry, and other stakeholders to improve social media platform privacy protections, transparency (e.g., algorithmic, data, and process), data sharing processes, and systems for accountability and redress in response to online harassment. (New HOD Policy)

2. That current AMA policy D-478.965, “Addressing Social Media and Social Networking Usage and its Impacts on Mental Health D-478.965” be amended by addition and deletion to read as follows:

Our AMA: (1) will collaborate with relevant professional organizations to: (a) support the development of continuing education programs to enhance physicians’ knowledge of the health impacts of social media and social networking usage; and (b) support the development of effective clinical tools and protocols for the identification, treatment, and referral of children, adolescents, and adults at risk for and experiencing health sequelae of social media and social networking usage; (2) advocates for schools to provide safe and effective educational programs by which so that (a) all students can learn to identify and mitigate the onset of mental health sequelae of social media and social networking usage, (b) all students develop skills in digital literacy to serve as an individual protective

1 foundation for interaction with various types of digital media (including social media), and  
2 (c) at risk students' access to social media can be limited and/or closely monitored as  
3 individually appropriate; (3) affirms that use of social media and social networking has the  
4 potential to positively or negatively impact the physical and mental health of individuals,  
5 especially adolescents and those with preexisting psychosocial conditions; (4) advocates  
6 for and support media and social networking services addressing and developing  
7 safeguards for users, including protections for youth online privacy, effective controls  
8 allowing youth and caregivers to manage screentime content and access, and  
9 development and dissemination of age-appropriate digital literacy training; and (5)  
10 advocates for the study of the positive and negative biological, psychological, and social  
11 effects of social media and social networking services use. (Modify Current HOD Policy)  
12

13 Your Reference Committee heard generally supportive testimony with minor revisions  
14 proposed to the recommendations. Specifically, one delegation proposed removal of  
15 clause 2c in recommendation 2, noting concerns about censorship, and strengthening  
16 language around policy interventions in clause 5 of recommendation 2. This was  
17 supported by multiple delegations. While there was unanimous support for the amended  
18 recommendations, the same delegation had reservations regarding the body of the report  
19 and therefore proposed referral of the report. Referral was supported by multiple  
20 delegations. Madam Speaker, your Reference Committee recommends that Council on  
21 Science and Public Health Report 10 be referred.

22  
23 (34) RESOLUTION 402 – GUARDIANSHIP AND  
24 CONSERVATORSHIP REFORM

25  
26 **RECOMMENDATION:**

27  
28 **Madam Speaker, your Reference Committee**  
29 **recommends that Resolution 402 be referred.**

30  
31 **HOD ACTION: Resolution 402 be referred.**

32  
33 RESOLVED, that our American Medical Association support federal and state efforts to  
34 collect anonymized data on guardianships and conservatorships to assess the effects on  
35 medical decision making and rates of abuse (New HOD Policy); and be it further

36  
37 RESOLVED, that our AMA study the impact of less restrictive alternatives to  
38 guardianships and conservatorships including supported decision making on medical  
39 decision making, health outcomes, and quality of life. (Directive to Take Action)

40  
41 Your Reference Committee heard mixed testimony on this item. Supportive testimony  
42 noted that a study and more data will help medical professionals to make informed  
43 recommendations and offer alternatives to establishing guardianship or conservatorship  
44 relationships. Testimony also noted the negative impacts of guardianships and  
45 conservatorships given the recent issues highlighted from the Britney Spears case. The  
46 testimony in opposition noted concerns with the logistical, financial, and ethical barriers of  
47 data gathering even if it is anonymized and further noted that it would be difficult to  
48 advocate for collecting data if the data currently does not exist. Your Reference Committee  
49 agrees and also notes that the ask of this item already calls for a study and should include  
50 whether there is any organized database to collect statewide data. Therefore, Madam  
51 Speaker, your Reference Committee recommends that Resolution 402 be referred.

1 (35) RESOLUTION 404 – PROTECTIONS AGAINST  
2 SURGICAL SMOKE EXPOSURE

3  
4 **RECOMMENDATION:**

5  
6 **Madam Speaker, your Reference Committee**  
7 **recommends that Resolution 404 be referred.**

8  
9 **HOD ACTION: Resolution 404 be referred.**

10  
11 RESOLVED, that our American Medical Association support efforts to limit surgical smoke  
12 exposure in operating rooms. (New HOD Policy)

13  
14 Your Reference Committee heard mixed testimony on this resolution. While there was  
15 testimony on the potential health harms, other delegations noted conflicting research on  
16 the subject. Delegations representing some surgical groups cited ergonomic and cost  
17 concerns with surgical smoke mitigation interventions, particularly smoke evacuation  
18 devices. Based on the mixed testimony, the Reference Committee believes there is a need  
19 for further study on this topic. Therefore, Madam Speaker, your Reference Committee  
20 recommends that Resolution 404 be referred.

21  
22 (36) RESOLUTION 427 – CONDEMNING THE UNIVERSAL  
23 SHACKLING OF EVERY INCARCERATED PATIENT IN  
24 HOSPITALS

25  
26 **RECOMMENDATION:**

27  
28 **Madam Speaker, your Reference Committee**  
29 **recommends that Resolution 427 be referred.**

30  
31 **HOD ACTION: Resolution 427 be referred.**

32  
33 RESOLVED, that our American Medical Association condemns the practice of universally  
34 shackling every patient who is involved with the justice system while they receive care in  
35 hospitals and outpatient health care settings (New HOD Policy); and be it further

36  
37 RESOLVED, that our AMA advocate for the universal assessment of every individual who  
38 is involved with the justice system who presents for care, by medical and security staff in  
39 collaboration with correctional officers, to determine whether shackles are necessary or  
40 may be harmful, and, if restraint is deemed necessary, that the least restrictive alternative  
41 to shackling with metal cuffs is used when appropriate (Directive to Take Action; and be it  
42 further

43  
44 RESOLVED, that our AMA advocate nationally for the end of universal shackling, to  
45 protect human and patient rights, improve patient health outcomes, and reduce moral  
46 injury among physicians. (Directive to Take Action)

47  
48 Your Reference Committee heard extensive and mixed testimony on this resolution.  
49 Those in support highlighted that the practice of universally shackling justice-involved  
50 patients in hospitals and outpatient settings is both inhumane and medically unjustifiable.

1 Those in opposition to this resolution cited concern for the safety of medical staff and  
2 noted that tragedies have occurred during this precarious, unpredictable time of transport  
3 and provision of care. There were discussions around possible opt-in and opt-out  
4 provisions related to shackling and whether medical staff are in the best position to advise  
5 on whether shackles are necessary. It was also noted that the terminology is technically  
6 inaccurate as written as shackling only refers to restraints on the ankles and does not  
7 include handcuffs and belly chains. Your Reference Committee acknowledges the  
8 complexity of balancing patient dignity, the safety of health care professionals, and the  
9 responsibility of correctional facilities and staff and therefore recommends referral.

**RECOMMENDED FOR REFERRAL FOR DECISION**

(37) RESOLUTION 421 – ANNUAL CONFERENCE ON THE  
STATE OF OBESITY AND ITS IMPACT ON DISEASE IN  
AMERICA (SODA)

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee  
recommends that Resolution 421 be referred for  
decision.**

**HOD ACTION: Resolution 421 be referred for decision.**

RESOLVED, that our American Medical Association convene an annual meeting of its Federation partners to comprehensively review the impact of obesity on hypertension, cardiovascular disease, type 2 diabetes, metabolic dysfunction-associated hepatitis (MASH) and other related comorbidities with a focus on monitoring epidemiology, developing algorithms to combat disease progression, and coordinating efforts to improve access to care (Directive to Take Action); and be it further

RESOLVED, that our AMA shall feature presentations, workshops, and panel discussions covering the latest research findings, clinical guidelines, and best practices related to the prevention, diagnosis, and management of obesity-related chronic diseases (Directive to Take Action); and be it further

RESOLVED, that our AMA shall invite renowned experts, researchers, clinicians, policymakers, and patient advocates to contribute their insights, experiences, and recommendations during the annual meeting (Directive to Take Action); and be it further

RESOLVED, that our AMA that shall collaborate with relevant stakeholders, including government agencies, healthcare systems, insurers, community organizations, and industry partners, to develop and implement strategies for combating obesity-related chronic diseases (Directive to Take Action); and be it further

RESOLVED, that our AMA assist in the discussion of epidemiological trends, development of evidence-based algorithms for disease management, and coordination of efforts to improve access to care for patients affected by obesity-related chronic diseases (Directive to Take Action); and be it further

RESOLVED, that our AMA shall publish a comprehensive report summarizing the discussions, findings, and recommendations from each annual meeting and disseminate it to member organizations, policymakers, healthcare providers, and the public (Directive to Take Action); and be it further

RESOLVED, that the AMA shall convene the first annual meeting in 2025 and subsequent meetings annually thereafter. (Directive to Take Action)

Your Reference Committee heard general support for bringing organizations together around the issue of obesity. Given the fiscal note, the author raised the possibility of AMA



1 hosting this meeting during the AMA Annual Meeting to reduce costs. Given the specificity  
2 of the multiple resolve statements, it was not clear to your Reference Committee if hosting  
3 this event in conjunction with the Annual Meeting would be feasible and whether it would  
4 impact the fiscal note. There were also suggested amendments to expand the scope of  
5 this to include other conditions. Your Reference Committee believes that this could be a  
6 slippery slope with future resolutions asking for similar meetings on specific conditions.  
7 Therefore, your Reference Committee recommends that this resolution be referred for  
8 decision.

9  
10 (38) RESOLUTION 426 – MATERNAL MORBIDITY AND  
11 MORTALITY: THE URGENT NEED TO HELP RAISE  
12 PROFESSIONAL AND PUBLIC AWARENESS AND  
13 OPTIMIZE MATERNAL HEALTH – A CALL TO ACTION

14  
15 **RECOMMENDATION:**

16  
17 **Madam Speaker, your Reference Committee**  
18 **recommends that Resolution 426 be referred for**  
19 **decision.**

20  
21 **HOD ACTION: Resolution 426 be referred for decision.**

22  
23 RESOLVED, that our AMA policy no. D-245.994 be amended to include the importance  
24 of all women achieving their healthiest weight before pregnancy, maintaining healthy  
25 gestational weight gain and optimizing weight loss postpartum (Modify Current HOD  
26 Policy); and be it further

27  
28 RESOLVED, that our AMA:

- 29 a) Advocate for access to effective obesity treatment (either medical or surgical) for  
30 patients.  
31 b) Advocate for supporting physicians' ability to provide obstetrical and obesity care.  
32 c) Advocate for additional funding for research on medical technology that influences  
33 human behavior to promote healthy living.  
34 d) Reaffirm policy no. H-440.902 and report back at A-25 on research on the medical,  
35 psychological, and socioeconomic issues associated with obesity, including  
36 reimbursement for evaluation and management of patients with obesity, emphasizing pre-  
37 conception, gestational and postpartum obesity.  
38 e) Provide medical recommendations on ways to eliminate barriers identified in prior  
39 obesity research by our AMA.  
40 f) Recommend that approaches to obesity prevention and treatment be included as an  
41 element of medical education. (Directive to Take Action)

42  
43 Your Reference Committee heard limited testimony in support of this resolution as written.  
44 A proposed a substitution that amended existing AMA Policy H-425.976 on Preconception  
45 Care. The substitution was supported in the hearing and your Reference committee  
46 agrees with proposed language. However, because the substitution is an amendment to  
47 existing policy that was not addressed in the original resolution, it cannot be adopted. To  
48 accomplish the goals of the proposed substitution, your Reference Committee  
49 recommends referral for decision so the policy on preconception care can be amended  
50 accordingly.

**RECOMMENDED FOR NOT ADOPTION**

1  
2  
3 (39) RESOLUTION 434 – UNIVERSAL NEWBORN EYE  
4 SCREENING

5  
6 **RECOMMENDATION:**

7  
8 **Madam Speaker, your Reference Committee**  
9 **recommends that Resolution 434 be not adopted.**

10  
11 **HOD ACTION: Resolution 434 be not adopted.**

12  
13 RESOLVED, that our American Medical Association amend AMA policy, Standardization  
14 of Newborn Screening Programs H-245.973 by addition and deletion as follows:

15  
16 Our AMA: (1) recognizes the need for uniform minimum newborn screening (NBS)  
17 recommendations; (2) encourages continued research and discussions on the potential  
18 benefits and harms of NBS for certain diseases; and (3) supports screening for critical  
19 congenital heart defects for newborns following delivery prior to hospital discharge; and  
20 (4) endorses Universal Photographic Newborn Screening as a national practice for  
21 newborn children. (Modify Current HOD Policy)

22  
23 Your Reference Committee heard testimony mostly in opposition to this resolution. It was  
24 noted that there is no scientific evidence to support the use of this exam in this population.  
25 Concerns were expressed both in regard to straining hospital resources and to the  
26 potential for false diagnoses with the risk of this screening in this population outweighing  
27 the benefits. Therefore, your Reference Committee recommends that this resolution not  
28 be adopted.

1 Madam Speaker, this concludes the report of Reference Committee D. I would like to  
2 thank Shaminy Anne Manoranjithan, Shanna M. Combs, MD, Kevin Bernstein, MD, MMS,  
3 John Maa, MD, Kim Templeton, MD, and Edward "Chris" Bush, MD; all those who testified  
4 before the Committee as well as our AMA staff Andrea Garcia, Jane Sachs, Lindsey  
5 Realmuto, and Mary Soliman.

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Shaminy Anne Manoranjithan  
Regional Medical Student

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Edward "Chris" Bush, MD (Alternate)  
Michigan State Medical Society

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Shanna M. Combs, MD (Alternate)  
Texas Medical Association

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John Maa, MD  
California Medical Association

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Kevin Bernstein, MD, MMS  
American Academy of Family  
Physicians

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Kim Templeton, MD  
American Academy of Orthopaedic  
Surgeons

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Dale M. Mandel, MD  
Pennsylvania Medical Society  
Chair