AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-23)

Report of Reference Committee K

Elisa Choi, MD, Chair

RECOMMENDED FOR ADOPTION

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

RECOMMENDED FOR ADOPTION AS AMENDED

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

RECOMMENDED FOR ADOPTION IN LIEU OF

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

RECOMMENDED FOR REFERRAL

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

RECOMMENDED FOR REFERRAL FOR DECISION

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

RECOMMENDED FOR NOT ADOPTION

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

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

Amendments
If you wish to propose an amendment to an item of business, click here: SUBMIT NEW AMENDMENT

RECOMMENDED FOR ADOPTION

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

RECOMMENDATION A:

Your Reference Committee recommends that Board of Trustees Report 2 be adopted and the remainder of the report be filed.

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

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

2. Our AMA supports:

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

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

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

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

3. Our AMA encourages:

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

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

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

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

4. Our AMA encourages:

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

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

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

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

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

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

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

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

RECOMMENDATION A:

Your Reference Committee recommends that Board of Trustees Report 5 be adopted and the remainder of the report be filed.

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

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

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

RECOMMENDATION A:

Your Reference Committee recommends that Board of Trustees Report 14 be adopted and the remainder of the report be filed.

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

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

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

(4) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 5 -- PROMOTING THE USE OF MULTI-USE DEVICES AND SUSTAINABLE PRACTICES IN THE OPERATING ROOM

RECOMMENDATION A:

Your Reference Committee recommends that Council on Science and Public Health 5 be <u>adopted</u> and the remainder of the report be <u>filed</u>.

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

1. That Resolution 936-I-22, which asks for our AMA to advocate for research into and development of intended multi-use operating room equipment and attire over devices, equipment and attire labeled for “single-use” with verified similar safety and efficacy profiles be adopted. (New HOD Policy)

2. That Policy H-480.959, “Reprocessing of Single-Use Medical Devices,” be reaffirmed. (Reaffirm Existing Policy)

3.That our AMA work with interested parties to establish best practices for safe reuse of equipment and improved surgical kits used in the operating room, and to disseminate best practices for reducing waste in the operating room as well as guides for implementing more sustainable purchasing processes in health care. (New HOD Policy)

Testimony on the Council’s report was limited, but supportive. The health care sector is a major contributor of both plastic waste and greenhouse gas emissions. The U.S. health sector is estimated to produce 6 billion tons of waste annually and to be responsible for 8.5 percent of U.S. greenhouse gas emissions. Operating rooms are generally one of the most resource intensive areas within hospitals. There was strong support for our AMA

working with interested parties to develop best practices and guides for sustainable purchasing processes. Therefore, your Reference Committee recommends adoption.

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

RECOMMENDATION A:

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

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

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

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

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

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

(6) RESOLUTION 910 - SICKLE CELL DISEASE WORKFORCE

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 910 be adopted.

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

Sickle Cell Disease H-350.973

Our AMA:
(1) recognizes sickle cell disease (SCD) as a chronic illness;
(2) encourages educational efforts directed to health care providers and the public regarding the treatment and prevention of SCD;
(3) supports the inclusion of SCD in newborn screening programs and encourages genetic counseling for parents of SCD patients and for young adults who are affected, carriers, or at risk of being carriers;
(4) supports ongoing and new research designed to speed the clinical implementation of new SCD treatments;
(5) recommends that SCD research programs have input in the planning stage from the local African American community, SCD patient advocacy groups, and others affected by SCD;
(6) supports the development of an individualized sickle cell emergency care plan by physicians for in-school use, especially during sickle cell crises;
(7) supports the education of teachers and school officials on policies and protocols, encouraging best practices for children with sickle cell disease, such as adequate access to the restroom and water, physical education modifications, seat accommodations during extreme temperature conditions, access to medications, and policies to support continuity of education during prolonged absences from school, in order to ensure that they receive the best in-school care, and are not discriminated against, based on current federal and state protections; and
(8) encourages the development of model school policy for best in-school care for children with sickle cell disease;
(9) supports expanding the health care and research workforce taking care of patients with sickle cell disease; and
(10) collaborates with relevant parties to advocate for improving access to comprehensive, quality, and preventive care for individuals with sickle cell disease, to address crucial care gaps that patients with sickle cell disease face and improve both the quality of care and life for patients affected by sickle cell disease. (Modify Current HOD Policy)

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

(7) RESOLUTION 921 - ADDRESSING DISPARITIES AND LACK OF RESEARCH FOR ENDOMETRIOSIS

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 921 be adopted.

RESOLVED, that our American Medical Association collaborate with stakeholders to recognize endometriosis as an area for health disparities research that continues to

remain critically underfunded, resulting in a lack of evidence-based guidelines for diagnosis and treatment of this condition amongst people of color (Directive to Take Action)

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

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

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

Your Reference Committee heard supportive testimony for this resolution. Our AMA has broad and detailed policy on women's health issues, and the need for research to address health disparities in diseases. For example, in the Code of Medical Ethics 8.5 Disparities in Health Care it states that our AMA "support research that examines health care disparities, including research on the unique health needs of all genders, ethnic groups, and medically disadvantaged populations, and the development of quality measures and resources to help reduce disparities." However, your Reference Committee recommends adoption due to the specificity of the disease, and because our AMA does not currently have policy specifically on endometriosis.

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

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 923 be <u>adopted</u>.

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

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

(9) RESOLUTION 924 - LABORATORY DEVELOPED TESTS
PROPOSED FDA RULE

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 924 be adopted.

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

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

RECOMMENDED FOR ADOPTION AS AMENDED

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

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

2. Our AMA considers drug shortages to be an urgent public health crisis, and recent shortages have had a dramatic and negative impact on the delivery and safety of appropriate health care to patients.

3. Our AMA supports recommendations that have been developed by multiple stakeholders to improve manufacturing quality systems, identify efficiencies in regulatory review that can mitigate drug shortages, and explore measures designed to drive greater investment in production capacity for products that are in short supply, and will work in a collaborative fashion with these and other stakeholders to implement these recommendations in an urgent fashion.

4. Our AMA supports authorizing the Secretary of the U.S. Department of Health and Human Services (DHHS) to expedite facility inspections and the review of manufacturing changes, drug applications and supplements that would help mitigate or prevent a drug shortage.

5. Our AMA will advocate that the US Food and Drug Administration (FDA) and/or Congress require drug manufacturers to establish a plan for continuity of supply of vital and life-sustaining medications and vaccines to avoid production shortages whenever possible. This plan should include establishing the necessary resiliency and redundancy in manufacturing capability to minimize disruptions of supplies in foreseeable circumstances including the possibility of a disaster affecting a plant.

6. The Council on Science and Public Health shall continue to evaluate the drug shortage issue, including the impact of group purchasing organizations and pharmacy

benefit managers on drug shortages, and report back at least annually to the House of Delegates on progress made in addressing drug shortages.

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

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

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

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

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

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

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

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

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

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

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

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

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

20. Our AMA urges the Drug Enforcement Agency and other federal agencies to regularly communicate and consult with the FDA regarding regulatory actions which may impact the manufacturing, sourcing, and distribution of drugs and their ingredients.
20. Our AMA supports innovative approaches for diversifying the generic drug manufacturing base to move away from single-site manufacturing, increasing redundancy, and maintaining a minimum number of manufacturers for essential medicines.
21. Our AMA supports the public availability of FDA facility inspection reports to allow purchasers to better assess supply chain risk.
22. Our AMA opposes the practice of preferring drugs experiencing a shortage on approved pharmacy formularies when other, similarly effective drugs are available in adequate supply but otherwise excluded from formularies or coverage plans.
23. Our AMA shall continue to monitor proposed methodologies for and the implications of a buffer supply model for the purposes of reducing drug shortages and will report its findings as necessary. (Amend HOD Policy)

2. That the following policy be adopted:

Non-Profit or Public Manufacturing of Drugs to Address Generic Drug Shortages
Our AMA:
(1) supports activities which may lead to the stabilization of the generic drug market by non-profit or public entities. Stabilization of the market may include, but is not limited to, activities such as government-operated manufacturing of generic drugs, the manufacturing or purchasing of the required active pharmaceutical ingredients, or fill-finish. Non-profit or public entities should prioritize instances of generic drugs that are actively, at-risk of, or have a history of being, in shortage, and for which these activities would decrease reliance on a small number of manufacturers outside the United States.
(2) encourages government entities to stabilize the generic drug supply market by piloting innovative incentive models for private companies which do not create artificial shortages for the purposes of obtaining said incentives. (New HOD Policy)

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

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

RECOMMENDATION A:

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

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

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

RECOMMENDATION B:

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

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:

a) recognizes past and ongoing practices in the field of genetics, including eugenics, have resulted in harm and decreased the quality of care available to minoritized and marginalized groups, and undermined their trust in the available care. Our AMA strongly supports efforts to counter the impact of these practices.

b) supports efforts to increase the diversity of genetics research participants and for research participants and impacted communities to be appropriately compensated.

c) strongly opposes the use of race, ethnicity, genetic ancestry, sexual orientation, or gender identity as the basis for genetic testing recommendations, or the insurance coverage of genetic tests.

d) supports policies which restrict access to genetic databases, including newborn screening samples or carrier screening results, by law enforcement without a warrant.

States should clearly outline procedures for law enforcement to obtain access to genetic databases when there are compelling public safety concerns, consistent with AMA patient privacy policy.

e) supports an affirmative consent or "opt-in" approach to genetics research including samples stored within large databases and encourages those in stewardship of genetic data to regularly reaffirm consent when appropriate.

f) recognizes that an individual's decision to participate in genetics research can impact others with shared genetic backgrounds and encourages researchers and funding agencies to collaborate with impacted community members to develop guidelines for obtaining and maintaining group consent, in addition to individual informed consent. Our AMA supports widespread use of a robust consent process which informs individuals about what measures are being taken to keep their information private, the difficulties in keeping genetic information fully anonymous and private, and the potential harms and benefits that may come from sharing their data.

g) strongly opposes research seeking to find genetic causes for protected traits, including gender identity, sexual orientation, and differences in ability, unless specifically requested by, or in direct collaboration with, the impacted community. (New HOD Policy)

2. That current AMA policies H-315.983, "Patient Privacy and Confidentiality," H-65.953 "Elimination of Race as a Proxy for Ancestry, Genetics, and Biology in Medical Education, Research and Clinical Practice," and D-350.981 "Racial Essentialism in Medicine" be reaffirmed. (Reaffirm HOD Policy)

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

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

RECOMMENDATION A:

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

9. Our AMA supports that HPV vaccines recommended by the Advisory Committee on Immunization Practices be required for school attendance for all vaccine-eligible individuals.

RECOMMENDATION B:

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

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 amend policy by addition and deletion to read as follows:

HPV-Associated Cancer Prevention, H-440.872
1. Our AMA (a) strongly urges physicians and other health care professionals to educate themselves, appropriate patients, and patients' parents when applicable, about HPV and associated diseases, the importance of initiating and completing HPV vaccination, as well as routine HPV related cancer screening; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and HPV related cancer screening in countries without organized HPV related cancer screening programs.
2. Our AMA will work with interested parties to intensify efforts to improve awareness and understanding about HPV and associated diseases in all individuals, regardless of sex, such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and genital cancer, the availability and efficacy of HPV vaccinations, and the need for routine HPV related cancer screening in the general public.
3. Our AMA supports legislation and funding for research aimed towards discovering screening methodology and early detection methods for other non-cervical HPV associated cancers.
4. Our AMA:
(a) encourages the integration of HPV vaccination and ~~routine cervical~~ appropriate HPV-related cancer screening into all appropriate health care settings and visits,
(b) supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups ~~that benefit most from preventive measures~~, including but not limited to low-income and pre-sexually active populations,
(c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.

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

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

6~~7~~. Our AMA encourages collaboration with interested parties to make available human papillomavirus vaccination to people who are incarcerated for the prevention of HPV-associated cancers.

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

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

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

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

RECOMMENDATION A:

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

1. That our AMA will:

B. Support state and local efforts to ~~decriminalize public intoxication~~ enact alternatives to criminalization of public intoxication, including deflection, diversion, and criminal record expungement policies.

RECOMMENDATION B:

Your Reference Committee recommends that Council on Science and Public Health Report 4 be adopted as amended and the remainder of the report be filed.

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

1. That our AMA will:

A. Monitor the scientific evidence and encourage further research of sobering centers and similar entities for best practices including:

a. Health outcomes from sobering center utilization; and

b. Partnerships with medical personnel and health care entities for policies, protocols and procedures that improve patient outcomes, such as transitions of care and safety measures; and

c. The appropriate level of medical collaboration, evaluation, support, and training of staff in sobering centers; and

d. Health economic analyses for sobering care models in comparison to existing health care, criminal-legal, and community-based systems.

e. Best practices for sobering centers based on location (e.g., urban, suburban, and rural) and community needs.

B. Support state and local efforts to decriminalize public intoxication.

C. Support federal and state-based regulation of sobering centers.

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

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

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

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

RECOMMENDATION A:

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

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

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

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

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

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

7. Our AMA support using existing AMA channels to educate physicians and the public on the dangers of cannabis to children and people who are pregnant or breastfeeding.

RECOMMENDATION B:

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

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

1.Our AMA supports and encourages federal, state, and private sector research on the effects of cannabis marketing to identify best practices in protecting vulnerable

populations, as well as the benefits of safety campaigns such as preventing impaired driving or dangerous use. (New HOD Policy)

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

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

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

5.That our AMA reaffirm policies H-95.952, “Cannabis and Cannabinoid Research,” and H-95.923, “Taxes on Cannabis Products.”

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RESOLVED, That our AMA should advocate for the establishment of preventive measures to reduce exposure of workers to silica levels above the ~~OSHA~~ evidence-based permissible exposure level (PEL) for respirable crystalline silica ~~which is a time-weighted average (TWA) of 50 micrograms per cubic meter (µg/m3) of air~~; and be it further

RECOMMENDATION C:

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

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

RESOLVED, That our AMA should advocate for the establishment of preventive measures to reduce exposure of workers to silica levels above the OSHA permissible exposure level (PEL) for respirable crystalline silica, which is a time-weighted average (TWA) of 50 micrograms per cubic meter (µg/m3) of air; and be it further

RESOLVED, That our AMA should advocate for the establishment of a registry of cases of silicosis to be maintained for workers diagnosed with silicosis resulting from engineered

stonework or from other causes, either by state Departments of Public Health or their Division of Occupational Safety and Health; and be it further

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

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

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

(16) RESOLUTION 902 - POST MARKET RESEARCH TRIALS

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 902 be <u>amended by addition</u> to read as follows:

RESOLVED, That our AMA advocate that the Food and Drug Administration use its authority to require that pharmaceuticals that received approval using surrogate endpoints demonstrate direct clinical benefit in post-market trials<u>, of appropriate size and scope for its relevant patient population,</u> as a condition of continued approval (Directive to Take Action); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 902 be <u>adopted as amended</u>.

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

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

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

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

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

RECOMMENDATION A:

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

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

Television Broadcast and Online Streaming of Sexual Encounters and Public Health Awareness on Social Media Platforms, H-485.994
The AMA urges television broadcasters and online streaming services, producers, ~~and~~ sponsors, and any associated social media outlets to encourage education about ~~heterosexual and LGBTQ+~~ inclusive safe sexual practices, including but not limited to condom use and abstinence, in television or online programming of sexual encounters, and to accurately represent the consequences of unsafe sex.

RECOMMENDATION B:

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

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

Television Broadcast and Online Streaming of Sexual Encounters and Public Health Awareness on Social Media Platforms, H-485.994
The AMA urges television broadcasters and online streaming services, producers, ~~and~~ sponsors, and any associated social media outlets to encourage education about heterosexual and LGBTQ+ inclusive safe sexual practices, including but not limited to condom use and abstinence, in television or online programming of sexual encounters, and to accurately represent the consequences of unsafe sex.

Your Reference Committee heard mixed testimony on this resolution. The testimony acknowledged that ensuring inclusive safe sex practices in television or online programming is important. A proffered amendment proposed to strike "heterosexual and LGBTQ+" noting that safe sex practices apply to all groups and all forms of sex, and this description defeats the intent of inclusivity. Testimony also noted that individuals can identify as LGBTQ+ and engage in heterosexual sexual activities. Your Reference Committee agrees with this proffered amendment and therefore, your Reference Committee recommends Resolution 906 be adopted as amended.

(18) RESOLUTION 913 - PUBLIC HEALTH IMPACTS OF INDUSTRIALIZED FARMS

RECOMMENDATION A:

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

RESOLVED, that our American Medical Association recognizes that concentrated animal feeding operations (CAFOs) ~~as~~ may be a public health hazard; and be it further

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 913 be adopted as amended.

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

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

Your Reference Committee heard mixed testimony on this resolution. Testimony noted universally defining all CAFOs as a "public health hazard" is over-reaching. Testimony also noted that there are many humanitarian arguments against CAFOs and arguments that call for better regulation, but there is limited evidence to categorically define all CAFOs as public health hazards. Your Reference Committee agrees that CAFOs shouldn't be

broadly categorized as a public health hazard but recognizes that they may be a public health hazard. Therefore, your Reference Committee recommends Resolution 913 be adopted as amended.

(19) RESOLUTION 914 - ADVERSE CHILDHOOD EXPERIENCES

RECOMMENDATION A:

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

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

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 914 be adopted as amended.

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

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

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

Testimony was mostly supportive of the intent of Resolution 914, with recognition of the importance of improving the awareness of ACEs, which have lasting negative effects on

health and wellbeing. As noted in testimony, the original ACEs study was conducted from 1995 to 1997. Since then, the list of ACEs used in studies has been expanded. As a result, there are different lists of experiences that encompass what is referred to as an ACE. The Council noted that from a policy perspective, it may be prudent to avoid creating a list of ACEs within AMA policy as the evidence evolves. Your Reference Committee agrees with this approach. It is for this reason that inclusion of the concept of epigenetics, which was raised in testimony, is not being recommended for inclusion. Therefore, your Reference Committee recommends that Resolution 914 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

SUPPORT EDUCATION AND EMERGENCY INTERVENTIONS FOR STATUS EPILEPTICUS

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

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

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

(21) RESOLUTION 904 - UNIVERSAL RETURN-TO-PLAY PROTOCOLS

RECOMMENDATION A:

Your Reference Committee recommends that Alternate Resolution 904 be <u>adopted in lieu of Resolution 904</u>.

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

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

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

(22) RESOLUTION 916 - ELIMINATION OF BUPRENORPHINE DOSE LIMITS

RECOMMENDATION A:

Your Reference Committee recommends that Alternate Resolution 916 be <u>adopted in lieu of Resolution 916.</u>

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

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

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

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

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

RECOMMENDED FOR REFERRAL

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

RECOMMENDATION A:

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

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

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

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 915 be referred.

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

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

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

Testimony highlighted the critical importance of this issue for our nation's youth, but the preponderance of testimony indicated that referral for study was warranted. The Council on Science and Public Health also supported referral and indicated that a study on this topic is underway to make recommendations for teenage use of social media, with a report due back to the House of Delegates at A-24 and this could be considered within that report. Therefore, your Reference Committee recommends referral.

(25) RESOLUTION 922 - PRESCRIPTION DRUG SHORTAGES AND PHARMACY INVENTORIES

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 922 be <u>referred</u>.

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

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

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

RECOMMENDED FOR REFERRAL FOR DECISION

(26) RESOLUTION 909 - HIGH RISK HPV SUBTYPES IN MINORITIZED POPULATIONS

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 909 be referred for decision.

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

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

Your Reference Committee heard testimony that was unanimously supportive of the spirit of this resolution. However, your Reference Committee was alerted to the fact that the original, underlying resolution was modifying an outdated version of H-440.872 that was hosted in PolicyFinder. Your Reference Committee would note that the policy proposals

contained in Resolution 909 are important, timely, and well-supported, and the Reference Committee's recommendation is solely due to a technical error. This technical error was not the fault of the authors and instead due to the internal processing of business from A-23. Your Reference Committee commends the authors for working diligently on this issue and encourages the Board to accept the thrust of the resolution while rectifying the parliamentary glitch. For those reasons, your Reference Committee recommends that Resolution 909 be referred for decision.

RECOMMENDED FOR NOT ADOPTION

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

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 905 <u>be not adopted</u>.

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

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

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

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

Kim Yu, MD
American Academy of Family Physicians

Elizabeth Torres, MD
Texas

Elizabeth Suschana (Alternate)
Connecticut

Patricia Kolowich, MD (Alternate)
Michigan

Nancy Ann Ellerbroek, MD
American College of Radiology

Robert Dannenhoffer, MD
Oregon

Elisa Choi, MD
American College of Physicians
Chair