

## DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2024 Interim 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 (I-24)

Report of Reference Committee K

Cynthia Romero, MD, Chair

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1 Your reference committee recommends the following consent calendar for acceptance:

2  
3 **RECOMMENDED FOR ADOPTION**

- 4  
5 1. BOT 07 - Reevaluation of Scoring Criteria for Rural Communities in the National  
6 Health Service Corps Loan Repayment Program  
7 2. BOT 11 - Carbon Pricing to Address Climate Change  
8 3. CSAPH 03 - HPV-Associated Cancer Prevention  
9 4. Resolution 903 - Improving the Identification of Intimate Partner Violence (IPV) in  
10 People with Disabilities  
11 5. Resolution 909 - Support of Universal School Meals for School Age Children  
12 6. Resolution 910 - Food Insecurity Among Patients with Celiac Disease, Food  
13 Allergies, and Food Intolerance  
14 7. Resolution 915 - Reducing Barriers in Sports Participation for LGBTQIA+ People  
15 8. Resolution 916 - Access to Healthcare for Transgender and Gender Diverse  
16 People in the Carceral System  
17 9. Resolution 929 - Safety Concerns Regarding Inadequate Labeling of Food  
18 Products Upon Ingredient Changes with Known Major Food Allergens  
19

20 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 21  
22 10. CSAPH 01 - Cannabis Therapeutic Claims in Marketing and Advertising  
23 11. CSAPH 04 - Reducing Sodium Intake to Improve Public Health  
24 12. CSAPH 05 - Teens and Social Media  
25 13. Resolution 901 - Heat Alerts and Response Plans  
26 14. Resolution 902 - Advancing Menopause Research and Care  
27 15. Resolution 904 - Regulation of Ionized Radiation Exposure for Healthcare  
28 Workers  
29 16. Resolution 905 - Regulation and Transparency of Contaminants in Menstrual  
30 Hygiene Products  
31 17. Resolution 912 - Assuring Representation of Older Age Adults in Clinical Trials  
32 18. Resolution 913 - Sexually Transmitted Infections are on the Rise in the Senior  
33 Population  
34 19. Resolution 914 - Protecting the Healthcare Supply Chain from the Impacts of  
35 Climate Change  
36 20. Resolution 917 - Mpox Global Health Emergency Recognition and Response

- 1 21. Resolution 918 - Healthcare in Tribal Jails
- 2 22. Resolution 919 - Improving Rural Access to Comprehensive Cancer Care
- 3 Service
- 4 23. Resolution 922 - Advocating for the Regulation of Pink Peppercorn as a Tree Nut
- 5 24. Resolution 931 – Mass Deportation as a Public Health Issue
- 6 25. Resolution 932 – National Preparedness for IV Fluid Shortages

7  
8 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 9
- 10 26. CSAPH 02 - Drug Shortages: 2024 Update
- 11 Resolution 930 - Economic Factors to Promote Reliability of Pharmaceutical
- 12 Supply
- 13 27. Resolution 907 - Call for Study: The Need for Hospital Interior Temperatures to
- 14 be Thermally Neutral to Humans within Those Hospitals
- 15 28. Resolution 911 - Adequate Masking and HPV Education for Health Care Workers
- 16 (including those over age 45)
- 17 29. Resolution 923 - Updated Recommendations for Child Safety Seats

18  
19 **RECOMMENDED FOR REFFERAL**

- 20
- 21 30. Resolution 908 - Support for Doula Care Programs

22  
23 **RECOMMENDED FOR NOT ADOPTION**

- 24
- 25 31. Resolution 928 - Public Safety Agencies Data Collection Enhancement

26  
27 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

- 28
- 29 32. Resolution 920 - Revise FAA Regulations to Include Naloxone (Narcan) in the
- 30 On-Board Medical Kit for Commercial Airlines flying within the Continental United
- 31 States

**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 07 - REEVALUATION  
4 OF SCORING CRITERIA FOR RURAL COMMUNITIES IN  
5 THE NATIONAL HEALTH SERVICE CORPS LOAN  
6 REPAYMENT PROGRAM  
7

8 **RECOMMENDATION:**  
9

10 **Madam Speaker, your Reference Committee**  
11 **recommends that Board of Trustees Report 07 be**  
12 **adopted and the remainder of the report be filed.**  
13

14 **HOD ACTION: Board of Trustees Report 07 be**  
15 **adopted and the remainder of the report be filed.**  
16

17 Therefore, the Board of Trustees recommends that the following recommendations be  
18 adopted and the remainder of the report be filed:

- 19 1) Our AMA supports the efforts of the Health Resources and Services Administration  
20 (HRSA) to conduct a comprehensive reevaluation and assessment of the  
21 effectiveness and equity of the Health Professional Shortage Area scoring criteria in  
22 order to meet the physician workforce needs of rural communities and underserved  
23 areas. (New HOD Policy)  
24 2) Our AMA urges increased federal and state resources to improve the accuracy of the  
25 Shortage Designation Management System (SDMS) data used to determine Health  
26 Professional Shortage Area (HPSA) scoring.  
27 3) AMA policies D-200.980, H-305.925, H-465.988, and H-200.991, which support  
28 funding for NHSC and loan repayment programs, be reaffirmed.  
29 4) AMA policy H-465.997, which supports efforts to place NHSC physicians in  
30 underserved areas, be reaffirmed.  
31 5) AMA policy H-200.972, which supports efforts to increase recruitment and retention  
32 of physicians to practice in HPSAs, be reaffirmed.  
33

34 Your Reference Committee heard unanimously supportive testimony for this report,  
35 highlighting the importance of aligning scoring criteria with the populations that rural  
36 clinics serve. Therefore, your Reference Committee recommends that the Board of  
37 Trustees Report 07 be adopted.  
38

- 39 (2) BOARD OF TRUSTEES REPORT 11 – CARBON  
40 PRICING TO ADDRESS CLIMATE CHANGE  
41

42 **RECOMMENDATION:**  
43

44 **Madam Speaker, your Reference Committee**  
45 **recommends that Board of Trustees Report 11 be**  
46 **adopted and the remainder of the report be filed.**  
47

48 **HOD ACTION: Board of Trustees Report 11 be**  
49 **adopted and the remainder of the report be filed.**

1 The Board of Trustees recommends that the following be adopted and the remainder of  
2 the report be filed.

3  
4 1. Amend current HOD policy, D-135.966: Declaring Climate Change a Public Health  
5 Crisis, by addition to read as follows:

6  
7 1. Our AMA declares climate change a public health crisis that threatens the health and  
8 well-being of all individuals.

9 2. Our AMA will protect patients by advocating for policies that: (a) limit global warming  
10 to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at  
11 a 50 percent reduction in emissions by 2030 and carbon neutrality by 2050, and (c)  
12 support rapid implementation and incentivization of clean energy solutions and  
13 significant investments in climate resilience through a climate justice lens.

14 3. Our AMA will consider signing on to the Department of Health and Human Services  
15 Health Care Pledge and ~~or~~ making a ~~similar~~ commitment to lower its own greenhouse  
16 gas emissions.

17 4. Our AMA encourages the health sector to lead by example in committing to carbon  
18 neutrality by 2050.

19 5. Our AMA will develop a strategic plan for how we will enact our climate change  
20 policies including advocacy priorities and strategies to decarbonize physician practices  
21 and the health sector with report back to the House of Delegates at the 2023 Annual  
22 Meeting.

23 6. Our AMA supports the use of international, federal, regional, and state carbon pricing  
24 systems as an important tool to reduce global greenhouse gas emissions and achieve  
25 net-zero targets. Our AMA recommends that carbon dividends or energy subsidies for  
26 low-income households be a key component of any established carbon pricing system,  
27 to reduce the potential economic burden on households with lower incomes.

28  
29 Your Reference Committee heard unanimously supportive testimony for this report,  
30 including from authors, who had submitted the original resolution that was referred for  
31 study and served as the motivation for this report. Therefore, your Reference Committee  
32 recommends that the Board of Trustees Report 11 be adopted.

33  
34 **(3) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT**  
35 **3 – HPV-ASSOCIATED CANCER PREVENTION**

36  
37 **RECOMMENDATION:**

38  
39 **Madam Speaker, your Reference Committee**  
40 **recommends that the Recommendations in CSAPH**  
41 **Report 3 be adopted and the remainder of the report**  
42 **be filed.**

43  
44 **HOD ACTION: Recommendations in Council on**  
45 **Science and Public Health 3 be adopted and the**  
46 **remainder of the report filed.**

47  
48 The Council on Science and Public Health recommends that the following be adopted,  
49 and the remainder of the report be filed.

50

1 A. That our AMA amend policy H-440.872, "HPV-Associated Cancer Prevention" by  
2 addition and deletion to read as follows:

3  
4 **HPV-Associated Cancer Prevention, H-440.872**

5 1. Our AMA (a) strongly urges physicians and other health care professionals to educate  
6 themselves, appropriate patients, and patients' parents or caregivers when  
7 applicable, about HPV and associated diseases, the importance of initiating and  
8 completing HPV vaccination, as well as routine HPV related cancer screening; and (b)  
9 encourages the development and funding of programs targeted at HPV vaccine  
10 introduction and HPV related cancer screening in countries without organized HPV  
11 related cancer screening programs.

12 2. Our AMA will work with interested parties to intensify efforts to improve awareness  
13 and understanding about HPV and associated diseases in all individuals, regardless of  
14 sex, such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and  
15 genital cancer, the availability and efficacy of HPV vaccinations, and the need for routine  
16 HPV related cancer screening in the general public.

17 3. Our AMA supports legislation and funding for research aimed towards discovering  
18 screening methodology and early detection methods for other non-cervical HPV  
19 associated cancers.

20 4. Our AMA:

21 (a) encourages the integration of HPV vaccination and ~~routine cervical~~ appropriate HPV-  
22 related cancer screening into all appropriate health care settings and visits,

23 (b) supports the availability of the HPV vaccine and routine cervical cancer screening to  
24 appropriate patient groups ~~that benefit most from preventive measures~~, including but not  
25 limited to low-income and pre-sexually active populations,

26 (c) recommends HPV vaccination for all groups for whom the federal Advisory  
27 Committee on Immunization Practices recommends HPV vaccination.

28 5. Our AMA ~~supports will encourage efforts by states appropriate stakeholders to~~  
29 ~~investigate means to increase~~ HPV vaccine availability and accessibility, and HPV  
30 vaccination rates through a combination of policies such as by facilitating administration  
31 of HPV vaccinations in community-based settings ~~including school settings including~~  
32 local health departments and schools, reminder-based interventions, school-entry  
33 requirements, and requirements for comprehensive and evidence-based sexual  
34 education.

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

36 ~~67.~~ Our AMA encourages collaboration with interested parties to make available human  
37 papillomavirus vaccination, according to ACIP recommendations, to people who are  
38 incarcerated for the prevention of HPV-associated cancers.

39 7. Our AMA advocate that racial, ethnic, socioeconomic, and geographic differences in  
40 high-risk HPV subtype prevalence be taken into account during the development, clinical  
41 testing, and strategic distribution of next-generation HPV vaccines

42 8. Our AMA will encourage continued research into (a) interventions that equitably  
43 increase initiation of HPV vaccination and completion of the HPV vaccine series; (b) the  
44 impact of broad opt-out provisions on HPV vaccine uptake; and (c) the impact of the  
45 COVID-19 pandemic and vaccine misinformation on HPV vaccine uptake. (Modify  
46 Current HOD Policy)

47  
48 B. That our AMA adopt the following new HOD policy.

49  
50 **Immunization Requirements**

1 Our AMA recognizes that immunization requirements, including those for school  
2 attendance, serve as a strong motivator for parents and families to immunize their  
3 children according to the schedule recommended by the Centers for Disease Control  
4 and Prevention. (New HOD Policy)  
5

6 C. That our AMA reaffirm Policy H-440.970, "Nonmedical Exemptions from  
7 Immunizations. (Reaffirm HOD Policy)  
8

9 Your Reference Committee heard mostly supportive testimony for this report noting that  
10 the recommendations support efforts to increase HPV vaccine availability and  
11 accessibility, and HPV vaccination rates through a combination of policies. There was  
12 testimony supporting re-referral of CSAPH 3 calling for the report to include  
13 recommendations concerning the risk of HPV exposure to health care personnel during  
14 surgical procedures. However, it was noted that this is out of the scope of the report  
15 which called for a study about HPV vaccination requirements for school entry. It was  
16 also noted that the Council on Science and Public Health is working on a report on  
17 surgical smoke which will include risk of HPV exposure to health care professionals and  
18 appropriate PPE to use. An amendment was proffered to strikeout "school-entry  
19 requirements" because of the lack of positive data on HPV vaccination as a school entry  
20 requirement. There was no testimony in support of this amendment and therefore, your  
21 Reference Committee recommends that the recommendations in Council on Science  
22 and Public Health Report 3 be adopted.  
23

24 **(4) RESOLUTION 903 - IMPROVING THE IDENTIFICATION**  
25 **OF INTIMATE PARTNER VIOLENCE (IPV) IN PEOPLE**  
26 **WITH DISABILITIES**  
27

28 **RECOMMENDATION:**  
29

30 **Madam Speaker, your Reference Committee**  
31 **recommends that Resolution 903 be adopted.**  
32

33 **HOD ACTION: Resolution 903 be adopted.**  
34

35 RESOLVED, that our American Medical Association advocate for increased research on  
36 the prevalence of intimate partner violence (IPV) in people with disabilities and the  
37 unique IPV-related issues faced by people with disabilities (Directive to Take Action);  
38 and be it further

39 RESOLVED, that our AMA advocated for increased research on the efficacy of  
40 population-specific intimate partner violence (IPV) screening tools that address the  
41 specific manifestations of abuse faced by people with disabilities. (Directive to Take  
42 Action)  
43

44 Your Reference Committee heard limited, but supportive testimony on this resolution.  
45 Testimony noted that intimate partner violence is experienced by up to 80 percent of  
46 people with disabilities. Those with physical and developmental disabilities may be more  
47 reliant on their partners or caregivers, thereby setting up a dangerous dynamic where  
48 abusers may be able to physically abuse their victims. Therefore, your Reference  
49 Committee recommends that Resolution 903 be adopted.

1 (5) RESOLUTION 909 - SUPPORT OF UNIVERSAL  
2 SCHOOL MEALS FOR SCHOOL AGE CHILDREN  
3

4 **RECOMMENDATION:**  
5

6 **Madam Speaker, your Reference Committee**  
7 **recommends that Resolution 909 be adopted.**  
8

9 **HOD ACTION: Resolution 909 be adopted.**  
10

11 RESOLVED, that our American Medical Association advocate for federal and state  
12 efforts to adopt, fund, and implement universal school meal programs that include the  
13 provision of breakfast and lunch to all school-aged children, free of charge to families,  
14 regardless of income. (Directive to Take Action)

15  
16 Your Reference Committee heard testimony that was supportive of this resolution. It was  
17 noted that food insecurity and poor nutrition are a massive and pervasive problem.  
18 Universal free school meals can address these problems and are associated with  
19 increased meal participation and potentially increased school attendance, decreased  
20 rates of obesity, and decreased suspensions. Making free meals available to everyone  
21 reduces the stigma associated with free meals. An amendment proposed by an  
22 individual sought to limit the resolution to publicly funded schools, but the majority of the  
23 testimony was in support of the resolution as written. Therefore, your Reference  
24 Committee recommends that Resolution 909 be adopted.  
25

26 (6) RESOLUTION 910 - FOOD INSECURITY AMONG  
27 PATIENTS WITH CELIAC DISEASE, FOOD ALLERGIES,  
28 AND FOOD INTOLERANCE  
29

30 **RECOMMENDATION:**  
31

32 **Madam Speaker, your Reference Committee**  
33 **recommends that Resolution 910 be adopted.**  
34

35 **HOD ACTION: Resolution 910 be adopted.**  
36

37 RESOLVED, that our American Medical Association support federal and state efforts to  
38 increase the affordability and quality of food alternatives for people with celiac disease,  
39 food allergies, and food intolerance (New HOD Policy); and be it further  
40

41 RESOLVED, that our AMA support federal and state efforts to extend requirements for  
42 mandatory nutrient fortification to food alternatives for people with celiac disease, food  
43 allergies, and food intolerance (New HOD Policy); and be it further  
44

45 RESOLVED, that our AMA support efforts to expand nutrition assistance eligibility and  
46 benefits to equitably meet the needs of households affected by celiac disease, food  
47 allergies, and food intolerance and increase access to food alternatives for people with  
48 celiac disease, food allergies, and food intolerance, including, but not limited to, efforts  
49 by food banks and pantries, food delivery systems, and prescription produce programs.  
50 (New HOD Policy)

1 Your Reference Committee heard mostly supportive testimony on this item. It was noted  
2 that food insecurity is extremely prevalent among patients with celiac disease, food  
3 allergies, and food intolerance and it is important to support measures to address food  
4 insecurity in this patient population. An individual in opposition noted that there could be  
5 potential for misuse of nutrition assistance benefits by individuals who receive a celiac  
6 disease diagnosis through methods that are not evidence-based. However, your  
7 Reference Committee wants to note that diagnosis of celiac disease is out of the scope  
8 of this resolution which does not directly address diagnosis of celiac disease. Therefore,  
9 Madam Speaker, your Reference Committee recommends that Resolution 910 be  
10 adopted.

11  
12 **(7) RESOLUTION 915 - REDUCING BARRIERS IN SPORTS**  
13 **PARTICIPATION FOR LGBTQIA+ PEOPLE**

14  
15 **RECOMMENDATION:**

16  
17 **Madam Speaker, your Reference Committee**  
18 **recommends that Resolution 915 be adopted.**

19  
20 **HOD ACTION: Resolution 915 be adopted.**

21  
22 RESOLVED, that our American Medical Association will educate physicians on benefits  
23 and barriers to sports participation affecting LGBTQIA+ communities (Directive to Take  
24 Action); and be it further

25  
26 RESOLVED, that our AMA will support legislative and regulatory protections to ensure  
27 access to participation in sports inclusive of LGBTQIA+ persons. (New HOD Policy)

28  
29 Your Reference Committee heard mostly supportive testimony on this item. It was noted  
30 that prohibiting LGBTQIA+ students from participating in sports is a form of  
31 discrimination on the basis of gender and the social, mental, and physical benefits of  
32 sports participation should be accessible to all. One delegation sought referral of the  
33 second resolve due to vagueness, noting support for the rights of the LGBTQIA+  
34 population to participate in competitive athletics, but noting concerns about the safety or  
35 fairness to biological females at birth when biological males at birth are permitted to  
36 participate in female sports. Since the majority of testimony presented was supportive,  
37 your Reference Committee recommends that Resolution 915 be adopted.

38  
39 **(8) RESOLUTION 916 - ACCESS TO HEALTHCARE FOR**  
40 **TRANSGENDER AND GENDER DIVERSE PEOPLE IN**  
41 **THE CARCERAL SYSTEM**

42  
43 **RECOMMENDATION:**

44  
45 **Madam Speaker, your Reference Committee**  
46 **recommends that Resolution 916 be adopted.**

47  
48 **HOD ACTION: Resolution 916 be adopted.**



1 RESOLVED, that our American Medical Association advocate for readily accessible  
2 gender-affirming care to meet the distinct healthcare needs of transgender and gender  
3 diverse people in the carceral system, including but not limited to gender-affirming  
4 surgical procedures and the continuation or initiation of hormone therapy without  
5 disruption or delay. (Directive to Take Action)  
6

7 Your Reference Committee heard mostly supportive testimony on this item. Testimony  
8 noted that transgender and gender diverse individuals in the carceral system deserve  
9 equitable access to gender-affirming care, such as gender-affirming surgical procedures  
10 and hormone therapy, because these interventions are evidence-based and medically  
11 necessary. An individual in opposition noted that while they support continuation of care,  
12 they have concerns with the initiation of care in carceral settings because many  
13 physicians who treat justice-involved individuals might not have the appropriate skills to  
14 provide the needed care for transgender and gender diverse individuals. Testimony  
15 further noted that most physicians who provide care to justice-involved individuals are  
16 primary care physicians and therefore are appropriately trained to initiate care for  
17 transgender and gender diverse individuals. Your Reference Committee agrees and  
18 therefore, Madam Speaker, your Reference Committee recommends that Resolution  
19 916 be adopted.  
20

21 **(9) RESOLUTION 929 – SAFETY CONCERNS REGARDING**  
22 **INADEQUATE LABELING OF FOOD PRODUCTS UPON**  
23 **INGREDIENT CHANGES WITH KNOWN MAJOR FOOD**  
24 **ALLERGENS**

25  
26 **RECOMMENDATION:**

27  
28 **Madam Speaker, your Reference Committee**  
29 **recommends that Resolution 929 be adopted.**

30  
31 **HOD ACTION: Resolution 929 be adopted.**  
32

33 RESOLVED, that our American Medical Association support legislation or regulation that  
34 any repackaging entity verify with the food manufacturer/distributor as an ordinary  
35 and routine transaction of commerce that no major food allergen ingredient changes  
36 have occurred (New HOD Policy); and be it further  
37

38 RESOLVED, that our AMA support legislation or regulation requiring major food allergen  
39 ingredient changes be labeled and packaged with accentuated, obvious warning labeling  
40 identifying such change. (New HOD Policy)  
41

42 Your Reference Committee received limited testimony on Resolution 929. Testimony  
43 was supportive of the spirit of this resolution but noted that there were questions about  
44 what kinds of entities routinely repackage food products and the burden this additional  
45 labeling may place on retailers. One amendment was proffered to expand the Resolution  
46 regarding aggregate food categories, however your Reference Committee found that  
47 amendment to be outside the scope of the original Resolution and encourages the  
48 authors to resubmit at a future meeting so a worthwhile issue can be fully considered on  
49 its merits. Given the limited, yet supportive testimony, your Reference Committee  
50 recommends that Resolution 929 be adopted.

**RECOMMENDED FOR ADOPTION AS AMENDED**

(10) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
1 – CANNABIS THERAPEUTIC CLAIMS IN MARKETING  
AND ADVERTISING

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee recommends that the Recommendation of CSAPH 1 be amended by addition to read as follows:**

**1. That our AMA:**

- a) Oppose cannabis and cannabis-based product advertising that includes claims or statements that are not supported by peer-reviewed scientific evidence.
- b) Will continue to monitor regulatory approaches to cannabis marketing. (New HOD Policy)

**RECOMMENDATION B:**

**Madam Speaker, your Reference Committee recommends that the Recommendations in CSAPH Report 1 be adopted as amended and the remainder of the report be filed.**

**HOD ACTION: Recommendations in 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, and the remainder of the report be filed.

That our AMA:

- a) Oppose cannabis and cannabis-based product advertising that includes claims or statements that are not supported by scientific evidence.
- b) Will continue to monitor regulatory approaches to cannabis marketing. (New HOD Policy)

Your Reference Committee heard supportive testimony for this report. Testimony noted that the increasing prevalence of cannabis legalization has brought a growing concern regarding the accuracy and transparency of therapeutic claims made in cannabis advertising and marketing. An amendment was proffered to specify the level of scientific evidence. Your Reference Committee agrees and therefore, your Reference Committee recommends that Council on Science and Public Health Report 1 be adopted as amended.

1 (11) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
2 4 – REDUCING SODIUM INTAKE TO IMPROVE PUBLIC  
3 HEALTH  
4

5 **RECOMMENDATION A:**  
6

7 **Madam Speaker, your Reference Committee**  
8 **recommends that the Recommendation of CSAPH 4 be**  
9 **amended by addition to read as follows:**  
10

11 **1) That Policy H-150.929, “Promotion of Healthy**  
12 **Lifestyles I: Reducing the Population Burden of**  
13 **Cardiovascular Disease by Reducing Sodium Intake”**  
14 **be amended by addition and deletion to read as**  
15 **follows:**  
16

17 **Our AMA will:**

18 **(1) Calls for a step-wise, minimum 50% reduction in**  
19 **sodium in processed foods, fast food products, and**  
20 **restaurant meals to be achieved over the next decade.**

21 **(2) Urges the FDA to publish future editions of their**  
22 **voluntary targets expeditiously to make further**  
23 **progress on sodium reduction.**

24 **(3) Supports federal, state, and local efforts to set**  
25 **robust targets for reducing sodium levels in school**  
26 **meals, meals in health care facilities, and other meals**  
27 **provided by daily meal providers.**

28 **(24) Will advocate for federal, state, and local efforts to**  
29 **reduce sodium levels in products from Ffood**  
30 **manufacturers and restaurants should ~~review~~ their**  
31 **product lines and reduce sodium levels to the greatest**  
32 **extent possible, (without increasing levels of other**  
33 **unhealthy ingredients, such as added sugars or**  
34 **artificial ingredients). Gradual but steady reductions**  
35 **over several years may be the most effective way to**  
36 **minimize sodium levels.**

37 **(5) Supports federal, state, and local efforts to require**  
38 **front-of-package warning labels for foods that are high**  
39 **in sodium based on the established recommended**  
40 **daily value.**

41 **(26) To Will assist in achieving the Healthy**  
42 **People ~~2030~~2040 goal for sodium**  
43 **consumption, by will working with the FDA, the**  
44 **National Heart Lung Blood Institute, the Centers for**  
45 **Disease Control and Prevention, the American Heart**  
46 **Association, Academy of Nutrition and Dietetics, and**  
47 **other interested partners to educate consumers about**  
48 **the benefits of long-term, moderate reductions in**  
49 **sodium intake and other dietary approaches to reduce**  
50 **hypertension.**

1 (7) Supports the continuing education of physicians  
2 and other members of the health care team on  
3 counseling patients on lifestyle modification strategies  
4 to manage blood pressure, advocating for culturally  
5 relevant dietary models that reduce sodium intake.

6 (38) Recommends that the FDA consider all options to  
7 promote reductions in the sodium content of  
8 processed foods.

9 (9) Supports further study and evaluation of national  
10 salt reduction programs to determine the viability,  
11 industry engagement, and health and economic  
12 benefits of such programs.

13 (10) Supports federal, state, and local efforts to  
14 regulate advertising of foods and products high in  
15 sodium, especially advertising targeted to children.  
16 (Modify Current HOD Policy)

17  
18 **RECOMMENDATION B:**

19  
20 **Madam Speaker, your Reference Committee**  
21 **recommends that the Recommendations in CSAPH**  
22 **Report 4 be adopted as amended and the remainder of**  
23 **the report be filed.**

24  
25 **HOD ACTION: Recommendations in Council on**  
26 **Science and Public Health Report 4 be adopted as**  
27 **amended and the remainder of the report be filed.**

28  
29 The Council on Science and Public Health recommends that the following be adopted,  
30 and the remainder of the report be filed.

31  
32 1) That Policy H-150.929, "Promotion of Healthy Lifestyles I: Reducing the Population  
33 Burden of Cardiovascular Disease by Reducing Sodium Intake" be amended by addition  
34 and deletion to read as follows:

35  
36 Our AMA will:

37 (1) Calls for a step-wise, minimum 50% reduction in sodium in processed foods, fast  
38 food products, and restaurant meals to be achieved over the next decade.

39 (2) Urges the FDA to publish future editions of their voluntary targets expeditiously to  
40 make further progress on sodium reduction.

41 (3) Supports federal, state, and local efforts to set robust targets for reducing sodium  
42 levels in school meals, meals in health care facilities, and other meals provided by daily  
43 meal providers.

44 (24) Will advocate for federal, state, and local efforts to reduce sodium levels in products  
45 from F-food manufacturers and restaurants ~~should review their product lines and reduce~~  
46 ~~sodium levels to the greatest extent possible, (without increasing levels of other~~  
47 ~~unhealthy ingredients, such as added sugars or artificial ingredients).~~ Gradual but steady  
48 reductions over several years may be the most effective way to minimize sodium levels.

49 (5) Supports federal, state, and local efforts to require front-of-package warning labels  
50 for foods that are high in sodium based on the established recommended daily value.

(26) ~~The~~ Will assist in achieving the Healthy People ~~2030~~~~2040~~ goal for sodium consumption, by ~~will-working~~ with the FDA, the National Heart Lung Blood Institute, the Centers for Disease Control and Prevention, the American Heart Association, and other interested partners to educate consumers about the benefits of ~~long-term,~~ moderate reductions in sodium intake and other dietary approaches to reduce hypertension.

(7) Supports the continuing education of physicians and other members of the health care team on counseling patients on lifestyle modification strategies to manage blood pressure, advocating for culturally relevant dietary models that reduce sodium intake.

(38) Recommends that the FDA consider all options to promote reductions in the sodium content of processed foods.

(9) Supports further study and evaluation of national salt reduction programs to determine the viability, industry engagement, and health and economic benefits of such programs. (Modify Current HOD Policy)

Your Reference Committee heard largely supportive testimony for this report with one comment proposing the addition of two clauses: one on the regulation of advertising foods high in sodium to specific populations and the other asking AMA to work with other interested parties in developing recommendations on salt substitutes. The Council on Science and Public Health was supportive of adding the first proposed clause, with a specific focus on regulating advertising to children, but not of the second, citing limited evidence to make such recommendations. Another minor amendment was proffered to include the Academy of Nutrition and Dietetics in the list of potential partners to work with on meeting the Healthy People 2030 goal to reduce sodium, which was considered a helpful organization to include. Therefore, your Reference Committee recommends that the recommendations in Council on Science and Public Health Report 4 be adopted as amended.

**(12) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
5 – TEENS AND SOCIAL MEDIA**

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee recommends that the second Recommendation in CSAPH Report 5 be amended by addition 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, evidence-based educational programs ~~by which so that~~ (a) all students can learn to**

1 identify and mitigate the onset of mental health  
2 sequelae of social media and social networking  
3 usage, and (b) all students develop skills in digital  
4 literacy to serve as an individual protective foundation  
5 for interaction with various types of digital media  
6 (including social media); (3) affirms that use of social  
7 media and social networking has the potential to  
8 positively or negatively impact the physical and mental  
9 health of individuals, especially adolescents and those  
10 with preexisting psychosocial conditions; (4)  
11 advocates for and support media and social  
12 networking services addressing and developing  
13 safeguards tailored to youth users, including ensuring  
14 robust protections for youth online privacy, providing  
15 effective tools to manage screentime content and  
16 access, considering special circumstances for certain  
17 youth populations (such as LGBTQ+ youth and youth  
18 with disabilities), and promoting the development and  
19 dissemination of age-appropriate digital literacy  
20 training; and (5) advocates for the study of the positive  
21 and negative biological, psychological, and social  
22 effects of social media and social networking services  
23 use. (Modify Current HOD Policy)  
24

25 **RECOMMENDATION B:**

26  
27 **Madam Speaker, your Reference Committee**  
28 **recommends that the Recommendations in CSAPH**  
29 **Report 5 be adopted as amended and the remainder of**  
30 **the report be filed.**  
31

32 **HOD ACTION: Recommendations in Council on**  
33 **Science and Public Health Report 5 be adopted as**  
34 **amended and the remainder of the report be filed.**  
35

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

38  
39 1) That our AMA:

- 40 (1) urges physicians to: (a) educate themselves about social media; (b) be prepared to  
41 counsel patients and/or their guardians about the potential risks and harms of social  
42 media; and (c) consider expanding clinical interviews to inquire about social media use;  
43 (2) encourages further clinical, epidemiological, and interdisciplinary research on the  
44 impact of social media on health;  
45 (3) supports education of clinicians, educators, and the public on digital media literacy  
46 and the health effects of social media;  
47 (4) recognizes that the relative risks and benefits of social media may depend on  
48 individual differences (e.g., social media engagement, pre-existing traits, and  
49 environment);

1 (5) supports legislative, regulatory, and associated initiatives that, at a minimum, provide  
2 youth with strong data privacy protections, require platforms to be designed to align with  
3 child development, and provide transparency into the potential harms posed by  
4 platforms to young people and any steps taken to mitigate those harms; and  
5 (6) will collaborate with professional societies, industry, and other stakeholders to  
6 improve social media platform privacy protections, transparency (e.g., algorithmic, data,  
7 and process), data sharing processes, and systems for accountability and redress in  
8 response to online harassment. (New HOD Policy)

9  
10 2) That current AMA policy D-478.965, "Addressing Social Media and Social Networking  
11 Usage and its Impacts on Mental Health" be amended by addition and deletion to read  
12 as follows:

13  
14 Our AMA: (1) will collaborate with relevant professional organizations to: (a) support the  
15 development of continuing education programs to enhance physicians' knowledge of the  
16 health impacts of social media and social networking usage; and (b) support the  
17 development of effective clinical tools and protocols for the identification, treatment, and  
18 referral of children, adolescents, and adults at risk for and experiencing health sequelae  
19 of social media and social networking usage; (2) advocates for schools to provide safe  
20 and effective educational programs ~~by which~~ so that (a) all students can learn to identify  
21 and mitigate the onset of mental health sequelae of social media and social networking  
22 usage, and (b) all students develop skills in digital literacy to serve as an individual  
23 protective foundation for interaction with various types of digital media (including social  
24 media); (3) affirms that use of social media and social networking has the potential to  
25 positively or negatively impact the physical and mental health of individuals, especially  
26 adolescents and those with preexisting psychosocial conditions; (4) advocates for and  
27 support media and social networking services addressing and developing  
28 safeguards tailored to youth users, including ensuring robust protections for youth online  
29 privacy, providing effective tools to manage screentime content and access, and  
30 promoting the development and dissemination of age-appropriate digital literacy training;  
31 and (5) advocates for the study of the positive and negative biological, psychological,  
32 and social effects of social media and social networking services use. (Modify Current  
33 HOD Policy)

34  
35 Your Reference Committee heard testimony in support of this Council on Science and  
36 Public Health report, which reviews the evidence on the impact of social media on  
37 adolescent health and outlines the positive and negative trends. An amendment was  
38 proposed asking that consideration be given to special circumstances such as for  
39 LGBTQ+ and youth with disabilities. This amendment received support, and the Council  
40 indicated they are not opposed to the amendment as it aligns with discussion in their  
41 report. Additional amendments were proposed to specify the call for further research on  
42 the impact of social media, your Reference Committee does not believe this additional  
43 specificity is necessary. Therefore, your Reference Committee recommends that the  
44 recommendations in Council on Science and Public Health Report 5 be adopted as  
45 amended.

1 (13) RESOLUTION 901 – HEAT ALERTS AND RESPONSE  
2 PLANS  
3

4 **RECOMMENDATION A:**

5  
6 **Madam Speaker, your Reference Committee**  
7 **recommends the second Resolve clause of Resolution**  
8 **901 be amended by addition and deletion to read as**  
9 **follows:**

10  
11 **RESOLVED, that our AMA supports efforts to**  
12 **implement and fund comprehensive heat response**  
13 **plans and ~~allow Federal Emergency Management~~**  
14 **~~Agency funds and resources to be used for heat~~**  
15 **response encourages all relevant government**  
16 **agencies to develop greater capacity to better respond**  
17 **to the consequences of heat emergencies, especially**  
18 **when high temperatures are combined with other**  
19 **emergencies or utility disruptions.**

20  
21 **RECOMMENDATION B:**

22  
23 **Madam Speaker, your Reference Committee**  
24 **recommends that Resolution 901 be adopted as**  
25 **amended.**

26  
27 **HOD ACTION: Resolution 901 be adopted as**  
28 **amended.**

29  
30 **RESOLVED, that our American Medical Association supports federal, state, and local**  
31 **efforts to use the most updated and evidence-based heat index formulas and other**  
32 **relevant factors to accurately estimate heat-related morbidity and mortality, proactively**  
33 **issue heat alerts, and improve implementation of response plans (New HOD Policy); and**  
34 **be it further**

35  
36 **RESOLVED, that our AMA supports efforts to implement and fund comprehensive heat**  
37 **response plans and allow Federal Emergency Management Agency funds and**  
38 **resources to be used for heat response. (New HOD Policy)**

39  
40 Your Reference Committee heard largely supportive testimony on this item. However,  
41 one comment noted that the Federal Emergency Management Agency (FEMA) can  
42 currently respond to extreme heat events, provided the tenets of the Stafford Act are  
43 met. This comment suggested amending the proposed resolution by broadening the  
44 language to include multiple federal agencies, as greater emergency preparedness  
45 efforts for extreme heat emergencies, along with concurrent climate change threats,  
46 should be improved throughout the federal government. In-person testimony supported  
47 the amended resolution proposed in the preliminary report based on the Online  
48 Reference Committee testimony. Therefore, Madam Speaker, your Reference  
49 Committee recommends that Resolution 901 be adopted as amended.



1 (14) RESOLUTION 902 - ADVANCING MENOPAUSE  
2 RESEARCH AND CARE  
3

4 **RECOMMENDATION A:**  
5

6 **Madam Speaker, your Reference Committee**  
7 **recommends that the first Resolve of Resolution 902**  
8 **be amended by addition to read as follows:**  
9

10 **RESOLVED, that our American Medical Association**  
11 **advocate for increased funding for biomedical,**  
12 **behavioral, and public health research on**  
13 **perimenopause, menopause, and related chronic**  
14 **conditions (Directive to Take Action); and be it further**  
15

16 **RECOMMENDATION B:**  
17

18 **Madam Speaker, your Reference Committee**  
19 **recommends that the third Resolve of Resolution 902**  
20 **be amended by addition and deletion to read as**  
21 **follows:**  
22

23 **RESOLVED, that our AMA support efforts to increase**  
24 **awareness and education to the public, health care**  
25 **professionals, patients, and other relevant**  
26 **communities related to menopause, mid-life women's**  
27 **health and related conditions, treatment, and**  
28 **preventive ~~preventative~~ services.**  
29

30 **RECOMMENDATION C:**  
31

32 **Madam Speaker, your Reference Committee**  
33 **recommends that Resolution 902 be adopted as**  
34 **amended.**  
35

36 **HOD ACTION: Resolution 902 be adopted as**  
37 **amended.**  
38

39 **RESOLVED, that our American Medical Association advocate for increased funding for**  
40 **biomedical and public health research on perimenopause, menopause, and related**  
41 **chronic conditions (Directive to Take Action); and be it further**  
42

43 **RESOLVED, that our AMA support expanded training opportunities for medical students,**  
44 **residents, and other health professions trainees to improve care, treatment, and**  
45 **management services for perimenopause, menopause, and related chronic conditions**  
46 **(New HOD Policy); and be it further**  
47

48 **RESOLVED, that our AMA support efforts to increase awareness and education related**  
49 **to menopause, mid-life women's health and related conditions, treatment, and**  
50 **preventative services. (New HOD Policy)**

1 Your Reference Committee heard generally supportive testimony on this resolution.  
2 Minor amendments were proposed to align language with that used by certifying boards  
3 and to specify education actions, which your Reference Committee thought  
4 strengthened the policy. Additional questions were raised around potential vagueness of  
5 the term “support” and that it could result in significant cost to our AMA. However, your  
6 Reference Committee notes that the attached fiscal note to Resolution 902 is “modest”  
7 (between \$1,000 and \$5,000). Therefore, Madam Speaker, your Reference Committee  
8 recommends that Resolution 902 be adopted as amended.

9  
10 **(15) RESOLUTION 904 - REGULATION OF IONIZED**  
11 **RADIATION EXPOSURE FOR HEALTHCARE WORKERS**

12  
13 **RECOMMENDATION A:**

14  
15 **Madam Speaker, your Reference Committee**  
16 **recommends that Resolution 904 be amended by**  
17 **addition and deletion to read as follows:**

18  
19 **RESOLVED, that our American Medical Association**  
20 **encourage public and private healthcare institutions to**  
21 **ensure ~~more~~ comprehensive coverage of different**  
22 **body types by providing readily available PPE that**  
23 **reduces exposure to as low as reasonably achievable**  
24 **~~for more completely protects~~ employees of all genders**  
25 **and pregnancy statuses, ~~such as lead and lead-free~~**  
26 **~~aprons with, capped sleeves, axillary supplements,~~**  
27 **~~and maternity aprons.~~**

28  
29 **RESOLVED, that our AMA work with the appropriate**  
30 **and interested parties to study how best to accomplish**  
31 **comprehensive protection from ionizing radiation for**  
32 **employees, taking into account variation in body**  
33 **types, pregnancy status, specifics of procedures being**  
34 **performed, as well as how exposure can be limited**  
35 **beyond PPE (personal protected equipment), with**  
36 **report back at I-25.**

37  
38 **RECOMMENDATION B:**

39  
40 **Madam Speaker, your Reference Committee**  
41 **recommends that Policy H-440.810, “Availability of**  
42 **Personal Protective Equipment (PPE)”, be reaffirmed.**

43  
44 **RECOMMENDATION C:**

45  
46 **Madam Speaker, your Reference Committee**  
47 **recommends that Resolution 904 be adopted as**  
48 **amended.**

1           **RECOMMENDATION D:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that the title be changed of Resolution**  
5           **904 to read as follows:**

6  
7           **REGULATION OF IONIZING RADIATION EXPOSURE**  
8           **FOR HEALTH CARE WORKERS**

9  
10           **HOD ACTION: Resolution 904 be adopted as**  
11           **amended with a title change.**

12  
13           RESOLVED, that our American Medical Association encourage public and private  
14           healthcare institutions to ensure more comprehensive coverage of different body types  
15           by providing PPE that more completely protects employees of all genders and  
16           pregnancy statuses, such as lead and lead-free aprons with capped sleeves, axillary  
17           supplements, and maternity aprons. (New HOD Policy)

18  
19           Your Reference Committee heard testimony generally supportive of the intent of the  
20           resolution, however there were some concerns with the language as written, resulting in  
21           recommendations for referral. Your Reference Committee, recognizing the complexity of  
22           this issue, proposes amendments to remove prescriptive equipment asks and instead  
23           assert general support for the underlying principles, thus allowing each institution to  
24           devise an exposure limiting strategy that fits their workforce. While there were additional  
25           amendments submitted requesting the issue be studied further, your Reference  
26           Committee recognizes that our AMA historically has deferred to specialty societies as  
27           the subject matter experts for developing specific recommendations about the practice of  
28           their own specialty. Additionally, clause 7 of Policy H-440.810 broadly supports access  
29           to appropriate PPE for various body types, and is also recommended for reaffirmation.  
30           Therefore, Madam Speaker, your Reference Committee recommends that Resolution  
31           904 be adopted as amended.

32  
33           **H-440.810, “Availability of Personal Protective Equipment (PPE)”**

34           Our American Medical Association affirms that the medical staff of each  
35           health care institution should be integrally involved in disaster planning,  
36           strategy and tactical management of ongoing crises.

37           Our AMA supports evidence-based standards and national guidelines for  
38           PPE use, reuse, and appropriate cleaning/decontamination during surge  
39           conditions.

40           Our AMA will advocate that it is the responsibility of health care facilities  
41           to provide sufficient personal protective equipment (PPE) for all  
42           employees and staff, as well as trainees and contractors working in such  
43           facilities, in the event of a pandemic, natural disaster, or other surge in  
44           patient volume or PPE need.

45           Our AMA supports physicians and health care professionals and other  
46           workers in health care facilities in being permitted to use their  
47           professional judgement and augment institution-provided PPE with  
48           additional, appropriately decontaminated, personally-provided personal  
49           protective equipment (PPE) without penalty.

1 Our AMA supports the rights of physicians and trainees to participate in  
2 public commentary addressing the adequacy of clinical resources and/or  
3 health and environmental safety conditions necessary to provide  
4 appropriate and safe care of patients and physicians during a pandemic  
5 or natural disaster.

6 Our AMA will work with the HHS Office of the Assistant Secretary for  
7 Preparedness and Response to gain an understanding of the PPE supply  
8 chain and ensure the adequacy of the Strategic National Stockpile for  
9 public health emergencies.

10 Our AMA encourages the diversification of personal protective equipment  
11 design to better fit all body types, cultural expressions and practices  
12 among health care personnel.

13  
14 **(16) RESOLUTION 905 - REGULATION AND**  
15 **TRANSPARENCY OF CONTAMINANTS IN MENSTRUAL**  
16 **HYGIENE PRODUCTS**

17  
18 **RECOMMENDATION A:**

19  
20 **Madam Speaker, your Reference Committee**  
21 **recommends that the first Resolve of Resolution 905**  
22 **be amended by addition and deletion to read as**  
23 **follows:**

24  
25 **RESOLVED, that our American Medical Association**  
26 **support more comprehensive research on**  
27 **contaminants ingredients in menstrual hygiene**  
28 **products (MHP), including but not limited to tampons,**  
29 **other MHPs, and vaginal wipes, and the absorption of**  
30 **toxins into systemic circulation in an effort to better**  
31 **understand their effects on health (New HOD Policy);**  
32 **and be it further**

33  
34 **RECOMMENDATION B:**

35  
36 **Madam Speaker, your Reference Committee**  
37 **recommends that the second Resolve of Resolution**  
38 **905 be deleted:**

39  
40 **~~RESOLVED, that our AMA support regulations and~~**  
41 **~~legislation that mandate transparency, disclosure, and~~**  
42 **~~accurate labeling of contaminants in menstrual~~**  
43 **~~hygiene products. (New HOD Policy)~~**

44  
45 **RECOMMENDATION C:**

46  
47 **Madam Speaker, your Reference Committee**  
48 **recommends that Resolution 905 be adopted as**  
49 **amended.**

1           **RECOMMENDATION D:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that the title be changed of Resolution**  
5           **905 to read as follows:**

6  
7           **RESEARCH AND TRANSPARENCY OF INGREDIENTS**  
8           **IN MENSTRUAL HYGIENE PRODUCTS**

9  
10           **HOD ACTION: Resolution 905 be adopted as**  
11           **amended with a title change.**

12  
13           RESOLVED, that our American Medical Association support more comprehensive  
14           research on contaminants in menstrual hygiene products (MHP), including but not  
15           limited to tampons, other MHPs, and vaginal wipes, and the absorption of toxins into  
16           systemic circulation in an effort to better understand their effects on health (New HOD  
17           Policy); and be it further

18  
19           RESOLVED, that our AMA support regulations and legislation that mandate  
20           transparency, disclosure, and accurate labeling of contaminants in menstrual hygiene  
21           products. (New HOD Policy)

22  
23           Your Reference Committee heard testimony that it is important to more fully understand  
24           menstrual hygiene product ingredients and their risks. However, there was some  
25           concern about preemptively supporting regulation and legislation without peer-reviewed  
26           scientific evidence of harms of ingredients to support this work. Therefore, Madam  
27           Speaker, your Reference Committee recommends that Resolution 905 be adopted as  
28           amended and the title be changed to reflect the policy therein.

29  
30           **(17) RESOLUTION 912 - ASSURING REPRESENTATION OF**  
31           **OLDER AGE ADULTS IN CLINICAL TRIALS**

32  
33           **RECOMMENDATION A:**

34  
35           **Madam Speaker, your Reference Committee**  
36           **recommends that the first Resolve of Resolution 912**  
37           **be amended by addition and deletion to read as**  
38           **follows:**

39  
40           **RESOLVED, that our American Medical Association**  
41           **specifically advocate for inclusion of older patients**  
42           **(both men and women) by amending H-460.911 as**  
43           **follows:**

44  
45           **H-460.911 Increasing Minority, Female, and other**  
46           **Underrepresented Group Participation in Clinical**  
47           **Research of People Identifying with Minoritized and**  
48           **Marginalized Groups**

49  
50           **1. Our American Medical Association advocates that:**

1 a. The Food and Drug Administration (FDA) and  
2 National Institutes of Health (NIH) conduct annual  
3 surveillance of clinical trials by gender, race, age and  
4 ethnicity, including consideration of pediatric and  
5 elderly populations, and disability status to determine  
6 if proportionate representation of people identifying  
7 with minoritized and marginalized groups, including by  
8 sex, gender, race, ethnicity, and age, women and  
9 minorities including older adults and children if  
10 appropriate and disability status is maintained in  
11 terms of enrollment and retention. This surveillance  
12 effort should be modeled after National Institute of  
13 Health guidelines on the inclusion of women and  
14 minority populations.

15 b. The FDA have a page on its web site that details the  
16 prevalence of people identifying with minoritized and  
17 marginalized groups, including sex, gender, race,  
18 ethnicity, and age, minorities and women and older  
19 adults including those over age 75 and disability  
20 status in its clinical trials and its efforts to increase  
21 their enrollment and participation in this research.

22 c. Resources be provided to community level agencies  
23 that work with people identifying with minoritized and  
24 marginalized groups, including by sex, gender, race,  
25 ethnicity, and age, these minorities, females, older  
26 adults including those over age 75 and disability  
27 status and other underrepresented groups who are not  
28 proportionately represented in clinical trials to address  
29 issues of lack of access, distrust, and lack of patient  
30 awareness of the benefits of trials in healthcare. These  
31 ethnic groups may minorities include Black  
32 Individuals/African Americans, Hispanics or Latino,  
33 Asians/, Pacific Islanders/Native Hawaiians, Middle  
34 Eastern or Northern African, and American Indian or  
35 Alaskan Natives ~~Native Americans.~~

36  
37 **RECOMMENDATION B:**

38  
39 Madam Speaker, your Reference Committee  
40 recommends that the second Resolve of Resolution  
41 912 be deleted:

42  
43 **RESOLVED**, that our AMA ~~monitor the effectiveness of~~  
44 ~~H-460.911 on an annual basis (Directive to Take~~  
45 ~~Action); and be it further~~

1           **RECOMMENDATION C:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that the third Resolve of Resolution 912**  
5           **be amended by addition and deletion to read as**  
6           **follows:**

7  
8           **RESOLVED, that our AMA collaborate with AHRQ,**  
9           **FDA, NIH and other relevant stakeholders interested**  
10           **parties to increase public and physician awareness**  
11           **and education on the topic of inclusivity in clinical trial**  
12           **participation (Directive to Take Action).**

13  
14           **RECOMMENDATION D:**

15  
16           **Madam Speaker, your Reference Committee**  
17           **recommends that the fourth Resolve of Resolution 912**  
18           **be deleted:**

19  
20           ~~**RESOLVED, that our AMA specifically submit**~~  
21           ~~**comments to the FDA on current proposed industry**~~  
22           ~~**guidelines for inclusion of underrepresented**~~  
23           ~~**populations in clinical trials<sup>4</sup> by September 2025.**~~

24  
25           **RECOMMENDATION E:**

26  
27           **Madam Speaker, your Reference Committee**  
28           **recommends that Resolution 912 be adopted as**  
29           **amended.**

30  
31           **HOD ACTION: Resolution 912 be adopted as**  
32           **amended.**

33  
34           **RESOLVED, that our American Medical Association specifically advocate for inclusion of**  
35           **older patients (both men and women) by amending H-460.911 as follows:**

- 36  
37           **1. Our American Medical Association advocates that:**  
38           **a. The Food and Drug Administration (FDA) and National Institutes of Health (NIH)**  
39           **conduct annual surveillance of clinical trials by gender, race, age and ethnicity, ~~including~~**  
40           ~~**consideration of pediatric and elderly populations,**~~ to determine if proportionate  
41           **representation of women and minorities including older adults and children if**  
42           **appropriate is maintained in terms of enrollment and retention. This surveillance effort**  
43           **should be modeled after National Institute of Health guidelines on the inclusion of**  
44           **women and minority populations.**  
45           **b. The FDA have a page on its web site that details the prevalence of minorities and**  
46           **women and older adults including those over age 75 in its clinical trials and its efforts to**  
47           **increase their enrollment and participation in this research.**  
48           **c. Resources be provided to community level agencies that work with those minorities,**  
49           **females, older adults including those over age 75 and other underrepresented groups**  
50           **who are not proportionately represented in clinical trials to address issues of lack of**

1 access, distrust, and lack of patient awareness of the benefits of trials in healthcare.  
2 These minorities include Black Individuals/African Americans, Hispanics, Asians/Pacific  
3 Islanders/Native Hawaiians, and Native Americans (Directive to Take Action); and be it  
4 further

5  
6 RESOLVED, that our AMA monitor the effectiveness of H-460.911 on an annual basis  
7 (Directive to Take Action); and be it further

8  
9 RESOLVED, that our AMA collaborate with AHRQ, FDA, NIH and other relevant  
10 stakeholders to increase public awareness and education on the topic of inclusivity in  
11 clinical trial participation (Directive to Take Action); and be it further

12  
13 RESOLVED, that our AMA specifically submit comments to the FDA on current  
14 proposed industry guidelines for inclusion of underrepresented populations in clinical  
15 trials<sup>1</sup> by September 2025. (Directive to Take Action)

16 Your Reference Committee heard supportive testimony on this item, with some  
17 discussion on amendments to refine implementation. Per AMA policies, your Reference  
18 Committee however proposes amendments to update policy towards person-first  
19 language, and to make ethnicity categories consistent with recommendations from the  
20 Office of Management and Budget. One amendment was proposed to strike an annual  
21 report on this issue, as enrollment by age group is disclosed by the National Institutes of  
22 Health ([here](#), hyperlink available in online report). Additionally, an amendment was  
23 proposed to strike reference to submitting comment on an FDA rule, as that docket has  
24 already been closed as of October 2024, however our AMA did submit comment that  
25 [can be found online](#) (hyperlink available in online report). Therefore, Madam Speaker,  
26 your Reference Committee recommends that Resolution 912 be adopted as amended.

27  
28 **(18) RESOLUTION 913 - SEXUALLY TRANSMITTED**  
29 **INFECTIONS ARE ON THE RISE IN THE SENIOR**  
30 **POPULATION**

31  
32 **RECOMMENDATION A:**

33  
34 **Madam Speaker, your Reference Committee**  
35 **recommends that the first Resolve of Resolution 913**  
36 **be amended by addition and deletion to read as**  
37 **follows:**

38  
39 **RESOLVED, that our American Medical Association**  
40 **advocate and promote the U.S. Preventive Services**  
41 **Task Force (USPSTF) recommendations for STI**  
42 **screening through interested senior older adult**  
43 **advocates ~~such as AARP~~, specifically targeting**  
44 **chlamydia, gonorrhea, human immunodeficiency virus**  
45 **(HIV), HPV and syphilis, for the senior older adult**  
46 **population who are not regularly screened (Directive**  
47 **to Take Action); and be it further**



1           **RECOMMENDATION B:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that the second Resolve of Resolution**  
5           **913 be amended by addition and deletion to read as**  
6           **follows:**

7  
8           **RESOLVED, that our AMA continue to promote**  
9           **discussion, collaboration, and consensus among**  
10          **expert groups and medical specialty societies involved**  
11          **in the development of practice guidelines for sexually**  
12          **transmitted diseases in the ~~senior~~ older adult**  
13          **population (Directive to Take Action); and be it further**  
14

15           **RECOMMENDATION C:**

16  
17          **Madam Speaker, your Reference Committee**  
18          **recommends that the third Resolve of Resolution 913**  
19          **be amended by addition and deletion to read as**  
20          **follows:**

21  
22          **RESOLVED, that our AMA offer CME education**  
23          **regarding best practices for reducing sexually**  
24          **transmitted disease (including oral cancer risks) in the**  
25          **~~senior~~ older adult population through the AMA's Ed**  
26          **Hub as a resource to guide the delivery of clinical**  
27          **preventative services. (Directive to Take Action)**  
28

29           **RECOMMENDATION D:**

30  
31          **Madam Speaker, your Reference Committee**  
32          **recommends that Resolution 913 be adopted as**  
33          **amended.**

34  
35           **RECOMMENDATION E:**

36  
37          **Madam Speaker, your Reference Committee**  
38          **recommends that the title be changed of Resolution**  
39          **913 to read as follows:**

40  
41          **SEXUALLY TRANSMITTED INFECTIONS ARE ON THE**  
42          **RISE IN THE OLDER ADULT POPULATION**

43  
44                  **HOD ACTION: Resolution 913 be adopted as**  
45                  **amended with a title change.**

46  
47          RESOLVED, that our American Medical Association advocate and promote the U.S.  
48          Preventive Services Task Force (USPSTF) recommendations for STI screening through  
49          interested senior advocates such as AARP, specifically targeting chlamydia, gonorrhea,

1 human immunodeficiency virus (HIV), HPV and syphilis, for the senior population who  
2 are not regularly screened (Directive to Take Action); and be it further

3  
4 RESOLVED, that our AMA continue to promote discussion, collaboration, and  
5 consensus among expert groups and medical specialty societies involved in the  
6 development of practice guidelines for sexually transmitted diseases in the senior  
7 population (Directive to Take Action); and be it further

8  
9 RESOLVED, that our AMA offer CME education regarding best practices for reducing  
10 sexually transmitted disease (including oral cancer risks) in the senior population  
11 through the AMA's Ed Hub as a resource to guide the delivery of clinical preventative  
12 services. (Directive to Take Action)

13  
14 Your Reference Committee heard supportive testimony on this item. It was noted that  
15 there has been a rise in STIs in older patients. Health care workers can wrongfully  
16 assume that their older patients are no longer sexually active and are no longer at risk  
17 for STIs, thus decreasing screening and treatment, making this resolution important. An  
18 individual raised concern whether USPSTF screening recommendations applied to older  
19 adults due to the potential for a lack of evidence, yet this resource is the standard for  
20 educating physicians on screening recommendations. Testimony noted that AARP  
21 should be deleted because there is no need to reference a private organization in AMA  
22 policy. Further, the term "senior" was amended to "older adult" to remain consistent with  
23 current AMA policy. Therefore, Madam Speaker, your Reference Committee  
24 recommends that Resolution 913 be adopted as amended.

25  
26 **(19) RESOLUTION 914 - PROTECTING THE HEALTHCARE**  
27 **SUPPLY CHAIN FROM THE IMPACTS OF CLIMATE**  
28 **CHANGE**

29  
30 **RECOMMENDATION A:**

31  
32 **Madam Speaker, your Reference Committee**  
33 **recommends that Resolution 914 be amended by**  
34 **addition to read as follows:**

35  
36 **RESOLVED, that our American Medical Association**  
37 **support the development of strategies and**  
38 **technologies to strengthen supply chain networks,**  
39 **including economic incentives for building climate and**  
40 **disaster resiliency and redundancy into new or updated**  
41 **facilities, increasing emergency stockpiles of key**  
42 **products, and incentivizing the innovation and**  
43 **adoption of reusable medical products to resist the**  
44 **impact of supply chain disturbances. (New HOD Policy)**

45  
46 **RECOMMENDATION B:**

47  
48 **Madam Speaker, your Reference Committee**  
49 **recommends that Resolution 914 be adopted as**  
50 **amended.**

1  
2 **RECOMMENDATION C:**

3  
4 **Madam Speaker, your Reference Committee**  
5 **recommends that the title be changed of Resolution**  
6 **914 to read as follows:**

7  
8 **PROTECTING THE HEALTH CARE SUPPLY CHAIN**  
9 **FROM THE IMPACTS OF DISASTER**

10  
11 **HOD ACTION: Resolution 914 be adopted as**  
12 **amended with a title change.**

13  
14 **RESOLVED**, that our American Medical Association support the development of  
15 strategies and technologies to strengthen supply chain networks, including building  
16 climate resiliency into new or updated facilities, increasing emergency stockpiles of key  
17 products, and incentivizing the innovation and adoption of reusable medical products to  
18 resist the impact of supply chain disturbances. (New HOD Policy)

19  
20 Your Reference Committee heard unanimous testimony calling for our AMA to advocate  
21 for a more resilient supply chain, echoing the discussions heard on CSAPH Report 02,  
22 and Resolutions 930 and 932. Much of the testimony was focused on the ongoing  
23 difficulties caused by Hurricanes Helene and Milton, but past disasters were also cited  
24 as having deleterious impacts on patient care. One amendment was proffered to expand  
25 the scope of the resolution to encompass other disasters, such as earthquakes or war,  
26 which similarly could benefit from increased resiliency and redundancy. Your Reference  
27 Committee therefore recommends that Resolution 914 be adopted as amended.

28  
29 **(20) RESOLUTION 917 - MPOX GLOBAL HEALTH**  
30 **EMERGENCY RECOGNITION AND RESPONSE**

31  
32 **RECOMMENDATION A:**

33  
34 **Madam Speaker, your Reference Committee**  
35 **recommends that the first Resolve of Resolution 917**  
36 **be amended by addition and deletion to read as**  
37 **follows:**

38  
39 **RESOLVED**, that our American Medical Association  
40 promotes the recognition of mpox as a public health  
41 emergency **threat** and the need for ongoing  
42 surveillance, preparedness, and resource allocation to  
43 prevent future outbreaks (New HOD Policy); and be it  
44 further

1           **RECOMMENDATION B:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that the fourth Resolve of Resolution 917**  
5           **be amended by addition to read as follows:**

6  
7           **RESOLVED, that our AMA encourages coordinated**  
8           **national and international efforts to address mpox,**  
9           **including global surveillance, resource sharing,**  
10           **research, and outreach programs that enhance public**  
11           **knowledge of mpox transmission, prevention, and**  
12           **vaccine effectiveness, particularly in resource-**  
13           **constrained settings (New HOD Policy); and be it**  
14           **further**

15  
16           **RECOMMENDATION C:**

17  
18           **Madam Speaker, your Reference Committee**  
19           **recommends that Resolution 917 be adopted as**  
20           **amended.**

21           **HOD ACTION: Resolution 917 be adopted as**  
22           **amended.**

23  
24  
25           RESOLVED, that our American Medical Association promotes the recognition of mpox  
26           as a public health emergency and the need for ongoing surveillance, preparedness, and  
27           resource allocation to prevent future outbreaks (New HOD Policy); and be it further

28  
29           RESOLVED, that our AMA strongly urges federal, state, and local agencies, in  
30           collaboration with public health organizations and medical associations, to develop and  
31           implement effective strategies for the prevention, control, and management of mpox,  
32           with particular focus on marginalized populations such as LGBTQ+ communities and  
33           those living with HIV (New HOD Policy); and be it further

34  
35           RESOLVED, that our AMA supports increased public and private funding for mpox  
36           research, education, vaccination distribution, and long-term patient care, ensuring  
37           equitable access and addressing barriers to healthcare for at-risk populations (New HOD  
38           Policy); and be it further

39  
40           RESOLVED, that our AMA encourages coordinated national and international efforts to  
41           address mpox, including global surveillance, resource sharing, and outreach programs  
42           that enhance public knowledge of mpox transmission, prevention, and vaccine  
43           effectiveness, particularly in resource-constrained settings (New HOD Policy); and be it  
44           further

45  
46           RESOLVED, that our AMA calls for improved response by the Department of Health and  
47           Human Services (HHS) to mpox outbreaks, addressing the failures identified in the  
48           Government Accountability Office (GAO) report, including enhanced communication,  
49           distribution of vaccines and testing, and collaboration with local leaders (New HOD  
50           Policy); and be it further

1  
2 RESOLVED, that our AMA advocates for the inclusion of community-driven, culturally  
3 competent prevention efforts and educational campaigns to reduce stigma, improve  
4 quality of life, and promote health equity for those disproportionately affected by mpox.  
5 (Directive to Take Action)  
6

7 Your Reference Committee heard unanimously supportive testimony on this item.  
8 Testimony noted that mpox was recently declared an international public health  
9 emergency by the WHO and not a domestic public health emergency and thus, the  
10 language was adjusted to better align with recognition of mpox as an infectious disease  
11 threat. It was also noted that this item includes language identifying particular  
12 populations to prioritize outreach, research and prevention efforts towards because they  
13 are disproportionately impacted by mpox. Therefore, Madam Speaker, your Reference  
14 Committee recommends that Resolution 917 be adopted as amended.  
15

16 **(21) RESOLUTION 918 – HEALTHCARE IN TRIBAL JAILS**

17  
18 **RECOMMENDATION A:**

19  
20 **Madam Speaker, your Reference Committee**  
21 **recommends the first Resolve of Resolution 918**  
22 **be amended by addition and deletion to read as**  
23 **follows:**  
24

25 **RESOLVED, that our American Medical**  
26 **Association strongly supports carceral facilities**  
27 **and youth detention centers managed by the**  
28 **Bureau of Indian Affairs Division of Corrections**  
29 **being be eligible for designation designated as**  
30 **Health Professional Shortage Areas and the**  
31 **assignment of U.S. Public Health Service**  
32 **Commissioned Corps officers to these facilities**  
33 **(New HOD Policy);**  
34

35 **RECOMMENDATION B:**

36  
37 **Madam Speaker, your Reference Committee**  
38 **recommends that Resolution 918 be adopted as**  
39 **amended.**  
40

41 **HOD ACTION: Resolution 918 be adopted as**  
42 **amended.**  
43

44 RESOLVED, that our American Medical Association strongly supports carceral facilities  
45 and youth detention centers managed by the Bureau of Indian Affairs Division of  
46 Corrections being designated as Health Professional Shortage Areas and the  
47 assignment of U.S. Public Health Service Commissioned Corps officers to these facilities  
48 (New HOD Policy); and be it further  
49

1 RESOLVED, that our AMA will advocate for the development, staffing, and operation of  
2 sustainable, on-site medical and behavioral health services, including evidence-based  
3 and culturally-appropriate addiction treatment, for incarcerated American Indian and  
4 Alaska Native persons (Directive to Take Action); and be it further

5  
6 RESOLVED, that our AMA strongly supports routine audits and inspection of facilities  
7 managed by the Bureau of Indian Affairs Division of Correction, ensuring that these  
8 facilities abide by all standards and guidelines outlined by the National Commission on  
9 Correctional Health Care. (New HOD Policy)

10  
11 Your Reference Committee heard unanimously supportive testimony on this item with  
12 one minor suggested amendment to improve clarity. Testimony noted that American  
13 Indian and Alaskan Native (AI/AN) communities are deserving of better care and that  
14 tribal jails are severely underfunded and inadequately staffed, often lacking sufficient  
15 health care services, which further exacerbates the health disparities faced by AI/AN  
16 populations. Therefore, Madam Speaker, your Reference Committee recommends that  
17 Resolution 918 be adopted as amended.

18  
19 **(22) RESOLUTION 919 – IMPROVING RURAL ACCESS TO**  
20 **COMPREHENSIVE CANCER CARE SERVICE**

21  
22 **RECOMMENDATION A:**

23  
24 **Madam Speaker, your Reference Committee**  
25 **recommends that the second Resolve Resolution 919**  
26 **be amended by addition to read as follows:**

27  
28 **RESOLVED, that our AMA call for increased federal**  
29 **and state funding to support research on rural cancer**  
30 **disparities and equity in care, access, and outcomes**  
31 **and development of interventions to address those**  
32 **disparities (Directive to Take Action);**

33  
34 **RECOMMENDATION B:**

35  
36 **Madam Speaker, your Reference Committee**  
37 **recommends that the third Resolve of Resolution 919**  
38 **be amended by addition to read as follows:**

39  
40 **RESOLVED, that our AMA advocate for evidence-**  
41 **based collaborative models for innovative**  
42 **telementoring/ teleconsultation between health care**  
43 **systems, academic medical centers, and community**  
44 **physicians to improve access to cancer screening,**  
45 **diagnosis, treatment, rehabilitation, and patient**  
46 **services in rural areas. (Directive to Take Action)**

**RECOMMENDATION C:**

1  
2 **Madam Speaker, your Reference Committee**  
3 **recommends that Resolution 919 be adopted as**  
4 **amended.**

5  
6 **RECOMMENDATION D:**

7  
8 **Madam Speaker, your Reference Committee**  
9 **recommends that the title be changed for Resolution**  
10 **919 to read as follows:**

11  
12 **IMPROVING RURAL ACCESS TO COMPREHENSIVE**  
13 **CANCER CARE SERVICES**

14  
15 **HOD ACTION: Resolution 919 be adopted as**  
16 **amended with a title change.**

17  
18 RESOLVED, that our American Medical Association work with relevant stakeholders to  
19 develop a national strategy to eliminate rural cancer disparities in screening, treatment,  
20 and outcomes and achieve health equity in cancer outcomes across all geographic  
21 regions (Directive to Take Action); and be it further

22  
23 RESOLVED, that our AMA call for increased federal and state funding to support  
24 research on rural cancer disparities in care, access, and outcomes and development of  
25 interventions to address those disparities (Directive to Take Action); and be it further

26  
27 RESOLVED, that our AMA advocate for evidence-based collaborative models for  
28 innovative telementoring/teleconsultation between health care systems, academic  
29 medical centers, and community physicians to improve access to cancer screening,  
30 treatment, and patient services in rural areas. (Directive to Take Action)

31  
32 Your Reference Committee heard supportive testimony on this item. Testimony noted  
33 that rural communities continue to face significant disparities in cancer screening,  
34 diagnosis, treatment, and outcomes, and this resolution helps promote equitable access  
35 to cancer care across geographic regions. It was also noted that this resolution  
36 recognizes the role that innovative telemedicine and teleconsultation services can play in  
37 expanding access to care for rural populations. Amendments were proffered to include  
38 “diagnosis” and “rehabilitation” in the third Resolve noting that this addition would help  
39 recognize the importance of cancer diagnosis and rehabilitation and the need for  
40 improved access to these services. Therefore, your Reference Committee recommends  
41 that Resolution 919 be adopted as amended.

42  
43 **(23) RESOLUTION 922 – ADVOCATING FOR THE**  
44 **REGULATION OF PINK PEPPERCORN AS A TREE NUT**

45  
46 **RECOMMENDATION A:**

47  
48 **Madam Speaker, your Reference Committee**  
49 **recommends that the first Resolve of Resolution 922**

1 be amended by addition and deletion to read as  
2 follows:

3  
4 **RESOLVED**, that our American Medical Association  
5 ~~ask the Food and Drug Administration (FDA), National~~  
6 ~~Institute of Allergy and Infectious Diseases (NIAID),~~  
7 ~~and other relevant stakeholders~~ interested parties  
8 to develop skin antigen testing for pink peppercorn to  
9 further develop research and clinical application  
10 (Directive to Take Action); and be it further

11  
12 **RECOMMENDATION B:**

13  
14 Madam Speaker, your Reference Committee  
15 recommends that the second Resolve of Resolution  
16 922 be amended by addition and deletion to read as  
17 follows:

18  
19 **RESOLVED**, that our AMA ask the ~~FDA, NIAID, and~~  
20 ~~other relevant stakeholders~~ interested parties to  
21 conduct appropriate adequate and well-controlled  
22 studies to determine the cross-reactivity of pink  
23 peppercorn as a tree nut and the prevalence of this  
24 allergy, with subsequent regulation, reporting, and  
25 public education as appropriate.

26  
27 **RECOMMENDATION C:**

28  
29 Madam Speaker, your Reference Committee  
30 recommends that Resolution 922 be adopted as  
31 amended.

32  
33 **RECOMMENDATION D:**

34  
35 Madam Speaker, your Reference Committee  
36 recommends that the title be changed of Resolution  
37 922 to read as follows:

38  
39 **ADVOCATING FOR FURTHER RESEARCH OF PINK**  
40 **PEPPERCORN ALLERGY**

41  
42 **HOD ACTION:** Resolution 922 be adopted as  
43 amended with a title change.

44  
45 **RESOLVED**, that our American Medical Association ask the Food and Drug  
46 Administration (FDA), National Institute of Allergy and Infectious Diseases (NIAID), and  
47 other relevant stakeholders to develop skin antigen testing for pink peppercorn to further  
48 develop research and clinical application (Directive to Take Action); and be it further  
49



1 RESOLVED, that our AMA ask the FDA, NIAID, and other relevant stakeholders to  
2 conduct appropriate studies to determine the cross-reactivity of pink peppercorn as a  
3 tree nut, with subsequent regulation, reporting, and public education as appropriate.  
4 (Directive to Take Action)  
5

6 Your Reference Committee heard generally supportive testimony for the intent of  
7 Resolution 922, with some discussion as to the best implementation of the goal.  
8 Amendments were proffered to simplify the Resolution and to focus our AMA's efforts on  
9 the appropriate public agencies, rather than tasks which are primarily handled by private  
10 entities, with the expectation that private companies would be downstream participants.  
11 Given this testimony, your Reference Committee broadened the language to encompass  
12 all appropriate interested parties. "Relevant stakeholder" was amended to "interested  
13 parties" to remain consistent with AMA language, and other amendments were proffered  
14 to clarify the research required to best accomplish the goal. As such, your Reference  
15 Committee recommends that Resolution 922 be adopted as amended.  
16

17 **(24) RESOLUTION 931 - MASS DEPORTATION AS A PUBLIC**  
18 **HEALTH ISSUE**

19  
20 **RECOMMENDATION A:**

21  
22 **Madam Speaker, your Reference Committee**  
23 **recommends that the first Resolve of Resolution 931**  
24 **be amended by addition and deletion to read as**  
25 **follows:**

26  
27 **RESOLVED, that our American Medical Association**  
28 **(AMA) recognizes mass deportation of immigrants,**  
29 **asylum seekers, and refugees, and others with or**  
30 **seeking an immigration benefit as a public health**  
31 **issue, and recognizes the long-term mental and**  
32 **physical health implications of deportation on**  
33 **individuals, families, and communities; and be it**  
34 **further**

35  
36 **RECOMMENDATION B:**

37  
38 **Madam Speaker, your Reference Committee**  
39 **recommends that the second Resolve of Resolution**  
40 **931 be amended by addition to read as follows:**

41  
42 **RESOLVED, that our AMA oppose deportation of**  
43 **health care workers and medically vulnerable patients**  
44 **solely based on their documentation status; and be it**  
45 **further**

1           **RECOMMENDATION C:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that Resolution 931 be adopted as**  
5           **amended.**

6  
7           **HOD ACTION: Resolution 931 be adopted as amended.**

8  
9           RESOLVED, that our American Medical Association (AMA) recognizes mass deportation  
10          of immigrants, asylum seekers, and refugees as a public health issue, and recognizes  
11          the long-term mental and physical health implications of deportation on individuals,  
12          families, and communities; and be it further

13  
14          RESOLVED, that our AMA oppose deportation of health care workers solely based on  
15          their documentation status; and be it further

16  
17          RESOLVED, that our AMA oppose the large-scale internment of individuals targeted for  
18          deportation efforts.

19  
20          Your Reference Committee heard overwhelmingly supportive testimony on this  
21          resolution, with many personal testimonials regarding colleagues and patients who are  
22          at risk of being deported. There was one call to refer for decision, but the stated purpose  
23          was only to make the language of the resolution more inclusive to a larger population at  
24          risk of deportation. Calls for referral were largely opposed, and your Reference  
25          Committee believes the amended language with the term “immigration benefit” is the  
26          best estimation of an encompassing term that covers the populations of concern that  
27          were previously missing. These populations include those with T visas, U visas,  
28          Deferred Action for Childhood Arrivals (DACA) recipients and non-citizens here under  
29          the Violence Against Women Act (VAWA). Another amendment was proffered to include  
30          medically vulnerable patients in the second Resolve, which was supported by others in  
31          the hearing. As such, your Reference Committee recommends that Resolution 931 be  
32          adopted as amended.

33  
34          **(25) RESOLUTION 932 - NATIONAL PREPAREDNESS FOR**  
35          **IV FLUID SHORTAGES**

36  
37           **RECOMMENDATION A:**

38  
39           **Madam Speaker, your Reference Committee**  
40           **recommends that the first Resolve of Resolution 932**  
41           **be deleted:**

42  
43           ~~RESOLVED, that our American Medical Association~~  
44           ~~advocates that the Secretary of Health and Human~~  
45           ~~Services declare a public health emergency during~~  
46           ~~critical medication and supply shortages, including IV~~  
47           ~~fluids, to enable regulatory flexibility and resource~~  
48           ~~allocation when such shortages significantly impact~~  
49           ~~patient care delivery (Directive to Take Action); and be~~  
50           ~~it further~~

1           **RECOMMENDATION B:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that the second Resolve of Resolution**  
5           **932 be amended by addition to read as follows:**

6  
7           **RESOLVED, that our AMA urges the Centers for**  
8           **Medicare & Medicaid Services to implement policies to**  
9           **temporarily halt financial and other penalties for**  
10           **affected quality metrics during periods of documented**  
11           **medication and IV fluid shortages as well as in other**  
12           **emergencies in order to prevent physicians and**  
13           **hospitals from being penalized for circumstances**  
14           **beyond their control (Directive to Take Action); and be**  
15           **it further**

16  
17           **RECOMMENDATION C:**

18  
19           **Madam Speaker, your Reference Committee**  
20           **recommends that the third Resolve of Resolution 932**  
21           **be deleted:**

22  
23           ~~**RESOLVED, that our AMA works with relevant**~~  
24           ~~**stakeholders to prevent and mitigate all critical**~~  
25           ~~**medications and medical supplies, including**~~  
26           ~~**designating production facilities as critical**~~  
27           ~~**infrastructure, supporting health system contingency**~~  
28           ~~**planning, and developing a national strategic reserve**~~  
29           ~~**(Directive to Take Action).**~~

30  
31           **RECOMMENDATION D:**

32  
33           **Madam Speaker, your Reference Committee**  
34           **recommends that Resolution 932 be adopted as**  
35           **amended.**

36  
37           **RECOMMENDATION E:**

38  
39           **Madam Speaker, your Reference Committee**  
40           **recommends that the title be changed of Resolution**  
41           **932 to read as follows:**

42  
43           **WAIVING QUALITY METRICS IN TIMES OF**  
44           **EMERGENCY**

45  
46           **HOD ACTION: Resolution 932 be adopted as amended**  
47           **with a title change.**

48  
49           **RESOLVED, that our American Medical Association advocates that the Secretary of**  
50           **Health and Human Services declare a public health emergency during critical medication**

1 and supply shortages, including IV fluids, to enable regulatory flexibility and resource  
2 allocation when such shortages significantly impact patient care delivery (Directive to  
3 Take Action); and be it further

4  
5 RESOLVED, that our AMA urges the Centers for Medicare & Medicaid Services to  
6 implement policies to temporarily halt financial and other penalties for affected quality  
7 metrics during periods of documented medication and IV fluid shortages in order to  
8 prevent physicians and hospitals from being penalized for circumstances beyond their  
9 control (Directive to Take Action); and be it further

10  
11 RESOLVED, that our AMA works with relevant stakeholders to prevent and mitigate all  
12 critical medications and medical supplies, including designating production facilities as  
13 critical infrastructure, supporting health system contingency planning, and developing a  
14 national strategic reserve (Directive to Take Action).

15  
16 Your Reference Committee heard significant supportive testimony as to the intent of  
17 Resolution 932, furthering the discussion on supply chain disruptions in CSAPH Report  
18 2, Resolution 914, and Resolution 930. Several testifying described the hardships that  
19 patients have faced due to the national shortage of IV fluids, and how it could have been  
20 prevented by having a more robust and redundant supply chain. While several important  
21 points were raised in this Resolution, your Reference Committee recommends that  
22 Resolves 1 and 3 be incorporated into CSAPH Report 2 and Resolution 914,  
23 respectively. The second Resolve, which is now recommended to stand alone,  
24 represents a gap in AMA policy where physicians may be forced to choose between  
25 preserving their quality metrics or appropriately rationing critical medical supplies in an  
26 emergency situation. While there was testimony noting that the Center for Medicare and  
27 Medicaid Services has waived some quality metrics during the ongoing IV fluid  
28 shortages, there is no guarantee that a similar waiver will be made during future  
29 disasters. Therefore, your Reference Committee recommends that Resolution 932 be  
30 adopted as amended.

**RECOMMENDED FOR ADOPTION IN LIEU OF**

1  
2  
3 **(26)** COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
4 2 – DRUG SHORTAGES: 2024 UPDATE  
5 RESOLUTION 930 - ECONOMIC FACTORS TO  
6 PROMOTE RELIABILITY OF PHARMACEUTICAL  
7 SUPPLY

8  
9 **RECOMMENDATION A:**

10  
11 **Madam Speaker, your Reference Committee**  
12 **recommends that the first Recommendation in CSAPH**  
13 **Report 2 be amended by addition to read as follows:**

14  
15 **26. Our AMA encourages the FDA, the FTC, or other**  
16 **relevant oversight entities, to examine the practice of**  
17 **compounding pharmacies and the entities that utilize**  
18 **them advertising drugs actively in shortage,**  
19 **particularly when targeted to new patients.**

20  
21 **RECOMMENDATION B:**

22  
23 **Madam Speaker, your Reference Committee**  
24 **recommends that the Recommendations in CSAPH**  
25 **Report 2 be adopted as amended in lieu of Resolution**  
26 **930 and the remainder of the report be filed.**

27  
28 **HOD ACTION: Recommendations in CSAPH Report**  
29 **2 be adopted as amended in lieu of Resolution 930**  
30 **and the remainder of the report be filed.**

31  
32 The Council on Science and Public Health recommends that the following be adopted in  
33 lieu of Resolution 922-I-23, and that the remainder of the report be filed:

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

- 36 1. Our American Medical Association considers drug shortages to be an urgent public  
37 health crisis, and recent shortages have had a dramatic and negative impact on the  
38 delivery and safety of appropriate health care to patients.
- 39 2. Our AMA supports recommendations that have been developed by multiple  
40 stakeholders to improve manufacturing quality systems, identify efficiencies in  
41 regulatory review that can mitigate drug shortages, and explore measures designed  
42 to drive greater investment in production capacity for products that are in short  
43 supply, and will work in a collaborative fashion with these and other stakeholders to  
44 implement these recommendations in an urgent fashion.
- 45 3. Our AMA supports authorizing the Secretary of the U.S. Department of Health and  
46 Human Services (DHHS) to expedite facility inspections and the review of  
47 manufacturing changes, drug applications and supplements that would help mitigate  
48 or prevent a drug shortage.

- 1 4. Our AMA will advocate that the U.S. Food and Drug Administration (FDA) and/or  
2 Congress require drug manufacturers to establish a plan for continuity of supply of  
3 vital and life-sustaining medications and vaccines to avoid production shortages  
4 whenever possible. This plan should include establishing the necessary resiliency  
5 and redundancy in manufacturing capability to minimize disruptions of supplies in  
6 foreseeable circumstances including the possibility of a disaster affecting a plant.
- 7 5. The Council on Science and Public Health shall continue to evaluate the drug  
8 shortage issue, including the impact of group purchasing organizations and  
9 pharmacy benefit managers on drug shortages, and report back at least annually to  
10 the House of Delegates on progress made in addressing drug shortages.
- 11 6. Our AMA urges continued analysis of the root causes of drug shortages that includes  
12 consideration of federal actions, evaluation of manufacturer, Group Purchasing  
13 Organization (GPO), pharmacy benefit managers, and distributor practices,  
14 contracting practices by market participants on competition, access to drugs, pricing,  
15 and analysis of economic drivers, and supports efforts by the Federal Trade  
16 Commission (FTC) to oversee and regulate such forces.
- 17 7. Our AMA urges regulatory relief designed to improve the availability of prescription  
18 drugs by ensuring that such products are not removed from the market or caused to  
19 stop production due to compliance issues unless such removal is clearly required for  
20 significant and obvious safety reasons.
- 21 8. Our AMA supports the view that wholesalers should routinely institute an allocation  
22 system that attempts to fairly distribute drugs in short supply based on remaining  
23 inventory and considering the customer's purchase history.
- 24 9. Our AMA will collaborate with medical specialty society partners and other  
25 stakeholders in identifying and supporting legislative remedies to allow for more  
26 reasonable and sustainable payment rates for prescription drugs.
- 27 10. Our AMA urges that during the evaluation of potential mergers and acquisitions  
28 involving pharmaceutical manufacturers, the FTC consult with the FDA to determine  
29 whether such an activity has the potential to worsen drug shortages.
- 30 11. Our AMA urges the FDA to require manufacturers and distributors to provide greater  
31 transparency regarding the pharmaceutical product supply chain, including  
32 production locations of drugs, any unpredicted changes in product demand, and  
33 provide more detailed information regarding the causes and anticipated duration of  
34 drug shortages.
- 35 12. Our AMA supports the collection and standardization of pharmaceutical supply chain  
36 data in order to determine the data indicators to identify potential supply chain  
37 issues, such as drug shortages.
- 38 13. Our AMA encourages global implementation of guidelines related to pharmaceutical  
39 product supply chains, quality systems, and management of product lifecycles, as  
40 well as expansion of global reporting requirements for indicators of drug shortages.
- 41 14. Our AMA urges drug manufacturers to accelerate the adoption of advanced  
42 manufacturing technologies such as continuous pharmaceutical manufacturing, and  
43 supports the use of incentives such as prioritized regulatory review, reduction of user  
44 fees, and direct grant opportunities for manufacturers seeking to invest in  
45 manufacturing processes.
- 46 15. Our AMA supports the concept of creating a rating system to provide information  
47 about the quality management maturity, resiliency and redundancy, and shortage  
48 mitigation plans, of pharmaceutical manufacturing facilities to increase visibility and  
49 transparency and provide incentive to manufacturers. Additionally, our AMA

1 encourages GPOs and purchasers to contractually require manufacturers to disclose  
2 their quality rating, when available, on product labeling.

3 16. Our AMA encourages electronic health records vendors to make changes to their  
4 systems to ease the burden of making drug product changes.

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

7 18. Our AMA urges DHHS and the U.S. Department of Homeland Security to examine  
8 and consider drug shortages as a national security initiative and include vital drug  
9 production sites in the critical infrastructure plan.

10 19. Our AMA urges the Drug Enforcement Agency and other federal agencies to  
11 regularly communicate and consult with the FDA regarding regulatory actions which  
12 may impact the manufacturing, sourcing, and distribution of drugs and their  
13 ingredients.

14 20. Our AMA supports innovative approaches for diversifying the generic drug  
15 manufacturing base to move away from single-site manufacturing, increasing  
16 redundancy, and maintaining a minimum number of manufacturers for essential  
17 medicines.

18 21. Our AMA supports the public availability of FDA facility inspection reports to allow  
19 purchasers to better assess supply chain risk.

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

23 23. Our AMA shall continue to monitor proposed methodologies for and the implications  
24 of a buffer supply model for the purposes of reducing drug shortages and will report  
25 its findings as necessary.

26 24. Our AMA opposes increasing drug prices or waiving fee exemptions in a manner that  
27 incentivizes a drug manufacturer to have its drug be declared in shortage.

28 25. Our AMA opposes the use of punitive fees on physician practices that do not  
29 maintain buffer supplies of drugs.

30 26. Our AMA encourages the FDA, the FTC, or other relevant oversight entities, to  
31 examine the practice of compounding pharmacies advertising drugs actively in  
32 shortage, particularly when targeted to new patients. (Modify Current Policy)

33  
34 2. That the following new HOD policy be adopted:

### 35 36 **Artificial Drug Shortages Limiting Access to Medications**

37  
38 Our AMA will:

39 1. Oppose laws, regulations, or business practices which create artificial scarcity of  
40 drugs, such as limitations on pharmacy procurement or restrictions on which pharmacies  
41 a patient can use, which prevent the filling of an otherwise valid prescription from their  
42 physician;

43 2. Advocate for pharmacies and distributors subject to the national opioid litigation  
44 settlement to make public the specific metrics, formulas, data sources, algorithms,  
45 thresholds and other policies and analyses that are used to delay or deny orders to  
46 pharmacies, restrict physicians' prescribing privileges and other actions that impede  
47 patients' access to medication; and

48 3. Advocate for pharmacies and distributors to provide physicians with all due process  
49 rights and opportunities to contest any decision to restrict a physician's prescribing

1 privileges based on a pharmacy or distributor metric, formula, algorithm or other policy  
2 before such restriction is put into effect. (New HOD Policy)

3  
4 3. That policies H-120.923, "Legalization of Interpharmacy Transfer of Electronic  
5 Controlled Substance Prescriptions", H-120.920, "Access to Medications", and D-  
6 110.987, "The Impact of Pharmacy Benefit Managers on Patients and Physicians" be  
7 reaffirmed. (Reaffirm HOD Policy)

8 RESOLVED, that our American Medical Association amend H-100.956 "National Drug  
9 Shortages" by addition of a new Resolve:

10  
11 Our AMA support federal drug shortage prevention and mitigation programs that create  
12 payer incentives to enable practitioners and participating entities to voluntarily enter  
13 contracts directly with manufacturers that will pay more than prevailing market price for  
14 generic sterile injectable drugs at high risk of shortage to promote stable manufacturing  
15 and reliability of these products. (Modify Current HOD Policy)

16  
17 Testimony on CSAPH 2 was uniformly supportive, with one minor clarifying amendment  
18 to expand the scope of recommendation 26 to include other commercial entities that  
19 may not be registered compounding pharmacies themselves, but otherwise contribute to  
20 the underlying issue discussed in the report. Additionally, Resolution 930 is concerned  
21 with drug shortages and proposes a potential solution, by increasing the direct payments  
22 made for drugs at risk. However, several testifying noted that the recommendation of  
23 930 may be incompatible with recommendation 24 of CSAPH 2, and did not favor  
24 adoption. As such, your Reference Committee recommends that CSAPH 2 as amended  
25 be adopted in lieu of Resolution 930. It is additionally noted that Resolutions 914 and  
26 932, which deal with other aspects of supply chain resilience and emergency response,  
27 are discussed previously in this report and may address some of the testimony heard on  
28 this item.

29  
30 **(27) RESOLUTION 907 - CALL FOR STUDY: THE NEED FOR**  
31 **HOSPITAL INTERIOR TEMPERATURES TO BE**  
32 **THERMALLY NEUTRAL TO HUMANS WITHIN THOSE**  
33 **HOSPITALS**

34  
35 **RECOMMENDATION:**

36  
37 **Madam Speaker, your Reference Committee**  
38 **recommends that Alternate Resolution 907 be adopted**  
39 **in lieu of Resolution 907.**

40  
41 **SUPPORTING SUSTAINABLE HEALTHCARE**  
42 **CERTIFICATION**

43  
44 **RESOLVED, that our AMA supports the Joint**  
45 **Commission's Sustainable Healthcare Certification,**  
46 **which supports health systems in pursuing**  
47 **decarbonization by establishing greenhouse gas**  
48 **(GHG) baseline emissions as well as measuring and**  
49 **documenting GHG reductions.**



**HOD ACTION: Alternate Resolution 907 be adopted  
in lieu of Resolution 907.**

RESOLVED, that our American Medical Association study the potential feasibility of the creation of a hospital accreditation standard for implementation by the Centers for Medicare and Medicaid Services, through accreditation visits provided by The Joint Commission, Det Norske Veritas, and other accrediting agencies, such that hospital internal temperatures will require ongoing monitoring for compliance with a new standard for hospital internal temperatures (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that hospital “common areas” must be maintained within a temperature range across which most humans would be comfortable when dressed for the weather of the season (for example, between 21 degrees C - 25 degrees C), toward decreasing health care’s greenhouse gas impact, with a report back at the 2025 Interim Meeting of the AMA House of Delegates (Directive to Take Action); and be it further

RESOLVED, that our AMA will forward the results of this study regarding the maintaining of hospital internal temperatures within a suitably narrow range to health care journalists, hospital regulators, hospital executives, and other relevant parties, toward the eventual implementation of the findings and recommendations that are anticipated to be reached. (Directive to Take Action)

Your Reference Committee heard mixed testimony on this item, with several commenters opposing the resolution as written and proffering alternate resolutions. Comments in opposition to this resolution noted numerous challenges in the feasibility of studying this issue and/or felt that it was overly prescriptive. Your Council on Science and Public Health proffered an alternate resolution in support of the existing Joint Commission voluntary Sustainable Healthcare Certification, which your Reference Committee believes achieves the original intent of the resolution. Therefore, Madam Speaker, your Reference Committee recommends that Alternate Resolution 907 be adopted in lieu of Resolution 907.

**(28) RESOLUTION 911 - ADEQUATE MASKING AND HPV  
EDUCATION FOR HEALTH CARE WORKERS  
(INCLUDING THOSE OVER AGE 45)**

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee  
recommends that Alternate Resolution 911 be adopted  
in lieu of Resolution 911.**

**PREVENTING HEALTH CARE RELATED  
TRANSMISSION OF HPV**

**RESOLVED, that our American Medical Association  
advocate for improved protection for all health care  
workers and patients who have potential exposure to  
HPV (Directive to Take Action).**

1           **RECOMMENDATION B:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that Policy D-405.967, “HPV Vaccination**  
5           **to Protect Healthcare Workers over Age 45” be**  
6           **reaffirmed.**

7  
8           **HOD ACTION: Alternate Resolution 911 be adopted**  
9           **in lieu of Resolution 911.**

10  
11           RESOLVED, that our American Medical Association advocate for the provision of N-95  
12           masks or equivalent be required for all HCWs (health care workers) and patients who  
13           have potential exposure to HPV (Directive to Take Action); and be it further

14  
15           RESOLVED, that our AMA promote education for medical professionals on the  
16           importance of HPV education and professional responsibilities in these procedures  
17           (Directive to Take Action); and be it further

18  
19           RESOLVED, that our AMA work with the Centers for Disease Control and Prevention  
20           (CDC), the Advisory Committee on Immunization Practices (ACIP) and the Occupational  
21           Safety and Health Administration (OSHA) along with other relevant stakeholders to  
22           address airborne transmission risks of HPV during surgical procedures and to prevent  
23           health care-related transmission.(Directive to Take Action); and be it further

24  
25           RESOLVED, that our AMA Media Relations Team publicize with a press release to  
26           make physicians aware of these new policies, including those outlined in H-440.872,  
27           HPV Associated Cancer Prevention. (Directive to Take Action)

28  
29           Your Reference Committee heard mixed testimony on this item. Testimony against  
30           reaffirmation of this item noted that existing policy is missing the call for universal  
31           masking (preferably N95 or equivalent) of all people in the room including the patient  
32           who may have potential exposure to HPV. Testimony highlighted that data hasn't clearly  
33           established that exposure to aerosolized HPV is the cause of increased head and neck  
34           cancers, and there is also no clear data showing that using N-95 would be protective.  
35           Testimony in opposition of the first Resolve clause also highlighted this lack of data as  
36           well and noted that the other Resolve clauses were reaffirmation. It was also noted that  
37           the Council on Science and Public Health is working on a report on surgical smoke  
38           which will include risk of HPV exposure to health care professionals and appropriate  
39           PPE to use. Therefore, Madam Speaker, your Reference Committee recommends that  
40           alternate resolution 911 be adopted in lieu of Resolution 911 and existing policy be  
41           reaffirmed.

42  
43           **D-405.967 HPV Vaccination to Protect Healthcare Workers over Age 45**

- 44           1. Our American Medical Association encourages the CDC to review the  
45           available evidence for recommending the HPV vaccine for health care  
46           professionals to prevent health care related infection of HPV.  
47           2. Our AMA supports the need for additional ongoing research regarding  
48           minimization of occupational exposure to HPV, including through use  
49           of personal protective equipment.

1 (29) RESOLUTION 923 – UPDATED RECOMMENDATIONS  
2 FOR CHILD SAFETY SEATS  
3

4 **RECOMMENDATION:**  
5

6 **Madam Speaker, your Reference Committee**  
7 **recommends that Alternate Resolution 923 be adopted**  
8 **in lieu of Resolution 923.**  
9

10 **RESOLVED, that our American Medical Association**  
11 **supports the following evidence-based principles on**  
12 **proper child safety seat use:**

- 13 1. **All infants and toddlers should ride in a rear-facing**  
14 **car safety seat as long as possible, until they reach**  
15 **the highest weight or height allowed by the seat's**  
16 **manufacturer.**
- 17 2. **All children who have outgrown the rear-facing**  
18 **weight or height limit for their car safety seat**  
19 **should use a forward-facing car safety seat with a**  
20 **harness for as long as possible, up to the highest**  
21 **weight or height allowed by the seat's**  
22 **manufacturer.**
- 23 3. **All children whose weight or height is above the**  
24 **forward-facing limit for their car safety seat should**  
25 **use a belt-positioning booster seat until the vehicle**  
26 **lap and shoulder seat belt fits properly, typically**  
27 **when they have reached 4 feet 9 inches in height**  
28 **and are between 8 and 12 years of age.**
- 29 4. **When children are old enough and large enough to**  
30 **use the vehicle seat belt alone, they should always**  
31 **use lap and shoulder seat belts for optimal**  
32 **protection.**
- 33 5. **All children younger than 13 years should be**  
34 **restrained in the rear seats of vehicles for optimal**  
35 **protection.**

36  
37 **RESOLVED, that our AMA rescind policy 15.950,**  
38 **“Child Safety Seats – Public Education and**  
39 **Awareness.” (Rescind HOD Policy)**  
40

41 **HOD ACTION: Alternate Resolution 923 be adopted**  
42 **in lieu of Resolution 923.**  
43

44 **RESOLVED, that our American Medical Association supports the following evidence-**  
45 **based principles in education and advocacy efforts around proper child safety seat use:**  
46 **(1) The use of rear-facing car safety seats with a harness from birth for as long as**  
47 **possible, until children reach the maximum height or weight specifications of their rear-**  
48 **facing car seat;**

1 (2) The use of forward-facing car safety seats from the time children outgrow rear-facing  
2 seats until they reach the maximum height or weight specifications of their forward-  
3 facing car seat;

4 (3) The use of belt-positioning booster seats from the time children they outgrow  
5 forward-facing car seats until a seat belt fits properly with the lap belt across the upper  
6 thighs and the shoulder belt across the center of the shoulder and chest;

7 (4) The use of lap and shoulder seat belts for all who have outgrown booster seats; and

8 (5) That all children under age 13 are seated only in the back row (New HOD Policy);  
9 and be it further

10  
11 RESOLVED, that our AMA rescind policy 15.950, "Child Safety Seats – Public Education  
12 and Awareness." (Rescind HOD Policy)

13  
14 Your Reference Committee heard strong support for the intent of this resolution, which  
15 seeks to update AMA policy to ensure alignment with the latest evidence-based  
16 recommendations on child safety seats. Several different amendments were proffered,  
17 some to make the policy more specific and aligned to current recommendations and  
18 others aiming to make the language less specific noting that the recommendations may  
19 change over time. Your Reference Committee believes the best course of action is  
20 aligning the language to current evidence-based recommendations and including  
21 reference to the highest weight or height allowed by the seat's manufacturer. Therefore,  
22 your Reference Committee recommends the adoption of Alternate Resolution 923.

**RECOMMENDED FOR REFFERAL**

1  
2  
3  
4 **(30)** RESOLUTION 908 - SUPPORT FOR DOULA CARE  
5 PROGRAMS

6  
7 **RECOMMENDATION:**

8  
9 **Resolution 908 be referred.**

10  
11 **HOD ACTION: Resolution 908 be referred.**

12  
13 RESOLVED, that our American Medical Association support access to continuous one-  
14 to-one emotional support provided by nonmedical support personnel, such as doulas,  
15 including for patients who are incarcerated or detained. (New HOD Policy)

16  
17 Your Reference Committee heard mixed testimony on this resolution. Testimony  
18 highlighted many personal stories of the importance of doulas for emotional support in  
19 maternity care, integration of doulas within their practice and positive patient  
20 experiences. However, other testimony noted concerns for scope of practice for doulas,  
21 as well as ensuring their level of training and credentialing for this role. There were  
22 several calls for referral for study of this item to better detail the role of the doula within  
23 physician-led, team-based maternity care to support recommendations. Therefore, your  
24 Reference Committee recommends that Resolution 908 be referred.

**RECOMMENDED FOR NOT ADOPTION**

**(31)** RESOLUTION 928 – PUBLIC SAFETY AGENCIES DATA  
COLLECTION ENHANCEMENT

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee  
recommends that Resolution 928 be not adopted.**

**HOD ACTION: Resolution 928 be not adopted.**

RESOLVED, that our American Medical Association shall actively collaborate with the National Emergency Medical Services Information System (NEMSIS) to promote a listing of necessary data points and variables to be added to the currently available information collection systems, in a mandatory and searchable fashion, to facilitate the required research (Directive to Take Action); and be it further

RESOLVED, that our AMA shall actively collaborate with the American College of Surgeons to promote addition of these variable fields to data collection systems of the National Trauma Data Bank (NTDB) and the Trauma Quality Improvement Program (TQIP), in a mandatory and searchable fashion, to facilitate the required research (Directive to Take Action); and be it further

RESOLVED, that our AMA shall advocate to the US Congress to mandate the collection of these data and fund the transition to and the ongoing collection of these data. (Directive to Take Action)

Your Reference Committee heard testimony in opposition to this resolution. While it was noted that research using large databases is important, surgeons who use this system testified that data entry is currently time consuming and burdensome. Further, it was noted that additional variables to develop and then collect would create added expense and may limit participation in this useful quality assurance work. Therefore, your Reference Committee recommends Resolution 928 be not adopted.

**RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

(32) RESOLUTION 920 – REVISE FAA REGULATIONS TO INCLUDE NALOXONE (NARCAN) IN THE ON-BOARD MEDICAL KIT FOR COMMERCIAL AIRLINES FLYING WITHIN THE CONTINENTAL UNITED STATES

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Policy H-45.981 be reaffirmed in lieu of Resolution 920.**

**HOD ACTION: Policy H-45.981 be reaffirmed in lieu of Resolution 920.**

RESOLVED, that our American Medical Association work with the FAA and any other appropriate Federal Agency to require Naloxone (Narcan) or any other FDA approved opioid antagonist to be a component of the medical kit of any commercial airline that flies within the Continental United States (Directive to Take Action); and be it further

RESOLVED, that existing house policy “US Airlines Aircraft Emergency Kits” H-45.981 be modified as follows:

2. Our AMA will:

- a. support the addition of ~~naloxone~~, epinephrine auto injector and glucagon to the airline medical kit.
- b. encourage airlines to voluntarily include ~~naloxone~~, epinephrine auto injector and glucagon in their airline medical kits.
- c. encourage the addition of ~~naloxone~~, epinephrine auto injector and glucagon to the emergency medical kits of all US airlines (14CFR Appendix A to Part 121 - First Aid Kits and Emergency Medical Kits); and
- d. Work with the FAA and any other appropriate Federal Agency to require Naloxone (Narcan) or any other FDA approved opioid antagonist to be a component of the medical kit of any commercial airline that flies within the Continental United States. (Modify Current Policy)

Your Reference Committee heard limited but supportive testimony on reaffirmation of this item. Therefore, Madam Speaker, your Reference Committee that policy H-45.981 be reaffirmed in lieu of Resolution 920.

**H-45.981 Improvement in US Airlines Aircraft Emergency Kits**

- 1. Our American Medical Association urges federal action to require all US air carriers to report data on in-flight medical emergencies, specific uses of in-flight medical kits and emergency lifesaving devices, and unscheduled diversions due to in-flight medical emergencies; this action should further require the Federal Aviation Administration to work with the airline industry and appropriate medical specialty societies to periodically

1 review data on the incidence and outcomes of in-flight medical  
2 emergencies and issue recommendations regarding the contents of in-  
3 flight medical kits and the use of emergency lifesaving devices aboard  
4 commercial aircraft.

5 2. Our AMA will:

- 6 a. support the addition of naloxone, epinephrine auto injector and  
7 glucagon to the airline medical kit.  
8 b. encourage airlines to voluntarily include naloxone, epinephrine  
9 auto injector and glucagon in their airline medical kits.  
10 c. encourage the addition of naloxone, epinephrine auto injector and  
11 glucagon to the emergency medical kits of all US airlines (14CFR  
12 Appendix A to Part 121 - First Aid Kits and Emergency Medical  
13 Kits).

14 3. That our American Medical Association advocate for U.S. passenger  
15 airlines to carry standard pulse oximeters, automated blood pressure  
16 cuffs and blood glucose monitoring devices in their emergency medical  
17 kits.



Madam Speaker, this concludes the report of Reference Committee K . I would like to thank Maria Basile, MD, Kenneth M. Certa, MD, Breyen Coffin, MD, Nancy Ellerbroek, MD, Amit Ghose, MD, Sudeep Kukreja, MD, and all those who testified before the Committee.

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York

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Nancy Ellerbroek, MD  
American College of Radiology

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Kenneth M. Certa, MD  
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Amit Ghose, MD  
Michigan State Medical Society

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Sudeep Kukreja, MD (Alternate)  
California Medical Association

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Cynthia C. Romero, MD  
Medical Society of Virginia  
Chair