DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2022 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-22)

Report of Reference Committee D

Ankush K. Bansal, MD, Chair

Your reference committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Council on Science and Public Health Report 1 – Sunset Review of 2012 House Policies
2. Council on Science and Public Health Report 2 – Transformation of Rural Community Public Health Systems
3. Resolution 412 – Advocating for the Amendment of Chronic Nuisance Ordinances
4. Resolution 415 – Creation of an Obesity Task Force
5. Resolution 417 – Tobacco Control
6. Resolution 418 – Lung Cancer Screening Awareness
7. Resolution 421 – Screening for HPV-Related Anal Cancer
8. Resolution 424 – Physician Interventions Addressing Environmental Health and Justice
9. Resolution 427 – Pictorial Health Warnings on Alcoholic Beverages
10. Resolution 428 – Amending H-90.968 to Expand Policy on Medical Care of Persons with Disabilities
11. Resolution 429 – Increasing Awareness and Reducing Consumption of Food and Drink of Poor Nutritional Quality
12. Resolution 432 – Recognizing Loneliness as a Public Health Issue
13. Resolution 433 – Support for Democracy
14. Resolution 434 – Support for Pediatric Siblings of Chronically Ill Children
15. Resolution 438 – Informing Physicians, Health Care Providers, and the Public of the Health Dangers of Fossil-Fuel Derived Hydrogen
16. Resolution 439 – Informing Physicians, Health Care Providers, and the Public That Cooking with a Gas Stove Increases Household Air Pollution and the Risk of Childhood Asthma
17. Resolution 442 – Opposing the Censorship of Sexuality and Gender Identity Discussions in Public Schools

RECOMMENDED FOR ADOPTION AS AMENDED

18. Resolution 401 – Air Quality and the Protection of Citizen Health

19. Resolution 403 – Addressing Maternal Discrimination and Support for Flexible Family Leave
20. Resolution 404 – Weapons in Correctional Healthcare Settings
21. Resolution 405 – Universal Childcare and Preschool
22. Resolution 406 – COVID-19 Preventive Measures for Correctional Facilities: AMA Policy Position
23. Resolution 407 – Study of Best Practices for Acute Care of Patients in the Custody of Law Enforcement or Corrections
24. Resolution 408 – Supporting Increased Research on Implementation of Nonviolent De-escalation Training and Mental Illness Awareness in Law Enforcement
25. Resolution 410 – Increasing Education for School Staff to Recognize Prodromal Symptoms of Schizophrenia in Teens and Young Adults to Increase Early Intervention
26. Resolution 411 – Anonymous Prescribing Option for Expedited Partner Therapy
27. Resolution 413 – Expansion on Comprehensive Sexual Health Education
28. Resolution 414 – Improvement of Care and Resource Allocation for Homeless Persons in the Global Pandemic
29. Resolution 422 – Voting as a Social Determinant of Health
30. Resolution 425 – Mental Health Crisis
31. Resolution 431 – Protections for Incarcerated Mothers and Infants in the Perinatal Period
32. Resolution 436 – Training and Reimbursement for Firearm Safety Counseling
33. Resolution 440 – Addressing Social Determinants of Health Through Health IT
34. Resolution 441 – Addressing Adverse Effects of Active Shooter Drills on Children's Health
35. Resolution 443 – Addressing the Longitudinal Healthcare Needs of American Indian Children in Foster Care

RECOMMENDED FOR ADOPTION IN LIEU OF

36. Resolution 420 – Declaring Climate Change a Public Health Crisis
    Resolution 430 – Longitudinal Capacity-Building to Address Climate Action and Justice
37. Resolution 423 – Awareness Campaign for 988 National Suicide Prevention Lifeline
38. Resolution 437 – Air Pollution and COVID: A Call to Tighten Regulatory Standards for Particulate Matter

RECOMMENDED FOR REFERRAL

39. Board of Trustees Report 15 – Addressing Public Health Disinformation
40. Resolution 416 – School Resource Officer Violence De-Escalation Training and Certification

RECOMMENDED FOR NOT ADOPTION

41. Resolution 402 – Support for Impairment Research
42. Resolution 435 – Support Removal of BMI as a Standard Measure in Medicine and Recognizing Culturally-Diverse and Varied Presentations of Eating Disorders

Amendments
If you wish to propose an amendment to an item of business, click here: Submit New Amendment

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RECOMMENDED FOR ADOPTION

(1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 1 – SUNSET REVIEW OF 2012 HOUSE POLICIES

RECOMMENDATION:

Recommendation in Council on Science and Public Health Report 1 be adopted.

HOD ACTION: Recommendation in Council on Science and Public Health Report 1 adopted.

The Council on Science and Public Health recommends that the House of Delegates policies listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. (Directive to Take Action)

The Council introduced their 2012 sunset report. Testimony on the Council's recommendations for disposition of 2012 House of Delegates policies was limited to individual comments. With limited testimony along with the nature of the sunset report it is surmised that amendments should not change the intent of the policy, your Reference Committee recommends that Council on Science and Public Health Report 1 be adopted.

(2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 2 – TRANSFORMATION OF RURAL COMMUNITY PUBLIC HEALTH SYSTEMS

RECOMMENDATION:

Recommendations in Council on Science and Public Health Report 2 be adopted.

HOD ACTION: Recommendations in Council on Science and Public Health Report 2 adopted.

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

1. That our AMA amend Policy H-465.994, "Improving Rural Health," by addition and deletion to read as follows:
1. Our AMA (a) supports continued and intensified efforts to develop and implement proposals for improving rural health care and public health, (b) urges physicians practicing in rural areas to be actively involved in these efforts, and (c) advocates widely publicizing AMA's policies and proposals for improving rural health care and public health to the profession, other concerned groups, and the public.
2. Our AMA will work with other entities and organizations interested in public health to:
·Encourage more research to identify the unique needs and models for delivering public health and health care services in rural communities.
·Identify and disseminate concrete examples of administrative leadership and funding structures that support and optimize local, community-based rural public health.

·Develop an actionable advocacy plan to positively impact local, community-based rural public health including but not limited to the development of rural public health networks, training of current and future rural physicians and public health professionals in core public health techniques and novel funding mechanisms to support public health initiatives that are led and managed by local public health authorities.
·Advocate for adequate and sustained funding for public health staffing and programs.
~~Study efforts to optimize rural public health.~~

2. That our AMA amend Policy D-440.924, "Universal Access for Essential Public Health Services" by addition and deletion to read as follows:
Our AMA: (1) supports equitable access to the 10 Essential Public Health Services and the Foundational Public Health Services to protect and promote the health of all people in all communities ~~updating The Core Public Health Functions Steering Committee's "The 10 Essential Public Health Services" to bring them in line with current and future public health practice~~; (2) encourages state, local, tribal, and territorial public health departments to pursue accreditation through the Public Health Accreditation Board (PHAB); (3) will work with appropriate stakeholders to develop a comprehensive list of minimum necessary programs and services to protect the public health of citizens in all state and local jurisdictions and ensure adequate provisions of public health, including, but not limited to clean water, functional sewage systems, access to vaccines, and other public health standards; and (4) will work with the National Association of City and County Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the Big Cities Health Coalition, the Centers for Disease Control and Prevention (CDC), and other related entities that are working to assess and assure appropriate funding levels, service capacity, and adequate infrastructure of the nation's public health system, including for rural jurisdictions. (Amend HOD Policy)

3. That our AMA reaffirm Policy H-478.980, "Increasing Access to Broadband Internet to Reduce Health Disparities." (Reaffirm HOD Policy)

Testimony provided was supportive of the Council's report and recommendations. The Council was commended for addressing rural public health and the need for adequate and sustained funding. It was also noted that appropriate models for delivering public health in rural areas are needed and that the concerns outlined in the reported are applicable to other underserved areas as well. Your Reference Committee recommends adoption of the report's recommendations.

(3) RESOLUTION 412 – ADVOCATING FOR THE AMENDMENT OF CHRONIC NUISANCE ORDINANCES

RECOMMENDATION:

Resolution 412 be adopted.

HOD ACTION: Resolution 412 adopted.

RESOLVED, That our American Medical Association advocate for amendments to chronic nuisance ordinances that ensure calls made for safety or emergency services are not counted towards nuisance designations (Directive to Take Action); and be it further

RESOLVED, That our AMA support initiatives to (a) gather data on chronic nuisance ordinance enforcement and (b) make that data publicly available to enable easier identification of disparities. (New HOD Policy)

Your Reference Committee heard supportive testimony on Resolution 412. Testimony provided noted the negative impact that nuisance ordinances can have, penalizing individuals for needing help for their safety. It was noted that this is a particular concern for people experiencing domestic violence. Therefore, your Reference Committee recommends that Resolution 412 be adopted.

(4) RESOLUTION 415 – CREATION OF AN OBESITY TASK FORCE

RECOMMENDATION:

Resolution 415 be <u>adopted</u>.

HOD ACTION: Resolution 415 <u>referred for decision</u>.

RESOLVED, That our American Medical Association create an obesity task force to evaluate and disseminate relevant scientific evidence to healthcare clinicians, other providers and the public (Directive to Take Action); and be it further
RESOLVED, That the obesity task force address issues including but not limited to:
- Promotion of awareness amongst practicing physicians and trainees that obesity is a treatable chronic disease along with evidence-based treatment options.
- Advocacy efforts at the state and federal level to impact the disease obesity.
- Health disparities, stigma and bias affecting people with obesity.
- Lack of insurance coverage for evidence-based treatments including intensive lifestyle intervention, anti-obesity pharmacotherapy and bariatric and metabolic surgery.
- Increasing obesity rates in children, adolescents and adults.
- Drivers of obesity including lack of healthful food choices, over-exposure to obesogenic foods and food marketing practices. (Directive to Take Action)

Your Reference Committee heard overwhelming testimony in support of forming an obesity task force. It was noted that 42 percent of Americans have obesity, with 330,000 Americans dying annually from obesity-related causes. Disparities exist in access to care for patients with obesity, and weight bias in clinical settings needs to be addressed. A member of the Board of Trustees testified that it would be better to defer strategy-related decisions to the Board and implementation decisions to Senior Management as opposed to creating a task force. Given the favorable testimony specifically regarding the creation of a task force, your Reference Committee recommends that Resolution 415 be adopted and will defer to the newly created task force to determine its scope relative to the proposed amendments regarding prevention and treatment.

(5) RESOLUTION 417 – TOBACCO CONTROL

RECOMMENDATION:

Resolution 417 be <u>adopted</u>.

HOD ACTION: Resolution 417 <u>adopted</u>.

RESOLVED, That American Medical Association policy H-490.913, "Smoke-Free and Vape-Free Environments and Workplaces," be amended by addition and deletion to read as follows: On the issue of the health effects of environmental tobacco smoke (ETS), passive smoke, and vape aerosol exposure in the workplace and other public facilities, our AMA: (1)(a) supports classification of ETS as a known human carcinogen, and (b) concludes that passive smoke exposure is associated with increased risk of sudden infant death syndrome and of cardiovascular disease, and (c) encourages physicians and medical societies to take a leadership role in defending the health of the public from ETS risks and from political assaults by the tobacco industry, and and (d) encourages the concept of establishing smoke-free and vape-free campuses for business, labor, education, and government, and (2) (a) honors companies and governmental workplaces that go smoke-free and vape-free, and (b) will petition the Occupational Safety and Health Administration (OSHA) to adopt regulations prohibiting smoking and vaping in the workplace, and will use active political means to encourage the Secretary of Labor to swiftly promulgate an OSHA standard to protect American workers from the toxic effects of ETS in the workplace, preferably by banning smoking and vaping in the workplace, and (c) encourages state medical societies (in collaboration with other anti-tobacco organizations) to support the introduction of local and state legislation that prohibits smoking and vaping around the public entrances to buildings and in all indoor public places, restaurants, bars, and workplaces, and and (d) will update draft model state legislation to prohibit smoking and vaping in public places and businesses, which would include language that would prohibit preemption of stronger local laws. (3) (a) encourages state medical societies to: (i) support legislation for states and counties mandating smoke-free and vape-free schools and eliminating smoking and vaping in public places and businesses and on any public transportation, and (ii) enlist the aid of county medical societies in local anti-smoking and anti-vaping campaigns, and and (iii) through an advisory to state, county, and local medical societies, urge county medical societies to join or to increase their commitment to local and state anti-smoking and anti-vaping coalitions and to reach out to local chapters of national voluntary health agencies to participate in the promotion of anti-smoking and anti-vaping control measures, and (b) urges all restaurants, particularly fast food restaurants, and convenience stores to immediately create a smoke-free and vape-free environment, and (c) strongly encourages the owners of family-oriented theme parks to make their parks smoke-free and vape-free for the greater enjoyment of all guests and to further promote their commitment to a happy, healthy life style for children, and (d) encourages state or local legislation or regulations that prohibit smoking and vaping in stadia and encourages other ball clubs to follow the example of banning smoking in the interest of the health and comfort of baseball fans as implemented by the owner and management of the Oakland Athletics and others, and (e) urges eliminating cigarette, pipe and cigar smoking and vaping in any indoor area where children live or play, or where another person's health could be adversely affected through passive smoking inhalation, and (f) urges state and county medical societies and local health professionals to be especially prepared to alert communities to the possible role of the tobacco industry whenever a petition to suspend a nonsmoking or non-vaping ordinance is introduced and to become directly involved in community tobacco control activities, and and (g) will report annually to its membership about

significant anti-smoking and anti-vaping efforts in the prohibition of smoking and vaping in open and closed stadia, and (4) calls on corporate headquarters of fast-food franchisers to require that one of the standards of operation of such franchises be a no smoking and no vaping policy for such restaurants, and endorses the passage of laws, ordinances and regulations that prohibit smoking and vaping in fast-food restaurants and other entertainment and food outlets that target children in their marketing efforts, and (5) advocates that all American hospitals ban tobacco and supports working toward legislation and policies to promote a ban on smoking, vaping, and use of tobacco products in, or on the campuses of, hospitals, health care institutions, retail health clinics, and educational institutions, including medical schools, and (6) will work with the Department of Defense to explore ways to encourage a smoke-free and vape-free environment in the military through the use of mechanisms such as health education, smoking and vaping cessation programs, and the elimination of discounted prices for tobacco products in military resale facilities, and (7) ~~encourages and supports~~ collaborates with local and state medical societies and tobacco control coalitions to work with (a) Native American casino and tribal leadership to voluntarily prohibit smoking and vaping in their casinos, and (b) legislators and the gaming industry to support the prohibition of smoking and vaping in all casinos and gaming venues. (Modify Current HOD Policy)

Your Reference Committee heard limited testimony that was supportive of this amendment to AMA policy. Therefore, your Reference Committee recommends that Resolution 417 be adopted.

(6) RESOLUTION 418 – LUNG CANCER SCREENING AWARENESS

RECOMMENDATION:

Resolution 418 be adopted.

HOD ACTION: Resolution 418 adopted.

RESOLVED, That our American Medical Association empower the American public with knowledge through an education campaign to raise awareness of lung cancer screening with low-dose CT scans in high-risk patients to improve screening rates and decrease the leading cause of cancer death in the United States. (Directive to Take Action)

Your Reference Committee heard testimony in support of this resolution and the role of lung cancer screening in promoting public health given that lung cancer is the leading cause of cancer death. Your Reference Committee recommends that Resolution 418 be adopted.

(7) RESOLUTION 421 – SCREENING FOR HPV-RELATED ANAL CANCER

RECOMMENDATION:

Resolution 421 be <u>adopted</u>.

HOD ACTION: Resolution 421 <u>adopted</u>.

RESOLVED, That our American Medical Association support advocacy efforts to implement screening for anal cancer for high-risk populations (New HOD Policy); and be it further
RESOLVED, That our AMA support national medical specialty organizations and other stakeholders in developing guidelines for interpretation, follow up, and management of anal cancer screening results. (New HOD Policy)

Your Reference Committee heard testimony in support of Resolution 421. It was noted that preventing HPV-related cancers, particularly within populations such as men who have sex with men and HIV-infected patient population, is essential. It was also noted that the U.S. Preventive Services Task Force should be encouraged to conduct an evidence-based review and establish screening guidelines for anal cancer. Amendments were proffered noting various cancers associated with HPV and the need for education on HPV vaccination. Your Reference Committee noted that the intent of the resolution was to focus on anal cancers and the offered amendments would broaden the scope. Therefore, your Reference Committee recommends that Resolution 421 be adopted.

(8) RESOLUTION 424 – PHYSICIAN INTERVENTIONS ADDRESSING ENVIRONMENTAL HEALTH AND JUSTICE

RECOMMENDATION:

Resolution 424 be <u>adopted</u>.

HOD ACTION: Resolution 424 <u>adopted</u>.

RESOLVED, That our American Medical Association amend policy H-135.938, “Global Climate Change and Human Health,” by addition to read as follows: Our AMA: 1. Supports the findings of the Intergovernmental Panel on Climate Change's fourth assessment report and concurs with the scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes will create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the poor. 2. Supports educating the medical community on the potential adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies. 3. (a) Recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and (b) recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes.

4. Encourages physicians to assist in educating patients and the public on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability. 5. Encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently, and that the AMA's Center for Public Health Preparedness and Disaster Response assist in this effort. 6. Supports epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment. 7. Encourages physicians to assess for environmental determinants of health in patient history-taking and encourages the incorporation of assessment for environmental determinants of health in patient history-taking into physician training. (Modify Current HOD Policy)

Testimony presented was supportive, noting that environmental factors are causing detrimental effects on human health. Encouraging physicians to assess for environmental factors could help improve health outcomes. Therefore, your Reference Committee recommends adoption.

(9) RESOLUTION 427 – PICTORIAL HEALTH WARNINGS ON ALCOHOLIC BEVERAGES

RECOMMENDATION:

Resolution 427 be adopted.

HOD ACTION: Resolution 427 adopted.

RESOLVED, That our AMA amend Policy H-30.940, "AMA Policy Consolidation: Labeling Advertising, and Promotion of Alcoholic Beverages," by addition to read as follows:
AMA Policy Consolidation: Labeling Advertising, and Promotion of Alcoholic Beverages H-30.940
(1.) (a) Supports accurate and appropriate labeling disclosing the alcohol content of all beverages, including so-called "nonalcoholic" beer and other substances as well, including over-the-counter and prescription medications, with removal of "nonalcoholic" from the label of any substance containing any alcohol; (b) supports efforts to educate the public and consumers about the alcohol content of so-called "nonalcoholic" beverages and other substances, including medications, especially as related to consumption by minors; (c) urges the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and other appropriate federal regulatory agencies to continue to reject proposals by the alcoholic beverage industry for authorization to place beneficial health claims for its products on container labels; and (d) urges the development of federal legislation to require nutritional labels on alcoholic beverages in accordance with the Nutritional Labeling and Education Act.
(2.) (a) Expresses its strong disapproval of any consumption of "nonalcoholic beer" by persons under 21 years of age, which creates an image of drinking alcoholic beverages and thereby may encourage the illegal underaged use of alcohol; (b) recommends that health education labels be used on all alcoholic beverage containers and in all alcoholic beverage advertising (with the messages focusing on the hazards of alcohol consumption by specific population groups especially at risk, such as pregnant women, as well as the dangers of irresponsible use to all sectors of the populace); ~~and~~ (c) recommends that the alcohol beverage industry be encouraged to accurately label all product containers as to ingredients, preservatives, and ethanol content (by percent, rather than by proof); and (d)

advocates that the alcohol beverage industry be required to include pictorial health warnings on alcoholic beverages.
(3.) Actively supports and will work for a total statutory prohibition of advertising of all alcoholic beverages except for inside retail or wholesale outlets. Pursuant to that goal, our AMA (a) supports continued research, educational, and promotional activities dealing with issues of alcohol advertising and health education to provide more definitive evidence on whether, and in what manner, advertising contributes to alcohol abuse; (b) opposes the use of the radio and television to promote drinking; (c) will work with state and local medical societies to support the elimination of advertising of alcoholic beverages from all mass transit systems; (d) urges college and university authorities to bar alcoholic beverage companies from sponsoring athletic events, music concerts, cultural events, and parties on school campuses, and from advertising their products or their logo in school publications; and (e) urges its constituent state associations to support state legislation to bar the promotion of alcoholic beverage consumption on school campuses and in advertising in school publications.
(4.) (a) Urges producers and distributors of alcoholic beverages to discontinue advertising directed toward youth, such as promotions on high school and college campuses; (b) urges advertisers and broadcasters to cooperate in eliminating television program content that depicts the irresponsible use of alcohol without showing its adverse consequences (examples of such use include driving after drinking, drinking while pregnant, or drinking to enhance performance or win social acceptance); (c) supports continued warnings against the irresponsible use of alcohol and challenges the liquor, beer, and wine trade groups to include in their advertising specific warnings against driving after drinking; and (d) commends those automobile and alcoholic beverage companies that have advertised against driving while under the influence of alcohol. (Modify Current HOD Policy); and be it further
RESOLVED, That our AMA advocate for the implementation of pictorial health warnings on alcoholic beverages**.** (Directive to Take Action)

Your Reference Committee heard limited, but supportive testimony on this resolution. It was noted that pictorial warnings are ten times more effective at raising awareness than written warnings and would be beneficial for people with low literacy. Therefore, your Reference Committee recommends that Resolution 427 be adopted.

(10) RESOLUTION 428 – AMENDING H-90.968 TO EXPAND POLICY ON MEDICAL CARE OF PERSONS WITH DISABILITIES

RECOMMENDATION:

Resolution 428 be adopted.

HOD ACTION: Resolution 428 adopted.

RESOLVED, That, in order to address the shared healthcare barriers of people with disabilities and the need for curricula in medical education on the care and treatment of people with a range of disabilities, our American Medical Association amend by addition and deletion H-90.968 “Medical Care of Persons with Developmental Disabilities” to include those with a broad range of disabilities while retaining goals specific to the needs of those with developmental disabilities:
Medical Care of Persons with ~~Developmental~~ Disabilities, H-90.968

1. Our AMA encourages: (a) clinicians to learn and appreciate variable presentations of complex functioning profiles in all persons with ~~developmental~~ disabilities including but not limited to physical, sensory, developmental, intellectual, learning, and psychiatric disabilities and chronic illnesses; (b) medical schools and graduate medical education programs to acknowledge the benefits of education on how aspects in the social model of disability (e.g. ableism) can impact the physical and mental health of persons with ~~Developmental D~~disabilities; (c) medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental disabilities, to improve quality in clinical care; (d) education of physicians on how to provide and/or advocate for ~~quality,~~ developmentally appropriate and accessible medical, social and living support for patients with ~~developmental~~ disabilities so as to improve health outcomes; (e) medical schools and residency programs to encourage faculty and trainees to appreciate the opportunities for exploring diagnostic and therapeutic challenges while also accruing significant personal rewards when delivering care with professionalism to persons with profound ~~developmental~~ disabilities and multiple co-morbid medical conditions in any setting; (f) medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for the ~~developmentally~~ disabled; and (g) cooperation among physicians, health & human services professionals, and a wide variety of adults with ~~developmental~~ disabilities to implement priorities and quality improvements for the care of persons with ~~developmental~~ disabilities.

2. Our AMA seeks: (a) legislation to increase the funds available for training physicians in the care of individuals with ~~intellectual~~ disabilities~~/developmentally disabled individuals~~, and to increase the reimbursement for the health care of these individuals; and (b) insurance industry and government reimbursement that reflects the true cost of health care of individuals with ~~intellectual~~ disabilities~~/developmentally disabled individuals~~.

3. Our AMA entreats health care professionals, parents, and others participating in decision-making to be guided by the following principles: (a) All people with ~~developmental~~ disabilities, regardless of the degree of their disability, should have access to appropriate and affordable medical and dental care throughout their lives; and (b) An individual's medical condition and welfare must be the basis of any medical decision. Our AMA advocates for the highest quality medical care for persons with profound ~~developmental~~ disabilities; encourages support for health care facilities whose primary mission is to meet the health care needs of persons with profound ~~developmental~~ disabilities; and informs physicians that when they are presented with an opportunity to care for patients with profound ~~developmental~~ disabilities, that there are resources available to them.

~~4. Our AMA will continue to work with medical schools and their accrediting/licensing bodies to encourage disability related competencies/objectives in medical school curricula so that medical professionals are able to effectively communicate with patients and colleagues with disabilities, and are able to provide the most clinically competent and compassionate care for patients with disabilities.~~

4. Our AMA will collaborate with appropriate stakeholders to create a model general curriculum/objective that (a) incorporates critical disability studies; and (b) includes people with disabilities as patient instructors in formal training sessions and preclinical and clinical instruction.

5. Our AMA recognizes the importance of managing the health of children and adults with developmental and intellectual disabilities as a part of overall patient care for the entire community.

6. Our AMA supports efforts to educate physicians on health management of children and adults with intellectual and developmental disabilities, as well as the consequences of poor

health management on mental and physical health for people with intellectual and developmental disabilities.
7. Our AMA encourages the Liaison Committee on Medical Education, Commission of Osteopathic College Accreditation, and allopathic and osteopathic medical schools to develop and implement a curriculum on the care and treatment of people with a range of ~~developmental~~ disabilities.
8. Our AMA encourages the Accreditation Council for Graduate Medical Education and graduate medical education programs to develop and implement curriculum on providing appropriate and comprehensive health care to people with a range of ~~developmental~~ disabilities.
9. Our AMA encourages the Accreditation Council for Continuing Medical Education, specialty boards, and other continuing medical education providers to develop and implement continuing programs that focus on the care and treatment of people with a range of ~~developmental~~ disabilities.
10. Our AMA will advocate that the Health Resources and Services Administration include persons with ~~intellectual and developmental~~ disabilities ~~(IDD)~~ as a medically underserved population.
11. Specific to people with developmental and intellectual disabilities, a uniquely underserved population, our AMA encourages: (a) medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental and intellectual disabilities, to improve quality in clinical education; (b) medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for individuals with developmental and intellectual disabilities; and (c) cooperation among physicians, health and human services professionals, and a wide variety of adults with intellectual and developmental disabilities to implement priorities and quality improvements for the care of persons with intellectual and developmental disabilities.
(Modify Current HOD Policy)

Your Reference Committee heard testimony in support of broadening the range of disabilities listed in current AMA policy. It was noted that improving the quality of education in medical schools for those with disabilities is critical. Therefore, your Reference Committee recommends that Resolution 428 be adopted.

(11) RESOLUTION 429 – INCREASING AWARENESS AND REDUCING CONSUMPTION OF FOOD AND DRINK OF POOR NUTRITIONAL QUALITY

RECOMMENDATION:

Resolution 429 be adopted.

HOD ACTION: Resolution 429 adopted.

RESOLVED, That our American Medical Association advocate for the end of tax subsidies for advertisements that promote among children the consumption of food and drink of poor nutritional quality, as defined by appropriate nutritional guiding principles (Directive to Take Action); and be it further
RESOLVED, That our AMA amend H-150.927, “Strategies to Reduce the Consumption of Beverages with Added Sweeteners” by addition to read as follows:

H-150.927 – STRATEGIES TO REDUCE THE CONSUMPTION OF FOOD AND BEVERAGES WITH ADDED SWEETENERS
Our AMA: (1) acknowledges the adverse health impacts of sugar- sweetened beverage (SSB) consumption and food products with added sugars, and support evidence-based strategies to reduce the consumption of SSBs and food products with added sugars, including but not limited to, excise taxes on SSBs and food products with added sugars, removing options to purchase SSBs and food products with added sugars in primary and secondary schools, the use of warning labels to inform consumers about the health consequences of SSB consumption and food products with added sugars, and the use of plain packaging; (2) encourages continued research into strategies that may be effective in limiting SSB consumption and food products with added sugars, such as controlling portion sizes; limiting options to purchase or access SSBs and food products with added sugars in early childcare settings, workplaces, and public venues; restrictions on marketing SSBs and food products with added sugars to children; and changes to the agricultural subsidies system; (3) encourages hospitals and medical facilities to offer healthier beverages, such as water, unflavored milk, coffee, and unsweetened tea, for purchase in place of SSBs and apply calorie counts for beverages in vending machines to be visible next to the price; ~~and~~ (4) encourages physicians to (a) counsel their patients about the health consequences of SSB consumption and food products with added sugars and replacing SSBs and food products with added sugars with healthier beverage and food choices, as recommended by professional society clinical guidelines; and (b) work with local school districts to promote healthy beverage and food choices for students; and (5) recommends that taxes on food and beverage products with added sugars be enacted in such a way that the economic burden is borne by companies and not by individuals and families with limited access to food alternatives; and (6) supports that any excise taxes are reinvested in community programs promoting health. (Modify Current HOD Policy)

Your Reference Committee heard limited testimony in favor of this resolution, noting that seventy percent of kids' nutrition is now derived from ultra-processed food. It was also noted that advertising heavily informs children's food knowledge, preferences, and consumption patterns that can lead to excess calorie intake. Therefore, your Reference Committee recommends that Resolution 429 be adopted.

(12) RESOLUTION 432 – RECOGNIZING LONELINESS AS A PUBLIC HEALTH ISSUE

RECOMMENDATION:

Resolution 432 be adopted.

HOD ACTION: Resolution 432 adopted.

RESOLVED, That our American Medical Association release a statement identifying loneliness as a public health issue with consequences for physical and mental health (Directive to Take Action;) and be it further
RESOLVED, That our AMA support evidence-based efforts to combat loneliness. (New HOD Policy)

Testimony presented was strongly supportive of this resolution, noting that there is a growing body of research demonstrating a strong link between social isolation and loneliness and adverse health outcomes. The Surgeon General of the United States has noted that loneliness

is a public health concern and is the root cause of a number of epidemics. It was also noted that recognizing loneliness as a public health issue is the best next step in combating loneliness. Your Reference Committee agrees and recommends adoption as amended.

(13) RESOLUTION 433 – SUPPORT FOR DEMOCRACY

RECOMMENDATION:

Resolution 433 be <u>adopted</u>.

HOD ACTION: Resolution 433 <u>adopted</u>.

RESOLVED, That our American Medical Association unequivocally support the democratic process, wherein representatives are regularly chosen through free and fair elections, as essential for maximizing the health and well-being of all Americans (New HOD Policy); and be it further

RESOLVED, That our AMA strongly oppose attempts to subvert the democratic process (Directive to Take Action); and be it further

RESOLVED, That our AMA assert that every candidate for political office and every officeholder in the public trust must support the democratic process and never take steps or support steps by others to subvert it. (Directive to Take Action)

Your Reference Committee heard testimony in support of this resolution, noting the importance of having policy in place to speak out in favor of democracy should civil unrest occur in the future. Therefore, your Reference Committee recommends that Resolution 433 be adopted.

(14) RESOLUTION 434 – SUPPORT FOR PEDIATRIC SIBLINGS OF CHRONICALLY ILL CHILDREN

RECOMMENDATION:

Resolution 434 be <u>adopted</u>.

HOD ACTION: Resolution 434 <u>adopted</u>.

RESOLVED, That our American Medical Association support programs and resources that improve the mental health, physical health, and social support of pediatric siblings of chronically ill pediatric patients. (Directive to Take Action)

Testimony presented was supportive, stating that it is important to ensure support and resources are provided to family members and siblings of chronically ill pediatric patients, a subset of the population with nuances that deserve to be addressed. Interventions exist that have demonstrated positive outcomes for the children who participated, including improvement in emotional, physical, and self-esteem functioning. Therefore, your Reference Committee recommends adoption.

(15) RESOLUTION 438 – INFORMING PHYSICIANS, HEALTH CARE PROVIDERS, AND THE PUBLIC OF THE HEALTH DANGERS OF FOSSIL-FUEL DERIVED HYDROGEN

RECOMMENDATION:

Resolution 438 be <u>adopted</u>.

HOD ACTION: Resolution 438 <u>adopted</u>.

RESOLVED, That our American Medical Association recognize the health, safety, and climate risks of current methods of producing fossil fuel-derived hydrogen and the dangers of adding hydrogen to natural gas (HP) (New HOD Policy); and be it further
RESOLVED, That our AMA educate its members, and, to the extent possible, health care professionals and the public, about the health, safety, and climate risks of current methods of producing fossil fuel-derived hydrogen and the dangers of adding hydrogen to natural gas (Directive to Take Action); and be it further
RESOLVED, That our AMA advocate to appropriate government agencies such as the EPA and the Department of Energy, and federal legislative bodies, regarding the health, safety and climate risks of current methods of producing fossil fuel derived hydrogen and the dangers of adding hydrogen to natural gas. (Directive to Take Action)

Testimony presented on this resolution was limited, but supportive, noting that although the use of hydrogen is a proposed method to reduce carbon emissions, much of the currently available hydrogen is derived from fossil fuels, which contributes to climate change. It was also noted that the use of hydrogen technologies directly contributes to climate change by increasing methane leakage due to increased pipeline corrosion. Therefore, your Reference Committee recommends adoption.

(16) RESOLUTION 439 – INFORMING PHYSICIANS, HEALTH CARE PROVIDERS, AND THE PUBLIC THAT COOKING WITH A GAS STOVE INCREASES HOUSEHOLD AIR POLLUTION AND THE RISK OF CHILDHOOD ASTHMA

RECOMMENDATION:

Resolution 439 be <u>adopted</u>.

HOD ACTION: Resolution 439 <u>adopted</u>.

RESOLVED, That our American Medical Association recognize the association between the use of gas stoves, indoor nitrogen dioxide levels and asthma (New HOD Policy); and be it further
RESOLVED, That our AMA inform its members and, to the extent possible, health care providers, the public, and relevant organizations that use of a gas stove increases household air pollution and the risk of childhood asthma and asthma severity; which can be mitigated by reducing the use of the gas cooking stove, using adequate ventilation, and/or using an appropriate air filter (Directive to Take Action); and be it further
RESOLVED, That our AMA advocate for innovative programs to assist with mitigation of cost to encourage the transition from gas stoves to electric stoves in an equitable manner. (Directive to Take Action)

Testimony presented was supportive of Resolution 439, noting the increases in nitrogen oxides in household air due to the use of gas stoves are well documented as is increased asthma among chlidren living in the home. It was also noted that asthma disproportionately burdens communities of color and economically disadvantaged populations. Some concerns were raised about the power grid in some communities not being able to support a move to electric appliances. Your Reference Committee notes that this resolution does not mandate a transition to electric stoves, but calls for advocacy for innovative programs to assist with mitigation to encourage the transition from gas stoves to electric stoves. Therefore, your Reference Committee recommends adoption.

(17) RESOLUTION 442 – OPPOSING THE CENSORSHIP OF SEXUALITY AND GENDER IDENTITY DISCUSSIONS IN PUBLIC SCHOOLS

RECOMMENDATION:

Resolution 442 be <u>adopted</u>.

HOD ACTION: Resolution 442 <u>adopted</u>.

RESOLVED, That our AMA opposes censorship of LGBTQIA+ topics and opposes any policies that limit discussion or restrict mention of sexuality, sexual orientation, and gender identity in schools or educational curricula; and be it further

RESOLVED, That our AMA will support policies that ensure an inclusive, well-rounded educational environment free from censorship of discussions surrounding sexual orientation, sexuality, and gender identity in public schools.

Your Reference Committee heard testimony that was in support of this resolution. It was noted that children are marginalized and shamed and are at increased risk of dying by suicide due to bullying based on sexual orientation and gender identify. Therefore, your Reference Committee recommends that Resolution 442 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(18) RESOLUTION 401 – AIR QUALITY AND THE PROTECTION OF CITIZEN HEALTH

RECOMMENDATION A:

That the first Resolve of Resolution 401 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association ~~review the~~ support the Environmental Protection Agency's ~~guidelines~~ proposal, under the Clean Air Act to ~~for monitoring~~ regulate ~~the~~ air quality for heavy metals and other air toxins ~~which is~~ emitted from smokestacks~~,~~. The risk of dispersion through are and soil should be ~~taking into~~ consideredation~~,~~ particularly for ~~the risks to citizens~~ people living downwind of smokestacks (Directive to Take Action); and be it further

RECOMMENDATION B:

That the second Resolve of Resolution 401 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA urge the EPA to ~~develop a report based on a review of the EPA's~~ finalize updated mercury, cadmium, and air toxic regulations ~~guidelines~~ for monitoring air quality emitted from power plants and other industrial sources, ~~smokestacks~~ ensuring that recommendations to protect the public's health are enforceable ~~included in the report~~. (Directive to Take Action)

RECOMMENDATION C:

Resolution 401 be adopted as amended.

HOD ACTION: Resolution 401 adopted as amended.

RESOLVED, That our American Medical Association review the Environmental Protection Agency's guidelines for monitoring the air quality which is emitted from smokestacks, taking into consideration the risks to citizens living downwind of smokestacks (Directive to Take Action); and be it further
RESOLVED, That our AMA develop a report based on a review of the EPA's guidelines for monitoring air quality emitted from smokestacks ensuring that recommendations to protect the public's health are included in the report. (Directive to Take Action)

Your Reference Committee heard testimony in support of this resolution. It was stated that industrial impacts on the environment have repeatedly been proven to predispose or worsen certain health conditions and that regulation can improve health. It was also noted better air quality will improve child health outcomes. Amendments were provided to strengthen the resolution and specifically address enforcement. Your Reference Committee agrees with these suggestions, which help clarify the EPA's role, and recommends that Resolution 401 be adopted as amended.

(19) RESOLUTION 403 – ADDRESSING MATERNAL DISCRIMINATION AND SUPPORT FOR FLEXIBLE FAMILY LEAVE

RECOMMENDATION A:

That the first Resolve of Resolution 403 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association encourage key stakeholders to implement policies and programs that help protect against ~~maternal~~ parental discrimination and promote work-life integration for physician parents, which should encompass prenatal parental care, equal parental leave for birthing and non-birthing parents, and flexibility for childcare (Directive to Take Action)

RECOMMENDATION B:

Resolution 403 be adopted as amended.

RECOMMENDATION C:

That the title of Resolution 403 be changed to read as follows:

ADDRESSING PARENTAL DISCRIMINATION AND SUPPORT FOR FLEXIBLE FAMILY LEAVE

HOD ACTION: Resolution 403 adopted as amended with a change in title.

ADDRESSING PARENTAL DISCRIMINATION AND SUPPORT FOR FLEXIBLE FAMILY LEAVE

RESOLVED, That our American Medical Association encourage key stakeholders to implement policies and programs that help protect against maternal discrimination and promote work-life integration for physician parents, which should encompass prenatal care, parental leave, and flexibility for childcare (Directive to Take Action); and be it further

RESOLVED, That our AMA urge key stakeholders to include physicians and frontline workers in legislation that provides protections and considerations for paid parental leave for issues of health and childcare. (Directive to Take Action)

Your Reference Committee heard overwhelming testimony in support of addressing parental discrimination, with amendments proffered to make the language more inclusive of a broader range of parental roles. This is a pressing issue for a significant portion of physicians who do not have access to paid leave and who are forced to choose between their career and their family, which has been a particular concern during the COVID-19 pandemic. Parental discrimination is associated with higher rates of self-reported burnout and this resolution will benefit the social and mental well-being of physicians and their families. Therefore, your Reference Committee recommends that Resolution 403 be adopted as amended.

(20) RESOLUTION 404 – WEAPONS IN CORRECTIONAL HEALTHCARE SETTINGS

RECOMMENDATION A:

That the second Resolve of Resolution 404 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA ~~study~~ work with appropriate stakeholders ~~and~~ to make evidence-based recommendations regarding the presence of weapons in correctional healthcare facilities. (Directive to Take Action)

RECOMMENDATION B:

Resolution 404 be adopted as amended.

HOD ACTION: Resolution 404 adopted as amended.

RESOLVED, That our American Medical Association advocate that physicians not be required to carry or use weapons in correctional facilities where they provide clinical care (Directive to Take Action); and be it further
RESOLVED, That our AMA study and make recommendations regarding the presence of weapons in correctional healthcare facilities. (Directive to Take Action)

Your Reference Committee heard testimony in support of Resolution 404. Testimony noted that new policies require correctional staff, including physicians, to carry less-lethal weapons such as pepper spray and rapid rotation batons; and such policy interferes with the physician-patient relationship. It was also noted that physicians must have a choice in whether they carry weapons. Testimony was presented against referral for study due to the lack of data available on the presence of weapons in correctional health care facilities. Your Reference Committee agreed with this sentiment noting that it is best to work with appropriate stakeholders who understand the risks and benefits of physicians carrying weapons in correctional facilities. Therefore, your Reference Committee recommends Resolution 404 be adopted as amended.

(21) RESOLUTION 405 – UNIVERSAL CHILDCARE AND PRESCHOOL

RECOMMENDATION A:

Resolution 405 be amended by addition to read as follows:

RESOLVED, That our American Medical Association advocate for universal access to high-quality and affordable ~~child-directed and play-based~~ childcare and preschool. (Directive to Take Action)

RECOMMENDATION B:

Resolution 405 be adopted as amended.

HOD ACTION: Resolution 405 adopted as amended.

RESOLVED, That our American Medical Association advocate for universal access to high-quality and affordable childcare and preschool. (Directive to Take Action)

Your Reference Committee heard overwhelming testimony in support of this resolution, emphasizing the importance of high-quality care and its ability to close the academic achievement gap, as well as providing economic benefits to parents able to engage in the labor force. Enrollment in preschool or high-quality childcare directly and indirectly improves children's health outcomes. Universal preschool or high-quality childcare is also an issue of equity. Enabling children from all socioeconomic backgrounds to access early childhood education that will prepare them for success is an important step towards disrupting cycles of poverty. An amendment was suggested to add "child-directed and play-based" childcare and preschool, which is a type of early childhood education where children are given the autonomy to choose activities based on their current interests. Your Reference Committee agrees with this addition and therefore, recommends that Resolution 405 be adopted as amended.

(22) RESOLUTION 406 – COVID-19 PREVENTIVE MEASURES FOR CORRECTIONAL FACILITIES: AMA POLICY POSITION

RECOMMENDATION A:

That the first Resolve of Resolution 406 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association advocate for all employees working in a correctional facility or detention center to be up to date with vaccinations against COVID-19, unless there is a valid medical contraindication~~/religious exception~~ (Directive to Take Action)

RECOMMENDATION B:

That the second Resolve of Resolution 406 be amended by addition to read as follows:

RESOLVED, That our AMA advocate for all employees working in a correctional facility or detention center, not up to date with vaccination for COVID-19 to be COVID rapid tested each time they enter a correctional facility or detention center, as consistent with Centers for Disease Control and Prevention (CDC) or local public health guidelines (Directive to Take Action); and be it further

RECOMMENDATION C:

That the third Resolve of Resolution 406 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate for correctional facility or detention center policies that require non-employed, non-residents (e.g. visitors, contractors, etc.) to either show evidence of being up to date for COVID-19 vaccines or show proof of a negative COVID test ~~completed within 24 hours prior to each~~ when they enter ~~entry~~ ~~into~~ a correctional facility or detention center as consistent with CDC or local public health guidelines, at no cost to the visitor; (Directive to Take Action); and be it further

RECOMMENDATION D:

That the fourth Resolve of Resolution 406 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate that all people inside a correctional facility or detention center wear an appropriate mask at all times, except while eating or drinking or at a ~~safe (~~6 ft.~~)~~ distance from anyone else if local transmission rate is above low risk as determined by the CDC ~~Centers for Disease Control and Prevention~~ (Directive to Take Action); and be it further

RECOMMENDATION E:

That the fifth Resolve of Resolution 406 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate that correctional facilities or detention centers be able to request and receive all necessary funding for ~~the above endemic~~ COVID-19 vaccination and testing, according to CDC or local public health guidelines. (Directive to Take Action)

RECOMMENDATION F:

Resolution 406 be adopted as amended.

RECOMMENDATION G:

That the title of Resolution 406 be changed to read as follows:

COVID-19 PREVENTIVE MEASURES FOR CORRECTIONAL FACILITIES AND DETENTION CENTERS

HOD ACTION: Resolution 406 adopted as amended with a change in title.

COVID-19 PREVENTIVE MEASURES FOR CORRECTIONAL FACILITIES AND DETENTION-CENTERS

RESOLVED, That our American Medical Association advocate for all employees working in a correctional facility to be up to date with vaccinations against COVID-19, unless there is a valid medical contraindication/religious exception (Directive to Take Action); and be it further
RESOLVED, That our AMA advocate for all employees not up to date with vaccination for COVID-19 to be COVID rapid tested each time they enter a correctional facility (Directive to Take Action); and be it further
RESOLVED, That our AMA advocate for correctional facility policies that require non-employed, non-residents (e.g. visitors, contractors, etc.) to either show evidence of being up to date for COVID-19 or show proof of negative COVID test completed within 24 hours prior to each entry into a correctional facility (Directive to Take Action); and be it further
RESOLVED, That our AMA advocate that all people inside a correctional facility wear an appropriate mask at all times, except while eating or drinking or at a safe (6 ft.) distance from anyone else if local transmission rate is above low risk as determined by the Centers for Disease Control and Prevention (Directive to Take Action); and be it further
RESOLVED, That our AMA advocate that correctional facilities be able to request and receive all necessary funding for the above endemic COVID-19 vaccination and testing. (Directive to Take Action)

Your Reference Committee heard testimony in support of Resolution 406. It was noted aggregate settings may house persons at increased risk for disease morbidity and mortality from COVID-19 illness. An amendment was proffered to remove the mention of religious exemptions noting that it is contradictory to existing AMA policy. Another amendment suggested adding detention centers, in addition to correctional facilities. Your Reference Committee agreed with these suggested amendments. Testimony raised concern about required testing of visitors, which may increase inequities and make it more difficult for families to visit their loved ones. Therefore, your Reference Committee recommends Resolution 406 be adopted as amended. The title has been changed to reflect the inclusion of detention centers.

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(23) RESOLUTION 407 – STUDY OF BEST PRACTICES FOR ACUTE CARE OF PATIENTS IN THE CUSTODY OF LAW ENFORCEMENT OR CORRECTIONS

RECOMMENDATION A:

Resolution 407 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, That our American Medical Association study best practices for interactions between hospitals, <u>other acute care facilities,</u> clinicians, and members of law enforcement or correctional agencies to ensure that patients in custody of such law enforcement or correctional agencies (including patients without decision-making capacity), their surrogates, and the ~~health care providers~~ <u>clinicians</u> caring for them are provided the autonomy and privacy protections afforded to them by law and in concordance with professional ethical standards and report its findings to the AMA House of Delegates by the 2023 Annual Meeting. (Directive to Take Action)

RECOMMENDATION B:

Resolution 407 be <u>adopted as amended</u>.

HOD ACTION: Resolution 407 <u>adopted as amended</u>.

RESOLVED, That our American Medical Association study best practices for interactions between hospitals, clinicians, and members of law enforcement or correctional agencies to ensure that patients in custody of such law enforcement or correctional agencies (including patients without decision-making capacity), their surrogates, and the health care providers caring for them are provided the autonomy and privacy protections afforded to them by law and in concordance with professional ethical standards and report its findings to the AMA House of Delegates by the 2023 Annual Meeting. (Directive to Take Action)

Your Reference Committee heard testimony in support of Resolution 407. It was noted that a study of best practices would be of great value in standardizing and providing appropriate acute care, especially in facilities where physicians have few guidelines. One amendment proffered noted that the scope of this resolution should include other acute care facilities. Your Reference Committee agreed with this amendment. Therefore, your Reference Committee recommends that Resolution 407 be adopted as amended.

(24) RESOLUTION 408 – SUPPORTING INCREASED RESEARCH ON IMPLEMENTATION OF NONVIOLENT DE-ESCALATION TRAINING AND MENTAL ILLNESS AWARENESS IN LAW ENFORCEMENT

RECOMMENDATION A:

The first Resolve of Resolution 408 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association support increased research on non-violent de-escalation tactics for law enforcement encounters with ~~the mentally ill~~ people who have mental illness and/or developmental disabilities. (New HOD Policy)

RECOMMENDATION B:

Resolution 408 be adopted as amended.

RECOMMENDATION C:

That the title of Resolution 408 be changed to read as follows:

SUPPORTING INCREASED RESEARCH ON IMPLEMENTATION OF NONVIOLENT DE-ESCALATION TRAINING FOR LAW ENFORCEMENT

HOD ACTION: Resolution 408 adopted as amended with a change in title.

SUPPORTING INCREASED RESEARCH ON IMPLEMENTATION OF NONVIOLENT DE-ESCALATION TRAINING FOR LAW ENFORCEMENT

RESOLVED, That our American Medical Association support increased research on non-violent de-escalation tactics for law enforcement encounters with the mentally ill (New HOD Policy); and be it further

RESOLVED, That our AMA support research of fatal encounters with law enforcement and the prevention thereof. (New HOD Policy)

Your Reference Committee heard testimony in support of this resolution. It was noted that the lack of a national governmental database for arrest-related deaths results in a reliance on incomplete data procured by third-party databases, thereby making it difficult to understand the role mental illness plays in arrest-related deaths. It was also noted that de-escalation tactics have shown to enhance civilian compliance and are effective in minimizing arrest-related deaths. Unfortunately, law enforcement officials are often not adequately trained to respond or de-escalate situations involving individuals in a state of psychiatric crisis. An amendment suggested updating and broadening the language to be inclusive of people with developmental disabilities. Your Reference agrees with this suggestion and recommends that Resolution 408 be adopted as amended.

(25) RESOLUTION 410 – INCREASING EDUCATION FOR SCHOOL STAFF TO RECOGNIZE PRODROMAL SYMPTOMS OF SCHIZOPHRENIA IN TEENS AND YOUNG ADULTS TO INCREASE EARLY INTERVENTION

RECOMMENDATION A:

Resolution 410 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, That our American Medical Association work with the American Psychiatric Association and other entities to support research of establishing education programs to teach <u>secondary and higher education</u> ~~high school and university~~ staff to recognize ~~the early~~ prodromal symptoms of schizophrenia to increase early intervention. (Directive to Take Action)

RECOMMENDATION B:

Resolution 410 be <u>adopted as amended</u>.

HOD ACTION: Resolution 410 <u>adopted as amended</u>.

RESOLVED, That our American Medical Association work with the American Psychiatric Association and other entities to support research of establishing education programs to teach high school and university staff to recognize the early prodromal symptoms of schizophrenia to increase early intervention. (Directive to Take Action)

Your Reference Committee heard testimony in support of this resolution. It was stated that education programs on the prodromal symptoms of schizophrenia could be integrated into existing trainings for school staff. It was also suggested that “early” be deleted as it’s repetitive of “prodromal.” Therefore, your Reference Committee recommends that Resolution 410 be adopted as amended.

(26) RESOLUTION 411 – ANONYMOUS PRESCRIBING OPTION FOR EXPEDITED PARTNER THERAPY

RECOMMENDATION A:

Resolution 411 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association work with electronic medical record vendors to create a ~~an anonymous~~ prescribing option for the purpose of expedited partner therapy. (Directive to Take Action)

RECOMMENDATION B:

Resolution 411 be adopted as amended.

RECOMMENDATION C:

That the title of Resolution 411 be changed to read as follows:

PRESCRIBING OPTION FOR EXPEDITED PARTNER THERAPY

HOD ACTION: Resolution 411 adopted as amended with a change in title.

PRESCRIBING OPTION FOR EXPEDITED PARTNER THERAPY

RESOLVED, That our American Medical Association work with electronic medical record vendors to create an anonymous prescribing option for the purpose of expedited partner therapy. (Directive to Take Action)

Your Reference Committee heard testimony supportive of Resolution 411. Testimony noted that many partners might not be treated for STIs despite exposure through a partner and expedited partner therapy (EPT) is one method to alleviate that barrier. Some testimony stated that referral was appropriate to better understand the nuances involved in the implementation of anonymous prescribing for expedited partner therapy. Your Reference Committee noted that anonymous prescribing is state-based and is therefore not broadly applicable. It was also noted that anonymous prescribing can have unintended consequences such as allergic reactions and adverse drug to drug interactions if physicians do not have the appropriate medical history of a patient in which medication is prescribed for. Your Reference Committee agreed to strike out the word anonymous to address this concern and keep it in alignment with current AMA policy supporting EPT, which does not reference anonymous prescribing. Therefore, your Reference Committee recommends that Resolution 411 be adopted as amended.

(27) RESOLUTION 413 – EXPANSION ON COMPREHENSIVE SEXUAL HEALTH EDUCATION

RECOMMENDATION A:

RESOLVED, That our American Medical Association amend Policy H-170.968, "Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools," by addition and deletion to read as follows:

(1) ~~Recognizes that the primary responsibility for family life education is in the home, and additionally s~~ Supports the concept of ~~a complementary family life and~~ sexuality education in the home, when possible, as well as developmentally appropriate sexuality education programming in the schools at all levels, at local option and direction;

(2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms ~~dental dams,~~ and other effective barrier protection methods available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of LGBTQ+ ~~gay, lesbian, and bisexual~~ youth; (f) appropriately and comprehensively address the sexual behavior of all people, inclusive of sexual and gender minorities; (g) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; (h) are part of an overall health education program; and (i) include culturally competent materials that are language-appropriate for Limited English Proficiency (LEP) pupils;

(3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent

communication to prevent dating violence while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate;

(4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program;

(5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems;

(6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes;

(7) Supports federal funding of comprehensive sex education programs that stress the importance of ~~abstinence in~~ preventing unwanted teenage pregnancy and sexually transmitted infections via comprehensive education, ~~and also teach about~~ including contraceptive choices, abstinence, and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and

(8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy;

(9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent; and

(10) Encourages physicians and all interested parties to ~~conduct research and~~ develop best-practice, evidence-based, guidelines for sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate. (Modify Current HOD Policy)

RECOMMENDATION B:

Resolution 413 be adopted as amended.

HOD ACTION: Resolution 413 adopted as amended.

RESOLVED, That our American Medical Association amend Policy H-170.968, "Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools," by addition and deletion to read as follows:

(1) ~~Recognizes that the primary responsibility for family life education is in the home, and additionally s~~ Supports the concept of a ~~complementary~~ family life and sexuality education program in the schools at all levels, at local option and direction;

(2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms dental dams, and other barrier protection methods available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of LGBTQ+ ~~gay, lesbian, and bisexual~~ youth; (f) appropriately and comprehensively address the sexual behavior of all people, inclusive of sexual and gender minorities; (g) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; (h) are part of an overall health education program; and (i) include culturally competent materials that are language-appropriate for Limited English Proficiency (LEP) pupils;

(3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate;

(4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program;

(5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems;

(6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes;

(7) Supports federal funding of comprehensive sex education programs that stress the importance of ~~abstinence in~~ preventing unwanted teenage pregnancy and sexually transmitted infections via comprehensive education, ~~and also teach about~~ including contraceptive choices, abstinence, and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and

(8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy;

(9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent; and

(10) Encourages physicians and all interested parties to ~~conduct research and~~ develop best-practice, evidence-based, guidelines for sexual education curricula that are developmentally

appropriate as well as medically, factually, and technically accurate. (Modify Current HOD Policy)

Your Reference Committee heard testimony in support of Resolution 413. An amendment was offered to remove dental dams noting that they are not a scientifically proven method of barrier protection. Another amendment was proffered to consider that sex education from family life might not be the primary method of education. It was noted that some family lives are not ideal for talking about sexual education due to certain educational, cultural, religious backgrounds, or other circumstances. Your Reference Committee considered these amendments and amended the policy to recognize the role of sexuality education in the home, when possible. We believe this language is more inclusive of varying home dynamics. Therefore, your Reference Committee recommends that Resolution 413 be adopted as amended.

(28) RESOLUTION 414 – IMPROVEMENT OF CARE AND RESOURCE ALLOCATION FOR HOMELESS PERSONS IN THE GLOBAL PANDEMIC

RECOMMENDATION A:

Resolution 414 be amended by the addition of a resolve to read as follows:

Resolved, that our AMA make available existing educational resources from federal agencies and other stakeholders related to the needs of housing-insecure individuals.

RECOMMENDATION B:

Resolution 414 be adopted as amended.

RECOMMENDATION C:

That the title of Resolution 410 be changed to read as follows:

IMPROVEMENT OF CARE AND RESOURCE ALLOCATION FOR HOUSING-INSECURE PERSONS IN THE GLOBAL PANDEMIC

HOD ACTION: Resolution 414 adopted as amended with a change in title.

IMPROVEMENT OF CARE AND RESOURCE ALLOCATION FOR HOUSING-INSECURE PERSONS IN THE GLOBAL PANDEMIC

RESOLVED, That our American Medical Association support training to understand the needs of housing insecure individuals for those who encounter this vulnerable population through their professional duties (New HOD Policy); and be it further

RESOLVED, That our AMA support the establishment of multidisciplinary mobile homeless outreach teams trained in issues specific to housing insecure individuals (New HOD Policy); and be it further
RESOLVED, That our AMA reaffirm existing policies H-160.903, "Eradicating Homelessness," and H-345.975, "Maintaining Mental Health Services by States" (Reaffirm HOD Policy); and be it further
RESOLVED, That our AMA reaffirm existing policy H-160.978, "The Mentally Ill Homeless," with a title change "Housing Insecure Individuals with Mental Illness". (Reaffirm HOD Policy)

The testimony presented on Resolution 414 was supportive. Access to safe and affordable housing is a social determinant of health. Testimony noted that housing insecurity is a broader term than homelessness. It was recognized that housing insecurity creates significant barriers to accessing health care treatment and preventive services and puts people at greater risk for worse health outcomes. A number of edits were suggested. Your Reference Committee thought that some were outside of the scope of this resolution, such as screening for latent tuberculosis infection. However, your Reference Committee agrees that it would be helpful to make existing educational resources on this issue available from federal agencies and other stakeholders. Your Reference Committee also recommends a change in title for consistency. Therefore, your Reference Committee recommends that Resolution 414 be adopted as amended.

(29) RESOLUTION 422 – VOTING AS A SOCIAL DETERMINANT OF HEALTH

RECOMMENDATION A:

That the second Resolve of Resolution 422 be <u>amended by addition</u> to read as follows:

RESOLVED, That our AMA recognize<u>s</u> that gerrymandering <u>which disenfranchises individuals/communities</u> ~~as a partisan effort that, functions in part to~~ limit<u>s</u> access to health care, including but not limited to the expansion of comprehensive medical insurance coverage, and negatively impacts health outcomes (New HOD Policy); and be it further

RECOMMNEDATION B:

That Resolution 422 be <u>adopted as amended</u>.

HOD ACTION: Resolution 422 <u>adopted as amended</u>.

RESOLVED, That our American Medical Association acknowledge voting is a social determinant of health and significantly contributes to the analyses of other social determinants of health as a key metric (New HOD Policy); and be it further
RESOLVED, That our AMA recognize gerrymandering as a partisan effort that functions in part to limit access to health care, including but not limited to the expansion of comprehensive medical insurance coverage, and negatively impacts health outcomes (New HOD Policy); and be it further

RESOLVED, That our AMA collaborate with appropriate stakeholders and provide resources to firmly establish a relationship between voter participation and health outcomes. (Directive to Take Action)

Your Reference Committee heard testimony in favor of acknowledging voting as a social determinant of health. It was noted that this is a timely issue given the upcoming elections. Gerrymandering may or may not be legal depending on the circumstances under which it may exist. If gerrymandering is beyond partisan and begins to disenfranchise individuals/communities, then it negatively impacts health outcomes and is therefore a social determinant of health..Your Reference Committee amended the language in the second Resolve clause to reflect this. Therefore, your Reference Committee recommends that Resolution 422 be adopted as amended.

(30) RESOLUTION 425 – MENTAL HEALTH CRISIS

RECOMMENDATION A:

That the first Resolve of Resolution 425 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, That our American Medical Association work expediently with all interested national medical organizations, national mental health organizations, and appropriate federal government entities to convene a federally-sponsored blue ribbon panel and develop a widely disseminated report on mental health treatment availability and suicide prevention in order to:
1) Improve suicide prevention efforts, through support, payment and insurance coverage for mental and behavioral health and suicide prevention services, including, but not limited to, the National Suicide Prevention Lifeline;
2) Increase access to affordable and effective mental health care through expanding and diversifying the mental and behavioral health workforce;
3) Expand research into the disparities in youth suicide prevention;
4) Address ~~disparities~~ <u>inequities</u> in suicide risk and rate through education, policies and development of suicide prevention programs that are culturally and linguistically appropriate;
5) Develop and support resources and programs that foster and strengthen healthy mental health development; and
6) Develop best practices for minimizing emergency department delays in obtaining appropriate mental health care for patients who are in mental health crisis. (Directive to Take Action)

RECOMMENDATION B:

Resolution 425 be adopted as amended.

HOD ACTION: Resolution 425 adopted as amended.

RESOLVED, That our American Medical Association work expediently with all interested national medical organizations, national mental health organizations, and appropriate federal government entities to convene a federally-sponsored blue ribbon panel and develop a widely disseminated report on mental health treatment availability and suicide prevention in order to: 1) Improve suicide prevention efforts, through support, payment and insurance coverage for mental and behavioral health and suicide prevention services, including, but not limited to, the National Suicide Prevention Lifeline;
2) Increase access to affordable and effective mental health care through expanding and diversifying the mental and behavioral health workforce;
3) Expand research into the disparities in youth suicide prevention;
4) Address disparities in suicide risk and rate through education, policies and development of suicide prevention programs that are culturally and linguistically appropriate;
5) Develop and support resources and programs that foster and strengthen healthy mental health development; and
6) Develop best practices for minimizing emergency department delays in obtaining appropriate mental health care for patients who are in mental health crisis. (Directive to Take Action)
RESOLVED, That our American Medical Association support physician acquisition of emergency mental health response skills by promoting education courses for physicians, fellows, residents, and medical students including, but not limited to, mental health first aid training (Directive to Take Action); and be it further
RESOLVED, That our AMA reaffirm AMA Policy D-345.994 and H-345.984. (Reaffirm HOD Policy)

Your Reference Committee heard limited testimony in support of Resolution 425. It was noted that the COVID-19 pandemic has exacerbated our nation's mental health crisis and action is needed. It was also suggested that the word "disparities" be replaced with "inequities." Your Reference Committee agrees and recommends that Resolution 425 be adopted as amended.

(31) RESOLUTION 431 – PROTECTIONS FOR INCARCERATED MOTHERS AND INFANTS IN THE PERINATAL PERIOD

RECOMMENDATION A:

That the first resolve of Resolution 431 be amended by addition to read as follows:

RESOLVED, That our American Medical Association encourage data collection on pregnancy and other reproductive health outcomes of incarcerated people and research efforts to characterize the health needs for pregnant inmates, including efforts that utilize data acquisition directly from pregnant inmates (Directive to Take Action); and be it further

RECOMMENDATION B:

That the third resolve of Resolution 431 be amended by deletion to read as follows:

RESOLVED, That our AMA oppose the ~~immediate~~ separation of infants from incarcerated pregnant individuals post-partum; (Directive to Take Action) and be it further

RECOMMENDATION C:

That the fifth resolve of Resolution 431 be amended by addition to read as follows:

RESOLVED, That our AMA amend policy H-430.990 by addition to read as follows:

Bonding Programs for Women Prisoners and their Newborn Children H-430.990

Because there are insufficient data at this time to draw conclusions about the long-term effects of prison nursery programs on mothers and their children, the AMA supports and encourages further research on the impact of infant bonding programs on incarcerated women and their children. However, since there are established benefits of breast milk for infants and breast milk expression for mothers, the AMA advocates for policy and legislation that extends the right to breastfeed directly and/or privately pump and safely store breast milk to include incarcerated mothers. The AMA recognizes the prevalence of mental health and substance abuse problems among incarcerated women and continues to support access to appropriate services for women in prisons. The AMA recognizes that a large majority of incarcerated females who may not have developed appropriate parenting skills are mothers of children under the age of 18. The AMA encourages correctional facilities to provide parenting skills and breastfeeding/breast pumping training to all female inmates in preparation for their release from prison and return to their children. The AMA supports and encourages further investigation into the long-term effects of prison nurseries on mothers and their children. (Modify Current HOD Policy)

RECOMMENDATION D:

Resolution 431 be adopted as amended.

HOD ACTION: Resolution 431 adopted as amended.

RESOLVED, That our American Medical Association encourage research efforts to characterize the health needs for pregnant inmates, including efforts that utilize data acquisition directly from pregnant inmates (Directive to Take Action); and be it further
RESOLVED, That our AMA support legislation requiring all correctional facilities, including those that are privately-owned, to collect and report pregnancy-related healthcare statistics with transparency in the data collection process (Directive to Take Action); and be it further
RESOLVED, That our AMA oppose the immediate separation of infants from incarcerated pregnant individuals post-partum; (Directive to Take Action) and be it further
RESOLVED, That our AMA support solutions, such as community-based programs, which allow infants and incarcerated postpartum individuals to remain together (Directive to Take Action); and be it further
RESOLVED, That our AMA amend policy H-430.990 by addition to read as follows:
Bonding Programs for Women Prisoners and their Newborn Children H-430.990
Because there are insufficient data at this time to draw conclusions about the long-term effects of prison nursery programs on mothers and their children, the AMA supports and encourages further research on the impact of infant bonding programs on incarcerated women and their children. However, since there are established benefits of breast milk for infants and breast milk expression for mothers, the AMA advocates for policy and legislation that extends the right to breastfeed and/or pump and store breast milk to include incarcerated mothers. The AMA recognizes the prevalence of mental health and substance abuse problems among incarcerated women and continues to support access to appropriate services for women in prisons. The AMA recognizes that a large majority of incarcerated females who may not have developed appropriate parenting skills are mothers of children under the age of 18. The AMA encourages correctional facilities to provide parenting skills and breastfeeding/breast pumping training to all female inmates in preparation for their release from prison and return to their children. The AMA supports and encourages further investigation into the long-term effects of prison nurseries on mothers and their children. (Modify Current HOD Policy)

Your Reference Committee heard testimony in support of Resolution 431. It was noted that it is essential to protect bonding between a mother and their newborn which has been shown to have a positive effect on the child's development. Amendments were proffered noting that people who are incarcerated should have access to direct breastfeeding and access to privately pump. Another amendment offered noted that data collection on the pregnancy and reproductive health outcomes of incarcerated people is needed. Your Reference Committee agreed with these amendments. Therefore, your Reference Committee recommends that Resolution 431 be adopted as amended.

(32) RESOLUTION 436 – TRAINING AND REIMBURSEMENT FOR FIREARM SAFETY COUNSELING

RECOMMENDATION A:

That the first Resolve of Resolution 436 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association support the inclusion of ~~gun~~ firearm-related violence and suicide epidemiology, as well as ~~and~~ evidence-based firearm-related injury prevention education in ~~medical school curricula~~ undergraduate and graduate

medical education training programs, where appropriate (Directive to Take Action)

RECOMMENDATION B:

That Resolution 436 be adopted as amended.

HOD ACTION: Resolution 436 adopted as amended.

RESOLVED, That our American Medical Association support the inclusion of gun violence epidemiology and evidence-based firearm-related injury prevention education in medical school curricula (Directive to Take Action); and be it further

RESOLVED, That our AMA amend Policy H-145.976, "Firearm Safety Counseling in Physician-Led Health Care Teams," by addition to read as follows:

Firearm Safety Counseling in Physician-Led Health Care Teams, H-145.976

1. Our AMA: (a) will oppose any restrictions on physicians' and other members of the physician-led health care team's ability to inquire and talk about firearm safety issues and risks with their patients; (b) will oppose any law restricting physicians' and other members of the physician-led health care team's discussions with patients and their families about firearms as an intrusion into medical privacy; and (c) encourages dissemination of educational materials related to firearm safety to be used in undergraduate medical education.

2. Our AMA will work with appropriate stakeholders to develop state-specific guidance for physicians on how to counsel patients to reduce their risk for firearm-related injury or death, including guidance on when and how to ask sensitive questions about firearm ownership, access, and use, and clarification on the circumstances under which physicians are permitted or may be required to disclose the content of such conversations to family members, law enforcement, or other third parties.

3. Our AMA will support the development of reimbursement structures that incentivize physicians to counsel patients on firearm-related injury risk and prevention. (Modify Current HOD Policy)

Testimony presented was supportive of this resolution, noting that firearm violence is a largely preventable public health crisis and physicians should be trained and incentivized to talk about firearm safety with their patients. The Council on Medical Education indicated their support for the first Resolved. One amendment suggested that firearm-related injury preventiona and firearm suicide education be added to appropriate medical education training. Your Reference Committee agrees with these amemdments and recommends that Resolution 436 be adopted as amended.

(33) RESOLUTION 440 – ADDRESSING SOCIAL DETERMINANTS OF HEALTH THROUGH HEALTH IT

RECOMMENDATION A:

Resolution 440 be amended by the addition of third and Resolve to read as follows:

RESOLVED, That our AMA advocate for adequate standards and capabilities for electronic health records to effectively tag and protect sensitive data before it can

be shared or reshared (Directive to Take Action); and be it further

Recommendation B:

Resolution 440 be amended by the addition of a fourth Resolve to read as follows:

RESOLVED, That our AMA support ongoing monitoring and data collection regarding unintended harm to patients from sharing information on social determinants of health and social risk (Directive to Take Action).

RECOMMENDATION C:

Resolution 440 be adopted as amended.

HOD ACTION: Resolution 440 adopted as amended.

RESOLVED, That our American Medical Association advocate for data interoperability between physicians' practices, public health, vaccine registries, community-based organizations, and other related social care organizations to promote coordination across the spectrum of care, while maintaining appropriate patient privacy (Directive to Take Action); and be it further

RESOLVED, That the AMA adopt the position that electronic health records should integrate and display information on social determinants of health and social risk so that such information is actionable by physicians to intervene and mitigate the impacts of social factors on health outcomes (Directive to Take Action)

Testimony on Resolution 440 was supportive. It was noted that data interoperability is needed to promote care coordination, while protecting patient privacy. An amendment was offered, noting support for the idea, but concern for potential unintended consequences such as in a pediatric setting where parents of a child are separated or divorced and data should not be shared with one parent about the other parent's health. Your Reference Committee agrees that these amendments are important and there recommends that Resolution 440 be adopted as amended.

(34) RESOLUTION 441 – ADDRESSING ADVERSE EFFECTS OF ACTIVE SHOOTER DRILLS ON CHILDREN'S HEALTH

RECOMMENDATION A:

That the first Resolve of Resolution 441 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA support that any school system conducting active-shooter or live-crisis drills does so in an evidence-based and ~~all school systems~~

~~conduct evidence-based active shooter drills in a~~ trauma-informed manner that
a. is cognizant of children's physical and mental wellness,
b. considers prior experiences that might affect children's response to a simulation,
c. avoids creating additional traumatic experiences for children, and
d. provides support for students who may be adversely affected; and be it further

RECOMMENDATION B:

That the second resolve of Resolution 441 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA work with relevant stakeholders to raise awareness of ways to conduct active-shooter or live-crisis drills that are safe for children and developmentally ~~age-~~appropriate.

RECOMMENDATION C:

That Resolution 441 be amended by the addition of a third Resolve to read as follows:

RESOLVED, That our AMA advocate for research into the impact of live-crisis exercises and drills on the physical and mental health and well-being of children including the goals, efficacy, and potential unintended consequences of crisis-preparedness activities involving children (Directive to Take Action);

RECOMMENDATION D:

Resolution 441 be adopted as amended.

RECOMMENDATION E:

That the title of Resolution 441 be changed to read as follows:

ADDRESSING ADVERSE EFFECTS OF ACTIVE-SHOOTER AND LIVE-CRISIS DRILLS ON CHILDREN'S HEALTH

HOD ACTION: Resolution 441 adopted as amended with a change in title.

ADDRESSING ADVERSE EFFECTS OF ACTIVE-SHOOTER AND LIVE-CRISIS DRILLS ON CHILDREN'S HEALTH

RESOLVED, That our AMA support that all school systems conduct evidence-based active shooter drills in a trauma-informed manner that
a. is cognizant of children's physical and mental wellness,
b. considers prior experiences that might affect children's response to a simulation,
c. avoids creating additional traumatic experiences for children, and
d. provides support for students who may be adversely affected; and be it further
RESOLVED, That our AMA work with relevant stakeholders to raise awareness of ways to conduct active shooter drills that are safe for children and age-appropriate.

Your Reference Committee heard testimony in support of Resolution 441. It was noted that there are unintended consequences of active-shooter and live-crisis drills and best practices are needed to ensure these drills do not cause psychological harm for children. Traumatic events (including sexual abuse, doemstic violence, elder abuse, and combat trauma) are associated with long-term physical and pshychological effects. One amendment offered noted that ways to conduct active-shooter drills should be developmentally-appropriate instead of age-appropriate. Another amendment called for a study of the impact of these drills on the well-being of children. Your Reference Committee agrees with these amendments. Therefore, your Reference Committee recommends that Resolution 441 be adopted as amended. The title was changed to reflect the inclusion of live-crisis drills.

(35) RESOLUTION 443 – ADDRESSING THE LONGITUDINAL HEALTHCARE NEEDS OF AMERICAN INDIAN CHILDREN IN FOSTER CARE

RECOMMENDATION A:

That the first Resolve of Resolution 443 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, The AMA recognizes the Indian Child Welfare Act of 1978 as <u>a</u> ~~the gold standard~~ <u>model</u> in <u>American Indian and Alaska Native</u> child welfare legislation;

RECOMMENDATION B:

Resolution 443 be <u>adopted as amended</u>.

HOD ACTION: Resolution 443 <u>adopted as amended</u>.

RESOLVED, The AMA recognizes the Indian Child Welfare Act of 1978 as the gold standard in child welfare legislation; and be it further
RESOLVED, The AMA supports federal legislation preventing the removal of American Indian and Alaska Native children from their homes by public and private agencies without cause; and be it further
RESOLVED, The AMA will work with local and state medical societies and other relevant stakeholders to support legislation preventing the removal of American Indian and Alaska

Native children from their homes by public and private agencies without cause; and be it further

RESOLVED, The AMA supports state and federal funding opportunities for American Indian and Alaska Native child welfare systems.

Your Reference Committee heard testimony in support of Resolution 443. The foundational principles of the tribal welfare systems are of great importance in order for children to maintain their cultural identity. Furthermore, it was stated that disruption from family, culture and community is traumatizing for children. The United States Supreme Court is currently reviewing a Fifth Circuit Court of Appeals' decision, in a case challenging the constitutionality of the Indian Child Welfare Act (ICWA), so we recognize this resoultion is timely. However, your Reference Committee was uncomfortable with the term "gold standard" in reference to the ICWA and instead suggests referring to it as a model in child welfare legislation. Your Reference Committee recommends that Resolution 443 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(36) RESOLUTION 420 – DECLARING CLIMATE CHANGE A PUBLIC HEALTH CRISIS
RESOLUTION 430 – LONGITUDINAL CAPACITY-BUILDING TO ADDRESS CLIMATE ACTION AND JUSTICE

RECOMMENDATION:

Alternate Resolution 420 <u>be adopted lieu of Resolution 420 and Resolution 430</u>.

DECLARING CLIMATE CHANGE A PUBLIC HEALTH CRISIS

RESOLVED, That our American Medical Association declare climate change a public health crisis that threatens the health and well-being of all individuals (Directive to Take Action); and be it further

RESOLVED, That our AMA protect patients by advocating for policies that: (1) limit global warming to no more than 1.5 degrees Celsius, (2) reduce US greenhouse gas emissions aimed at carbon neutrality by 2050, and (3) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens (Directive to Take Action); and be it further

RESOLVED, That our AMA develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting. (Directive to Take Action)

HOD ACTION: Alternate Resolution 420 <u>adopted in lieu of Resolution 420 and Resolution 430</u>.

Resolution 420
RESOLVED, That our American Medical Association declare climate change a public health crisis that threatens the health and well-being of all individuals (Directive to Take Action); and be it further
RESOLVED, That our AMA protect patients by advocating for policies that: (1) limit global warming to no more than 1.5 degrees Celsius, (2) reduce US greenhouse gas emissions, and (3) achieve a reduced-emissions economy (Directive to Take Action); and be it further

RESOLVED, That our AMA develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting. (Directive to Take Action)

Resolution 430
RESOLVED, That our American Medical Association: (1) Declare climate change an urgent public health emergency that threatens the health and well-being of all individuals; (2) Aggressively advocate for prompt passage of legislation and policies that limit global warming to no more than 1.5 degrees Celsius over pre-industrial levels and address the health and social impacts of climate change through rapid reduction in greenhouse gas emissions aimed at carbon neutrality by 2050, rapid implementation and incentivization of clean energy solutions, and significant investments in climate resilience through a climate justice lens; (3) Study opportunities for local, state, and federal policy interventions and advocacy to proactively respond to the emerging climate health crisis and advance climate justice with report back to the House of Delegates; and (4) Consider the establishment of a longitudinal task force or organizational unit within the AMA to coordinate and strengthen efforts toward advocacy for an equitable and inclusive transition to a net-zero carbon society by 2050, with report back to the House of Delegates. (Directive to Take Action)

Your Reference Committee heard testimony in strong support of Resolutions 420 and 430. Testimony noted that this is the “fight of our lives” and there is no better place to invest resources. The Council on Science and Public Health noted several activities the AMA is already engaged in to address the climate crisis and efforts to achieve decarbonization of the health sector. The Board noted that task forces are not necessarily the best approach or most effective mechanism for prompt action and ask for flexibility to accomplish the goal. Your Reference Committee believes that calling on the AMA to develop a strategic plan around climate change, with consideration for a task force, is the best approach to accomplish the intended goal and therefore recommends adoption of Alternate Resolution 420.

(37) RESOLUTION 423 – AWARENESS CAMPAIGN FOR 988 NATIONAL SUICIDE PREVENTION LIFELINE

RECOMMENDATION:

That Alternate Resolution 423 be <u>adopted in lieu of Resolution 423</u>.

RESOLVED, That our AMA: (1) utilize their existing communications channels to educate the physician community and the public on the new 9-8-8 National Suicide Prevention Lifeline program and (2) work with the Federation and other stakeholders to advocate for adequate federal and state funding for the 9-8-8 system, and (3) collaborate with the Substance Abuse and Mental Health Services Administration and the 9-8-8 partner community to strengthen suicide prevention and mental health crisis services.

HOD ACTION: Alternate Resolution 423 <u>adopted in lieu of Resolution 423</u>.

RESOLVED, That our American Medical Association utilize their existing communications channels to educate the physician community and the public on the new 9-8-8 program. (Directive to Take Action)

Testimony presented was in strong support of this resolution. It was recognized that the 9-8-8 program will depend on awareness of its existence as well as funding of the program. It was noted that to date only a handful of state have provided the needed funding. Amendments, which were supported by the authors, called for the AMA to advocate for federal and state funding for the 9-8-8 program as well as to collaborate with SAMHSA and the broader 9-8-8 partner community. Your Reference Committee agrees with these suggestions and recommends Alternate Resolution 423 be adopted.

(38) RESOLUTION 437 – AIR POLLUTION AND COVID: A CALL TO TIGHTEN REGULATORY STANDARDS FOR PARTICULATE MATTER

RECOMMENDATION:

That Policies H-135.946, "Protective NAAQS Standard for Fine Particulate Matter (PM 2.5)" and D-135.978, "978 Protective NAAQS Standard for Particulate Matter (PM 2.5 & PM 10)" be reaffirmed in lieu of Resolution 437.

HOD ACTION: That Policies H-135.946, "Protective NAAQS Standard for Fine Particulate Matter (PM 2.5)" and D-135.978, "978 Protective NAAQS Standard for Particulate Matter (PM 2.5 & PM 10)" reaffirmed in lieu of Resolution 437.

RESOLVED, That our American Medical Association AMA advocate for stronger federal particulate matter air quality standards than currently in place and improved enforcement that will better protect the public's health. (Directive to Take Action)

Testimony presented was supportive of Resolution 437, stating that deaths attributable to air pollution would be much reduced with more stringent air quality measures. It was also noted that the Environmental Protecton Agency expects to issue proposed rulemaking on this issue in Summer 2022 and this resolution will ensure that the AMA weighs in. However, the Council on Science and Public Health noted that existing policy already establishes protective National Ambient Air Quality Standards (NAAQS) for fine particulate matter and directs the AMA to review the proposal and offer comments. It was noted that the proposed resolution was vague compared to existing policy. Your Reference Committee agrees and therefore, recommends reaffirmation of existing policy in lieu of Resolution 437.

Policies recommended for reaffirmation:

H-135.946 Protective NAAQS Standard for Fine Particulate Matter (PM 2.5)
Our AMA supports more stringent air quality standards for particulate matter. We specifically request a NAAQS that provides improved protection for our patients which includes:

- 12 µg/m3 for the average annual standard
- 25 µg/m3 for the 24-hour standard
- 99th percentile used for compliance determination.

D-135.978 Protective NAAQS Standard for Particulate Matter (PM 2.5 & PM 10)
At such time as a new EPA Proposed Rule on National Ambient Air Quality Standards for Particulate Matter is published, our AMA will review the proposal and be prepared to offer its support for comments developed by the American Thoracic Society and its sister organizations.

RECOMMENDED FOR REFERRAL

(39) BOARD OF TRUSTEES REPORT 15 – ADDRESSING PUBLIC HEALTH DISINFORMATION

RECOMMENDATION:

That the Board of Trustees Report 15 be referred.

HOD ACTION: Board of Trustees Report 15 adopted.

The Board of Trustees recommends that the following be adopted, and the remainder of this report be filed.

1. That Policy D-440.914, "Addressing Public Health Disinformation Disseminated by Health Professionals," be amended by addition and deletion to read as follows:
Our AMA will: (1) collaborate with relevant health professional societies and other stakeholders: (a) on efforts to combat public health disinformation disseminated by health professionals in all forms of media, ~~and~~ (b) ~~to~~ address disinformation that undermines public health initiatives ~~by~~, and (c) implement a comprehensive strategy to address health-related disinformation disseminated by health professionals that includes:
(1) Maintaining AMA as a trusted source of evidence-based information for physicians and patients.
(2) Ensuring that evidence-based medical and public health information is accessible by engaging with publishers, research institutions and media organizations to develop best practices around paywalls and preprints to improve access to evidence-based information and analysis.
(3) Addressing disinformation disseminated by health professionals via social media platforms and addressing the monetization of spreading disinformation on social media platforms.
(4) Educating health professionals and the public on how to recognize disinformation as well as how it spreads.
(5) Considering the role of health professional societies in serving as appropriate fact-checking entities for health-related information disseminated by various media platforms.
(6) Encouraging continuing education to be available for health professionals who serve as fact-checker to help prevent the dissemination of health-related disinformation.
(7) Ensuring licensing boards have the authority to take disciplinary action against health professionals for spreading health-related disinformation and affirms that all speech in which a health professional is utilizing their credentials is professional conduct and can be scrutinized by their licensing entity.
(8) Ensuring specialty boards have the authority to take action against board certification for health professionals spreading health-related disinformation.
(9) Encouraging state and local medical societies to engage in dispelling disinformation in their jurisdictions.; ~~and~~
~~(2) study disinformation disseminated by health professionals and its impact on public health and present a comprehensive strategy to address this issue with a report back at the next meeting of the House of Delegates~~. (Modify Current HOD Policy)

2. That Policies D-440.914, "Addressing Public Health Disinformation Disseminated by Health Professionals, "D-440.915, "Medical and Public Health Misinformation in the Age of Social

Media," and H-460.978, "Communication Among the Research Community, the Media and the Public" be reaffirmed (Reaffirm HOD Policy).

Testimony on Board of Trustees Report 15 was mixed. The report proposed a broad strategy to address the public health crisis of health-related disinformation spread by health professionals. Legitimate concerns were raised particularly around the proposed definition of "disinformation" included in the report, which specifically includes the intent to cause harm. It was noted that disinformation and misinformation are harmful, whether or not there is intent to cause harm, but the ramifications of applying one versus the other may be criminal in nature. Therefore, your Reference Committee recommends that this report be referred to the board for additional study and clarification, particularly around the definitions.

(40) RESOLUTION 416 – SCHOOL RESOURCE OFFICER VIOLENCE DE-ESCALATION TRAINING AND CERTIFICATION

RECOMMENDATION:

Resolution 416 be <u>referred</u>.

HOD ACTION: Resolution 416 <u>referred</u>.

RESOLVED, That our American Medical Association highly recommend mandatory conflict de-escalation training for all school resource officers (New HOD Policy); and be it further
RESOLVED, That our AMA actively advocate to the National Association of School Resource Officers to develop a program for certification of School Resource Officers including but not limited to violence de-escalation training requirements, expiration date, renewal continuing education requirements and a revocation procedure in the rare event of misconduct. (Directive to Take Action)

Your Reference Committee heard mixed testimony of Resolution 416. There was supportive testimony of the first resolve clause noting that mandatory conflict de-escalation training is needed and not all school resource officers across the country currently receive this nationally recognized basic and advanced training. One comment noted that rather than a certification program for school resource officers, best practice guidelines should be developed as a "one-size" certification may not fit the needs of all individual school districts. Most testimony in opposition stated that the second resolve clause needs further study to understand its efficacy and therefore supported referral. Your Reference Committee agreed with this testimony noting that it is unknown if current de-escalation training is evidence-based, and this issue is to complex and should be studied. Therefore, your Reference Committee recommends that Resolution 416 be referred.

RECOMMENDED FOR NOT ADOPTION

(41) RESOLUTION 402 – SUPPORT FOR IMPAIRMENT RESEARCH

RECOMMENDATION:

Resolution 402 not be adopted.

HOD ACTION: Resolution 402 not adopted.

RESOLVED, That our American Medical Association study the impairment of drivers and other operators of mechanized vehicles by substances, fatigue, medical or mental health conditions, and that this report include whether there are office or hospital-based methods to efficiently and effectively assess impairment of drivers with recommendations for further research that may be needed. (Directive to Take Action)

Your Reference Committee heard significant testimony on the complexity of this issue. It was recommended that impairment evaluations be handled by specialists in that field rather than physicians. Concerns surrounding liability were also highlighted. The Council on Science and Public Health questioned the broad scope of the study. Given these concerns, your Reference Committee recommends that Resolution 402 not be adopted.

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(42) RESOLUTION 435 – SUPPORT REMOVAL OF BMI AS A STANDARD MEASURE IN MEDICINE AND RECOGNIZING CULTURALLY-DIVERSE AND VARIED PRESENTATIONS OF EATING DISORDERS

RECOMMENDATION:

That Resolution 435 be not adopted.

HOD ACTION: Resolution 435 referred.

RESOLVED, That our American Medical Association recognize the significant limitations and potential harms associated with the widespread use of body mass index (BMI) in clinical settings and supports its use only in a limited screening capacity when used in conjunction with other more valid measures of health and wellness (Directive to Take Action); and be it further

RESOLVED, That our AMA support the use of validated, easily obtained alternatives to BMI (such as relative fat mass, body adiposity index, and the body volume index) for estimating risk of weight-related disease (New HOD Policy); and be it further

RESOLVED, That our AMA amend policy H-440.866, "The Clinical Utility of Measuring Body Mass Index and Waist Circumference in the Diagnosis and Management of Adult Overweight and Obesity," by addition and deletion to read as follows:

The Clinical Utility of Measuring ~~Body Mass Index~~ Weight, Adiposity, and Waist Circumference in the Diagnosis and Management of Adult Overweight and Obesity, H-440.866 Our AMA supports:

(1) greater emphasis in physician educational programs on the risk differences ~~among ethnic and age~~ within and between demographic groups at varying weights and levels of adiposity

~~BMI~~ and the importance of monitoring waist circumference in all individuals ~~with BMIs below 35 kg/m2~~;
(2) additional research on the efficacy of screening for overweight and obesity, using different indicators, in improving various clinical outcomes across populations, including morbidity, mortality, mental health, and prevention of further weight gain; and
(3) more research on the efficacy of screening and interventions by physicians to promote healthy lifestyle behaviors, including healthy diets and regular physical activity, in all of their patients to improve health and minimize disease risks. (Modify Current HOD Policy); and be it further
RESOLVED, That our AMA amend policy H-150.965, by addition to read as follows in order to support increased recognition of disordered eating behaviors in minority populations and culturally appropriate interventions:
H-150.965 – EATING DISORDERS
The AMA (1) adopts the position that overemphasis of bodily thinness is as deleterious to one's physical and mental health as obesity; (2) asks its members to help their patients avoid obsessions with dieting and to develop balanced, individualized approaches to finding the body weight that is best for each of them; (3) encourages training of all school-based physicians, counselors, coaches, trainers, teachers and nurses to recognize unhealthy eating, binge-eating, dieting, and weight restrictive behaviors in adolescents and to offer education and appropriate referral of adolescents and their families for culturally-informed interventional counseling; and (4) participates in this effort by consulting with appropriate and culturally informed educational and counseling materials pertaining to unhealthy eating, binge-eating, dieting, and weight restrictive behaviors. (Modify Current HOD Policy)

Your Reference Committee heard substantial testimony in opposition to the removal of Body Mass Index (BMI) as a standard measure in clinical practice. While it is acknowledged that BMI is an imperfect measure whose racist derivation justifies the resolution's intent, it was noted that without a better measure to replace it, removing BMI would have unintended consequences and adverse impacts on patients' health care given the widespread use of BMI in many formulas. This is a complex issue. As such, your Reference Committee recommends referring it to the proposed obesity task force to address, recommending they take on all of the issues identified in the resolution, including, but not limited to, psychiatric, metabolic, and other conditions. Therefore, your Reference Committee recommends that Resolution 435 be not adopted.

Madam Speaker, this concludes the report of Reference Committee D. I would like to thank Jade A. Anderson, MD; Nicolas Argy, MD, JD, Man-Kit Leung, MD, Jean R. Hausheer, MD, Laurel Ries, MD, and Sherif Z. Zaafran, MD; all those who testified before the Committee as well as our AMA staff, Andrea Garcia, Delaney Pannier, Karen Reinbold, and Mary Soliman.

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