

REFERENCE COMMITTEE E (Science & Technology)
SUMMARY REPORT FOR THE NEW ENGLAND DELEGATION
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Please list two questions for the Candidate Interviews based on the topics represented within your reference committee.

1. Do you support Safe Injection Facilities as a Harm Reduction strategy in the face of the opioid epidemic?
2. How can we do a better job teaching medical students about pain management in general to avoid further issues with the opioid epidemic?

CONSENT CALENDAR FOR APPROVAL

- 502 (YPS) Destigmatizing the Language of Addiction**
 Asks that the AMA use non-stigmatizing language in all future reports, documents, communications regarding substance use and that the AMA develop educational materials to this point for physicians and health care facilities.
- 504 (CA) Screening, Intervention, and Treatment for Adverse Childhood Experiences**
 Asks that the AMA support education for providers about ACE, support funding for schools, etc., and research and evaluation of ACEs. Takes 503 and makes it broader.
- 505 (CA) Glyphosate Studies**
 Asks that the AMA advocate for the reduction in use of glyphosate pesticides and encourage development of alternatives, while supporting research to determine the long term effects of glyphosate on human health.
- 507 (IL) Removing Ethylene Oxide as a Medical Sterilant from Healthcare**
 Asks that the AMA prevent use of ethylene oxide and replace with less toxic options since it is carcinogenic.
- 509 (IMGs) Addressing Depression to Prevent Suicide Epidemic**
 Asks that the AMA work with CDC, NIH, others to increase awareness about suicide warning signs, and increase state and specialty societies to address depression/suicidality.
- 510 (RFS) The Intracranial Hemorrhage Anticoagulation Reversal Initiative**
 Asks AMA to work to reduce barriers to use of anticoagulation in emergency settings.
- 513 (WPS) Determining Why Infertility Rates Differ Between Military and Civilian Women**
 Asks that the American Medical Association advocate for additional research to better understand whether higher rates of infertility in service women may be linked to military service and which approaches might reduce the burden of infertility among service women.

- 514 (AMWA) Opioid Addiction**
Asks that the AMA work with hospitals and relevant constituent organizations to assure that the enhanced recovery after surgery protocol for cesarean section is widely adopted, optimizing recovery and decreasing use of opioid medications especially in the face of breastfeeding mothers and their babies.
- 515 (AMWA) Reversing Opioid Epidemic**
Asks the AMA to include in their Reversing the Opioid Epidemic Program, education materials for physicians regarding sex-based differences in all aspects of pain management from assessment to addiction treatment.
- 519# (MI) Childcare Availability for Persons Receiving Substance Use Disorder Treatment**
Asks the AMA to support implementation of child care in treatment facilities and acknowledge that child care infrastructure in treatment facilities be a major priority in the development of new substance abuse programs.
- 520# (MI) Substance Use During Pregnancy**
Asks for amendment to American Medical Association policy H-420.950, “Substance Use 14 Disorders During Pregnancy,” by addition that advocates that an infant not be removed from it’s mother for one positive prenatal drug screen without a social work evaluation.
- 521# (MI) Put Over-the-Counter Inhaled Epinephrine Behind Pharmacy Counter**
Asks the AMA to encourage pharmacies to put Primatine Mist behind the counter. It’s not an appropriate treatment for Asthma and this would give pharmacists a chance to counsel patients before dispensing.
- 523# (MI) Availability and Use of Low Starting Opioid Doses**
This is a reaffirmation of the current policies to start at the lowest dose and use the least amount necessary to treat pain when dealing with opioids.
- 525# (MSS) Support for Rooming-in of Neonatal Abstinence Syndrome Patients with Their Parents**
Asks the AMA to support Rooming in of babies with NAS and also to promote education surrounding this particular topic to physicians.
- 526# (MSS) Trauma-Informed Care Resources and Settings**
Asks (1) that the American Medical Association recognize trauma-informed care as a practice that recognizes the widespread impact of trauma on patients and (2) that AMA support trauma-informed care in all settings. The Whereas’s have that its taught in peds but not adults.
- 527# (MSS) Increasing the Availability of Bleeding Control Supplies**
Asks that the American Medical Association amend Policy H-130.935 by addition:
3. Our AMA supports the increased availability of bleeding control supplies in schools, places of employment, and public buildings. (Modify Current HOD Policy) Because 33% of pre-hospital deaths are due to hemorrhage. Same argument for AEDs.

- 528# (MSS) **Developing Diagnostic Criteria and Evidence-Based Treatment Options for Problematic Pornography Viewing****
Asks that the American Medical Association support research on problematic pornography use. This is new.
- 529# (MSS) **Adverse Impacts of Delaying the Implementation of Public Health Regulations****
Recommends that the American Medical Association urge the Environmental Protection Agency and other federal regulatory agencies to enforce pesticide regulations, particularly of restricted use pesticides.
- 530# (NJ) **Implementing Naloxone Training into the Basic Life Support (BLS) Certification Program****
Recommends that American Medical Association collaborate with the OSHA and state medical societies to include naloxone rescue kits in first aid equipment.

CONSENT CALENDAR FOR DENIAL

- 508 (NY) **Benzodiazepine and Opioid Warning****
Asks that the AMA raise awareness only of members about use of benzo/opioid combo as illicit drugs, and that the AMA warn patients and providers about public health problem. The AMA is already doing this through the Opioid Task Force.

RESOLUTIONS FOR DISCUSSION

- CSAPH Report 0 1 **CSAPH Sunset Review of 2009 House of Delegates Policies****
Public Health policies up for sunset. Updates language and relevant groups for the AMA to work with and rescinds accomplished goals. Recommend discussion if anyone has specific policies they would like to discuss, otherwise, support.
- 501 **USP 800****
(VA, KS, SC, LA, MD, American Association of Clinical Urologists; American College of Allergy, Asthma and Immunology)
Asks that the AMA oppose USP 800 compounding guidance, that the AMA develop white papers for best practices, and the continuation of working groups regarding exemptions (presumably to compounding guidelines). Recommended for discussion because the resolution is very poorly written. Would recommend amendments to all resolved clauses.
- 503 (MO) **Addressing Healthcare Needs of Children of Incarcerated Parents****
Asks that the AMA support evidence based care for children of incarcerated parents, since this is considered an adverse childhood event. Recommend discussion, because I think it could be broadened to include children of all adverse childhood events, with a simple amendment or we can just support 504.

- 506 (IL)** **Clarify Advertising and Contents of Herbal Remedies and Dietary Supplements**
 Basically asks that the AMA work with NCCIH to create stricter guidelines for labeling and advertising on herbal supplements/remedies, support a new licensing body for these remedies. Would offer a friendly amendment to remove the NCCIH mention and just say “federal agencies responsible for...”
- 511 (RFS)** **Mandating Critical Congenital Heart Defect Screening in Newborns**
 Asks that the AMA support screening for congenital heart defects for newborns following delivery, prior to hospital discharge. Would offer an amendment to remove the word “critical”.
- 512 (RFS)** **Fertility Preservation in Pediatric and Reproductive Aged Cancer Patients**
 Asks that the AMA encourage disclosure to cancer patients (ie pediatric patients) about risks to fertility with using gonadotoxicity and that our AMA support education for providers to counsel patients about fertility preservation. Recc for discussion because at first glance, this seems harmless, but when sitting with it, there is more of an ethical issue at stake, which would be more of a CEJA issue.
- 516 (ASCO)** **Alcohol Consumption and Health**
 Asks, first, that the AMA recognize alcohol consumption as well as alcohol abuse as a modifiable risk factor for cancer. Second, that the AMA support research and educational efforts about the connection between alcohol consumption and several types of cancer. Lastly asks for an amendment to policy H-425.993, “Health Promotion and Disease Prevention,” which essentially adds alcohol consumption as the disease (changes consumption from abuse) and cancer to one of it’s adverse effects. I think we should discuss this, people may have strong opinions. Otherwise approve.
- 517# (Derms etal)** **Compounding**
 Asks the AMA to provide an All States analysis of state law requirements governing in office preparations of medications and how compounding is defined by state law. Secondly, that it oppose any state medical board action to delegate authority or oversight of physicians preparing in office medications to another regulatory body. Finally, that the AMA work with medical specialty societies to preserve physician’s ability to prepare medications in office without being subject to unreasonable and burdensome equipment and process requirements.
- 518# (ACC)** **Chemical Variability in Pharmaceutical Products**
 Asks AMA to study and report back by IM pharmaceutical variability and impact on patient care with recommendation for action. Secondly, for the AMA to support legislation requiring independent testing and verification of batches of drugs. Finally, that the AMA advocates that batches be logged at the patient level for better tracking of patient outcomes. This may generate some discussion. It’s a good idea but AMA would get a ton of pushback from pharmaceutical industry.

522# (MI)**Improved Deferral Periods for Blood Donors**

Asks the AMA to amend AMA policy H-50.973 as it applies to men who have sex with men to have their deferral period be commensurate with current HIV testing technology. This would decrease the deferral period from 12 to 3 months. Not sure if this will spark discussion or not, just wanted anyone who had opinion to be heard. Otherwise approve.

524# (MI)**Availability of Naloxone Boxes**

Asks AMA to support legal access to the use of naloxone independent of whether or not they have a prescription. Also asks for addendum of H-95.932 to essentially have naloxone available in all public spaces like AED's. Even though this is an excellent public health issue docs may have an issue with a prescription med being out and available. May need a "need to break glass" to get it, Pediatricians may have issues with it if kids can get ahold of it. Otherwise approve.

Contained in the Handbook Addendum