AMERICAN OSTEOPATHIC ASSOCIATION

142 E. Ontario St.
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SPECIAL SESSION OF THE
AOA HOUSE OF DELEGATES

OCTOBER 2020 MEETING
PUBLIC AFFAIRS - RESOLUTION ROSTER
WITH ACTION

HOUSE OF DELEGATES' REFERENCE COMMITTEE DESCRIPTION:

- Committee on Public Affairs (400 series)
  This reference committee reviews and considers matters relating to public and industrial health, research and physical fitness.

Res. No.	Resolution Title	Submitted By	Action
H400	Interference in the Physician-Patient Relationship by Personal Injury Attorneys and Insurance Carrier Agents (H400-15)	BSAPH / BSA	ADOPTED
H401	Osteopathic Name and Identity (H401-A/15)	BOE	ADOPTED *(for sunset)*
H402	Public Education Regarding the Importance and Safety of Vaccines for Infants, Children, and Adults (H402-A/15)	BSAPH	ADOPTED
H403	Support for the Advisory Committee on Immunization Practices (ACIP) Recommendations (H403-A/15)	BSAPH	ADOPTED
H404	Vaccination Rates – Daycare Notification to Parents (H404-A/15)	BSGA	ADOPTED
H405	Protection of Safe Water Supply (H405-A/15)	BFHP / BSAPH	ADOPTED
H406	Antibiotic Stewardship (H407-A/15)	BSAPH	ADOPTED
H407	Vaccines for Children Program (H408-A/15)	BSAPH	ADOPTED
H408	Seat Belt Laws – Primary Enforcement (H409-A/15)	BSGA	ADOPTED
H409	Intrauterine Fetal Demise Awareness (H410-A/15)	BSAPH	ADOPTED
H410	Antifreeze Poisoning (H411-A/15)	BSAPH	NOT ADOPTED
H411	Aircraft Emergency Medical Supplies (H412-A/15)	BFHP	ADOPTED
H412	Animals in Medical Research (H413-A/15)	BSAPH	ADOPTED
H413	Cancer (H415-A/15)	BSAPH	ADOPTED
H414	Cardiopulmonary Resuscitation, Training (H416-A/15)	BSAPH	ADOPTED
H415	Children's Safety Seats (H418-A/15)	BSAPH	ADOPTED
H416	Death – Right to Die (H419-A/15)	BSGA	ADOPTED
H417	Environmental Responsibility--Waste Materials (H420-A/15)	BSAPH	ADOPTED
H418	Firearms and Non-Powdered Guns - Education for Users (H421-A/15)	BFHP	ADOPTED
H419	Genetic Manipulation of Food Products – Consumers Right to Know (H422-A/15)	BSAPH	ADOPTED

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Res. No.	Resolution Title	Submitted By	Action
H420	Condom Usage – Health Education (H423-A/15)	BSAPH	ADOPTED
H421	Support of Literacy Programs (H424-A/15)	BSAPH	ADOPTED
H422	Tanning Devices (H425-A/15)	BSGA	ADOPTED
H423	Tobacco Settlement Funds (H426-A/15)	BSGA	ADOPTED
H424	Healthy Family, Support of (H428-A/15)	BSAPH	ADOPTED
H425	Immunization of 9 to 26 Year Old Male and Females with Human Papilloma Virus Vaccine (H429-A/15)	BSAPH	ADOPTED as AMENDED
H426	Drugs, Curbing Counterfeit (H430-A/15)	BFHP	ADOPTED
H427	Sleep Disorders – Promoting the Understanding and Prevention of (H432-A/15)	BSAPH	ADOPTED
H428	Minority Health Disparities (H433-A/15)	BSAPH	ADOPTED as AMENDED
H429	Infant Walker (Mobile) – Ban on the Manufacture, Sale and Use of (H434-A/15)	BSAPH	ADOPTED
H430	Develop In-Vitro Fertilization Standards of Care (H435-A/15)	BSAPH	ADOPTED as AMENDED
H431	Complementary and Alternative Medicine by Non-Physicians (H436-A/15)	BSGA	REFERRED
H432	Continued Support OF Combating Bio-Terrorism Activities (H437-A/15)	BFHP	ADOPTED as AMENDED
H433	Childhood Obesity – Worsening Epidemic in the American Society (H438-A/15)	BSAPH	ADOPTED
H434	Immunizations – Mainstay of Preventive Medical Practice (H439-A/15)	BSAPH	ADOPTED
H435	Texting While Driving (H440-A/15)	BSAPH	ADOPTED
H436	Silver Alert System (H442-A/15)	BFHP	ADOPTED
H437	National Institutes of Health Grants (H443-A/15)	BFHP	ADOPTED as AMENDED
H438	Screening for Breast Cancer (H444-A/15)	BSAPH	ADOPTED
H439	Gender Identity Non-Discrimination (H445-A/15)	BSAPH	ADOPTED
H440	Traumatic Brain Injury Awareness (H446-A/15)	BSAPH	ADOPTED as AMENDED
H441	Support for Family Caregivers (H448-A/15)	BSAPH	ADOPTED
H442	Firearm Violence (H450-A/15)	BFHP	ADOPTED as AMENDED
H443	Addressing Police Use of Disproportionate Force…	SOMA	REFERRED

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WITH ACTION

Res. No.	Resolution Title	Submitted By	Action
H444	Adopting and Promoting Non-Stigmatizing Language for Substance Use Disorders	SOMA	ADOPTED
H445	AOA Response to Novel Public Health Threats	MOA	ADOPTED
H446	Background Checks and Firearms Safety Training as a Condition of Firearms Purchase	BFHP	ADOPTED
H447	Fentanyl Testing Strips	AOAAM	ADOPTED as AMENDED
H448	Firearms Policy	BFHP	REFERRED
H449	Homeless Support	OPSC	ADOPTED as AMENDED
H450	Medical Amnesty for Underage Consumption of Alcohol	AOAAM	REFERRED
H451	Opposition to Abstinence-Only Sex Education	SOMA	WITHDRAWN
H452	REFERRED RESOLUTION: Breastfeeding While on Medication Assisted Treatment (MAT)	BSAPH	ADOPTED
H453	REFERRED SUNSET RESOLUTION: H-411 - A/2019: H413-A/14 Epidemic Terrorist Attack Victims, Government Responsibility of Health Care	BFHP	ADOPTED as AMENDED
H454	REFERRED SUNSET RESOLUTION: H429 A/14 Minorities, Underrepresented (URM) – Increasing Numbers of Applicants…	BSAPH	ADOPTED as AMENDED
H455	REFERRED RESOLUTION: Regulation of E-Cigarettes and Nicotine Vaping	BSAPH	ADOPTED as AMENDED
H456	Recognizing Health Care as a Human Right	MOA	NOT ADOPTED
H457	Support a Culture of Patient Safety and Speaking Up from Medical Students and Preceptors in Healthcare Settings	SOMA	WITHDRAWN
H458	WITHDRAWN	IOMA	WITHDRAWN

SUBJECT: H400-A/15 INTERFERENCE IN THE PHYSICIAN-PATIENT RELATIONSHIP BY PERSONAL INJURY ATTORNEYS AND INSURANCE CARRIER AGENTS

SUBMITTED BY: Bureau on Scientific Affairs and Public Health / Bureau of Socioeconomic Affairs

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Scientific Affairs and Public Health and Bureau of
2 Socioeconomic Affairs recommends that the following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H400-A/15 INTERFERENCE IN THE PHYSICIAN-PATIENT RELATIONSHIP**
5 **BY PERSONAL INJURY ATTORNEYS AND INSURANCE CARRIER**
6 **AGENTS**
7 The American Osteopathic Association opposes any interference in the physician-patient
8 relationship by persons with financial and business interests regarding a personal injury incident.
9 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H401-A/15 OSTEOPATHIC NAME AND IDENTITY

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy
2 be SUNSET.

3 **H401-A/15 OSTEOPATHIC NAME AND IDENTITY**
4 The American Osteopathic Association will advise the Accreditation Council for Graduate
5 Medical Education that MDs who complete osteopathic-recognized residencies should describe
6 themselves as "MDs who have been trained in Osteopathic Manipulative Medicine" and not as
7 Osteopathic Physicians or DOs. 2015.

Explanatory Statement: Submitted by Author
The BOE recommends this policy be sunset because the AOA no longer separately accredits graduate medical education programs.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED** *(for sunset)*

DATE: **October 14, 2020**

SUBJECT: H402-A/15 PUBLIC EDUCATION REGARDING THE IMPORTANCE AND SAFETY OF VACCINES FOR INFANTS, CHILDREN, AND ADULTS

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H402-A/15 PUBLIC EDUCATION REGARDING THE IMPORTANCE AND**
5 **SAFETY OF VACCINES FOR INFANTS, CHILDREN, AND ADULTS**
6 The American Osteopathic Association supports the widespread use and high compliance rate
7 of the Health and Human Services National Vaccine Implementation Plan for infants, children,
8 and adults through education of the public using media and marketing tools available to its
9 organization. 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H403-A/15 SUPPORT FOR THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) RECOMMENDATIONS

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H403-A/15 SUPPORT FOR THE ADVISORY COMMITTEE ON**
5 **IMMUNIZATION PRACTICES (ACIP) RECOMMENDATIONS**
6 The AOA encourages osteopathic physicians consider the vaccination history as an integral part
7 of their patient's health record and should counsel their patients on appropriate vaccinations for
8 their age and health conditions. Osteopathic physicians should take all reasonable steps to
9 ensure their patients of all ages are fully immunized against vaccine preventable illnesses and
10 make vaccine recommendations to their patients according to the recommendations of the
11 Advisory Committee on Immunization Practices (ACIP) and published in the Morbidity and
12 Mortality Weekly Report (MMWR) and should not advocate alternative schedules. 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H404-A/15 VACCINATION RATES – DAYCARE NOTIFICATION TO PARENTS

SUBMITTED BY: Bureau of State Government Affairs

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau of State Government Affairs recommends that the following
2 policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H404-A/15 VACCINATION RATES – DAYCARE NOTIFICATION TO**
5 **PARENTS**
6 The American Osteopathic Association (AOA) supports legislation at the state level that
7 requires daycare facilities to notify parents (in compliance with Health Insurance Portability and
8 Accountability Act (HIPAA) regulations and state regulations where applicable) that their
9 facility has in its care unvaccinated children who may pose a health risk to high risk populations.
10 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H405-A/15 PROTECTION OF SAFE WATER SUPPLY

SUBMITTED BY: Bureau on Federal Health Programs / Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Federal Health Programs and the Bureau on Scientific Affairs
2 recommends that the following policy be REAFFIRMED as AMENDED.

3 (Old language is crossed out and new language is in CAPS)

4 **H405-A/15 PROTECTION OF SAFE WATER SUPPLY**
5 The American Osteopathic Association (AOA) ~~will~~ encourageS the oil industry and the
6 Environmental Protection Agency (EPA) to seek out new technologies for safer disposal of
7 waste well water and the protection of our water supply. 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H407-A/15 ANTIBIOTIC STEWARDSHIP

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H407-A/15 ANTIBIOTIC STEWARDSHIP**
5 The American Osteopathic Association (AOA), supports the five core actions outlined in the
6 National Strategy for Combating Antibiotic-Resistant Bacteria and calls upon osteopathic
7 physicians to adopt the principles of responsible antibiotic use, or antibiotic stewardship, which
8 is a commitment to ~~always~~ use antibiotics only when they are MEDICALLY necessary ~~to treat,~~
9 ~~and in some cases prevent, disease; to choose the right antibiotics; and to administer~~
10 ~~appropriately~~. 2015

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H408-A/15 VACCINES FOR CHILDREN PROGRAM

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H408-A/15 VACCINES FOR CHILDREN PROGRAM**
5 The American Osteopathic Association supports the expansion of the Vaccines for Children
6 (VFC) Program to include all Advisory Committee on Immunizations Practices (ACIP) age
7 appropriate vaccines for all underinsured children, in keeping with the original goals of the
8 program. 2005; revised 2010; reaffirmed 2015

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H409-A/15 SEAT BELT LAWS – PRIMARY ENFORCEMENT

SUBMITTED BY: Bureau of State Government Affairs

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau of State Government Affairs recommends that the following
2 policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H409-A/15 SEAT BELT LAWS – PRIMARY ENFORCEMENT**
5 The American Osteopathic Association ~~endorses~~ SUPPORTS the ~~passage of~~ primary
6 enforcement seat belt laws in every state. 2005; reaffirmed 2010; 2015.

<u>Explanatory Statement: Submitted by Author</u>
None provided.

<u>Background Information: Provided by AOA Staff</u>
Current AOA Policy: None

Prior HOD action on similar or same topic: None

<u>FISCAL IMPACT</u>: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H410-A/15 INTRAUTERINE FETAL DEMISE AWARENESS

SUBMITTED BY: Bureau on Scientific Affairs and Public Heath

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H410-A/15 INTRAUTERINE FETAL DEMISE AWARENESS**
5 The American Osteopathic Association supports increasing public awareness of the risk for
6 intrauterine fetal demise and encourages the director of the National Institutes of Health to
7 allocate more resources to intrauterine fetal demise research. 2010; reaffirmed as amended 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H411-A/15 ANTIFREEZE POISONING

SUBMITTED BY: Bureau on Scientific Affairs and Public Heath

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H411-A/15 ANTIFREEZE POISONING**
5 The American Osteopathic Association supports the addition of a bittering agent to antifreeze
6 to lessen the likelihood of accidental ingestion. 2010; revised 2015.

Explanatory Statement: Submitted by Author
None provided.

Explanatory Statement: Reference Committee
The addition of a bittering agent to antifreeze is now the law in all 50 states so this policy is no longer needed.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **NOT ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H412-A/15 AIRCRAFT EMERGENCY MEDICAL SUPPLIES

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H412-A/15 AIRCRAFT EMERGENCY MEDICAL SUPPLIES**
5 The American Osteopathic Association supports the concept that airlines, under the control of
6 the Federal Aviation Administration, maintain a policy for adequately equipping commercial
7 aircraft of greater than 19 seats with at least minimal diagnostic and emergency medical supplies
8 and supports legislation and regulation that any physician providing emergency service while on
9 board aircraft be immune from any liability or legal action. 1984; revised 1989, 1995; reaffirmed
10 2000, revised 2005, reaffirmed 2010; reaffirmed as amended 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H413-A/15 ANIMALS IN MEDICAL RESEARCH

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H413-A/15 ANIMALS IN MEDICAL RESEARCH**
5 The American Osteopathic Association (AOA) supports the use of animals for valid medical
6 research projects and the humane handling and treatment of such animals, and their ready
7 availability from legitimate sources. The AOA supports eventual elimination of the use of
8 animals in medical research as better techniques become available. 1990; reaffirmed 1995;
9 revised 2000, revised 2005; reaffirmed 2010; reaffirmed as amended 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H415-A/15 CANCER

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H415-A/15 CANCER**
5 The American Osteopathic Association recognizes, endorses, and approves the continuing
6 efforts of the National Cancer Institute to develop means to significantly reduce the incidence
7 of cancer and the suffering and death resulting from cancer. THE AOA ~~and~~ will disseminate to
8 the medical community and the public ~~it serves~~, information gained from osteopathic and other
9 research activities on the applications of the latest advances in cancer prevention, detection,
10 early diagnosis and treatment. 1974; reaffirmed 1980, 1985; revised 1990, 1995, reaffirmed 2000,
11 revised 2005; reaffirmed 2010; 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H416-A/15 CARDIOPULMONARY RESUSCITATION, TRAINING

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H416-A/15 CARDIOPULMONARY RESUSCITATION, AND AUTOMATED**
5 **EXTERNAL DEFIBRILLATOR TRAINING**
6 The American Osteopathic Association strongly supports instruction in cardiopulmonary
7 resuscitation (CPR) AND AUTOMATED EXETERNAL DEFIBRILLATOR (AED)
8 TRAINING to the general public; and encourages member physicians to qualify as instructors
9 in basic life support so as to enable them to teach cardiopulmonary resuscitation AND AED
10 courses on a voluntary basis. 1980; revised 1985, 1990, 1995, 2000, reaffirmed 2005, 2010; 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H418-A/15 CHILDREN'S SAFETY SEATS

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRM as AMENDED.

3 (Old language is crossed out and new language is in CAPS)

4 **H418-A/15 CHILDREN'S SAFETY SEATS**
5 The American Osteopathic Association supports the ADIPTION AND enforcement of child
6 safety seat statutes in accordance with the National Highway Traffic Safety Administration
7 Guidelines. 1985; revised 1990; reaffirmed 1995; revised 2000, 2005; revised 2010; reaffirmed
8 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H419-A/15 DEATH - RIGHT TO DIE

SUBMITTED BY: Bureau of State Government Affairs

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau of State Government Affairs recommends that the following
2 policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H419-A/15** **~~DEATH - RIGHT TO DIE~~ END OF LIFE**
5 The AOA believes that the decision to withhold or withdraw treatment from a patient whose
6 prognosis is terminal, or when death is imminent, shall be based upon the wishes of the patient
7 or THEIR ~~his/her~~ family or legal representative if the patient lacks capacity to act on THEIR
8 ~~his/her~~ own behalf as mandated by applicable law. 1979; revised 1984, 1989, 1995, 2000, 2005;
9 revised 2010; reaffirmed 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H420-A/15 ENVIRONMENTAL RESPONSIBILITY--WASTE MATERIALS

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H420-A/15 ENVIRONMENTAL RESPONSIBILITY--WASTE MATERIALS**
5 The American Osteopathic Association supports ~~the~~ recycling~~ of all recyclables~~. 1995; revised
6 2000, revised 2005; revised 2010; reaffirmed 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H421-A/15 FIREARMS AND NON-POWDERED GUNS - EDUCATION FOR USERS

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Federal Health Programs recommends that the following
2 policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H421-A/15 FIREARMS AND NON-POWDERED GUNS - EDUCATION FOR**
5 **USERS**
6 The American Osteopathic Association supports education involving firearm and non-
7 powdered guns safety and the inherent risk, benefits and responsibility of ownership. 1990;
8 reaffirmed 1995, 2000, 2005; revised 2010; revised 2015 [Editor's Note: Non-Powdered Guns
9 are defined as: BB, air and pellet guns, expelling a projectile (usually made of metal or hard
10 plastic) through the force **OF COMPRESSED AIR OR GAS, ELECTRICITY,** ~~of air~~
11 ~~pressure, CO2 pressure,~~ or spring action. Non-powder guns are distinguished from firearms,
12 which use gunpowder to generate energy to launch a projectile.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: H422-A/15 GENETIC MANIPULATION OF FOOD PRODUCTS – CONSUMERS RIGHT TO KNOW

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H422-A/15 GENETIC MANIPULATION OF FOOD PRODUCTS –**
5 **CONSUMERS RIGHT TO KNOW**
6 The American Osteopathic Association supports efforts that require clear identification of any
7 genetically manipulated food products so that consumers may be properly informed as they
8 make food choices. 2000, revised 2005, reaffirmed 2010; 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H423-A/15 CONDOM USAGE – HEALTH EDUCATION

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H423-A/15 CONDOM USAGE – HEALTH EDUCATION**
5 The American Osteopathic Association supports full disclosure of the risks and benefits of
6 condom usage and the data on condom failure rates and causes of failure, whenever condom
7 usage is taught. 1995; revised 2000, 2005, reaffirmed 2010; 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H424-A/15 SUPPORT OF LITERACY PROGRAMS

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H424-A/15 SUPPORT OF LITERACY PROGRAMS**
5 The American Osteopathic Association supports programs that promote literacy in the United
6 States. 1990; revised 1995; reaffirmed 2000, revised 2005; reaffirmed 2010; 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H425-A/15 TANNING DEVICES

SUBMITTED BY: Bureau of State Government Affairs

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau of State Government Affairs recommends that the following
2 policy be REAFFIRM as AMENDED.

3 (Old language is crossed out and new language is in CAPS)

4 **H425-A/15 TANNING DEVICES**
5 The American Osteopathic Association SUPPORTS EDUCATION AND LEGISLATION
6 TO REDUCE THE use of tanning devices EXCEPT WHERE MEDICALLY INDICATED.
7 1990; revised 1995, 2000, reaffirmed 2005; revised 2010; reaffirmed as amended 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H426-A/15 TOBACCO SETTLEMENT FUNDS

SUBMITTED BY: Bureau of State Government Affairs

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau of State Government Affairs recommends that the following
2 policy be REAFFIRM as AMENDED.

3 (Old language is crossed out and new language is in CAPS)

4 **H426-A/15 TOBACCO SETTLEMENT FUNDS**
5 The American Osteopathic Association supports the use of the tobacco settlement fund
6 EXCLUSIVELY for health care services, education and research. 2000, revised 2005;
7 reaffirmed 2010; 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H428-A/15 HEALTHY FAMILY, SUPPORT OF

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H428-A/15 HEALTHY FAMILY, SUPPORT OF**
5 The American Osteopathic Association recommends that their members support healthy
6 families by encouraging families to do the following: (1) try to eat at least one meal per day
7 together, using healthful nutritional guidelines; (2) a set time be spent together as a family to
8 help with school work and include reading to and with children; (3) ENCOURAGING
9 MEDIA-FREE TIME ~~limiting non-educational use of television, computer, texting /~~
10 ~~telephones and video game to no more than 2 hours per day~~; (4) limiting exposure to violence;
11 and (5) engaging in a healthy lifestyle that includes exercise. 2005; revised 2010; reaffirmed
12 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H429-A/15 IMMUNIZATION OF 9 TO 26 YEAR OLD MALE AND FEMALES WITH HUMAN PAPILLOMA VIRUS VACCINE

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRMED as AMENDED.

(Old language is crossed out and new language is in CAPS)

H429-A/15 IMMUNIZATION ~~OF 9 TO 26 YEAR OLD MALE AND FEMALES~~ WITH HUMAN PAPILLOMA VIRUS VACCINE

The American Osteopathic Association ~~recommends~~ SUPPORTS EDUCATION AND IMMUNIZATION for Human Papilloma Virus (HPV) ~~immunization for both females and males, 9 – 26 45 years of age~~. 2010; reaffirmed 2015

Explanatory Statement

Overview:

Human Papillomavirus is a human-specific class of sexually transmitted viruses with over 200 types associated with multiple diseases in humans. These include benign conditions such as genital and nongenital warts and malignant conditions such as cervical, anal, oropharyngeal, vaginal, and vulvar cancer(4).There are approximately 33,700 cases of cancer caused by HPV diagnosed annually(1). Furthermore, the incidence of cervical cancer worldwide is predicted to increase by 50% with the current rate of vaccination (3). Risk factors for developing these malignant conditions include exposure to and infection with associated strains of the HPV Virus (4,5). A recombinant vaccine has been developed including 9 strains associated with malignancy, including types 16 and 18 which are responsible for 70-80% of all cases of Cervical Cancer and 90% of Anal Cancer(6). Based on recent data from the CDC and clinical trials (7,8,9), the FDA has recommended that the recombinant vaccine be administered in both women and men until the age of 45(1,2).

Background:

The HPV recombinant vaccines that have been Bivalent, or targeting 2 strains, have been available since 2006. These initial vaccines targeted 2 strains most commonly associated with Cervical Cancer: strains 16 and 18. In 2017, the Gardasil 9 vaccine was released targeting 9 strains of the virus: 6, 11, 16, 18, 31, 33, 45, 52, and 58 (6). Although 2 of these strains (strains 6 and 11) are more likely to be associated with the development of non-cancerous genital and nongenital warts, the link between presence of warts and development of cancerous lesions is currently being studied (5).

The vaccine was recommended to be administered to women and men ages 9-25(2) as evidence demonstrated that the vaccine is most effective in those who have not previously been exposed to the HPV virus (1,8,9).

Since 1999, there has been a decrease in the incidence of HPV related cervical carcinoma by 1.6%, however there has been an increase in HPV related Cancer of the Mouth and Throat, known as Oropharyngeal Squamous Cell Carcinoma by 2.7% in men and 0.8% in women (7). A study conducted in 2016 revealed that there was a decrease in infection rates and development of Cervical Intraepithelial Neoplasia (a precancerous lesions which can develop into Cervical Carcinoma) in women over 25 who had received the HPV recombinant vaccine and had no previous exposure to HPV over a 7 year period (8,9). In 2018, the FDA revised the Prescribing Information for Gardasil to allow the vaccine to be administered to both women and men until the age of 45 if there was no previous history of HPV infection (2).

Recommendations:

Clinical trials (8,9) have proven that the vaccine is just as effective in both Males and Females over the age of 25 who do not have a history of HPV, the policy should be updated in conjunction with the Prescriber Information and the FDA recommendations - any male without a history of HPV associated warts (genital and nongenital) between the ages of 25-45 and any female between the ages of 25-45 with no history of HPV related warts (genital and nongenital) or negative HPV test with Pap Smear be eligible for 9-valent HPV recombinant vaccine if not previously administered.

In conjunction with current guidelines, regular pap smears should include HPV testing for women above the age of 18, extending the age limit in guidelines beyond the age of 26 (1,6,7).

Sources:

1. ACIP Evidence to Recommendations for HPV Vaccine
https://www.cdc.gov/vaccines/acip/recs/grade/HPV-adults-etr.html

2. Gardasil 9 Prescribing Information

https://www.merck.com/product/usa/pi_circulars/g/gardasil_9/gardasil_9_pi.pdf

3. WHO Call to Action to Eradicate Cervical Cancer

https://www.who.int/reproductivehealth/DG_Call-to-Action.pdf?ua=1

4. UpToDate HPV https://www.uptodate.com/contents/human-papillomavirus-infections-epidemiology-and-disease-associations?search=hpv&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

5. Virology of HPV Infections and Link to Cancer

https://www.uptodate.com/contents/virology-of-human-papillomavirus-infections-and-the-link-to-

cancer?search=hpv&source=search_result&selectedTitle=3~150&usage_type=default&display_rank=3

6. HPV Vaccination

https://www.uptodate.com/contents/human-papillomavirus-vaccination?search=hpv&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2

7. Trends in HPV Related Cancers 1999-2015

https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a2.htm?s_cid=mm6733a2_w%20%5Bcdc.gov%5D

8. Efficacy, Safety, and Immunogenicity of HPV 16/18 ASOV-adjuvanted vaccine in women over 25 years

https://www.ncbi.nlm.nih.gov/pubmed?term=27373900

9. FUTURE Trial for HPV Vaccination

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4636904/#S5title

10. AOA 2019 Policy Compendium

https://osteopathic.org/wp-content/uploads/2019-Policy-Compendium.pdf

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: H430-A/15 DRUGS, CURBING COUNTERFEIT

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Federal Health Programs recommends that the following
2 policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H430-A/15 DRUGS, CURBING COUNTERFEIT**
5 The American Osteopathic Association supports the Food and Drug Administration's (FDA)
6 efforts to educate osteopathic physicians on how to identify counterfeit drugs. 2005; revised
7 2010; reaffirmed 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H432-A/15 SLEEP DISORDERS – PROMOTING THE UNDERSTANDING AND PREVENTION OF

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H432-A/15 SLEEP DISORDERS – PROMOTING THE UNDERSTANDING**
5 **AND PREVENTION OF**
6 The American Osteopathic Association supports programs that promote education and
7 understanding of sleep and its impact on health and encourages osteopathic physicians to
8 educate their patients about sleep disorders and the importance of sleep and its impact on
9 health. 2005; reaffirmed 2010; 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H433-A/15 MINORITY HEALTH DISPARITIES

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED as AMENDED.

3 (Old language is crossed out and new language is in CAPS)

4 **H433-A/15 MINORITY HEALTH DISPARITIES**
5 The American Osteopathic Association adopts the following Position Statement on Minority
6 Health Disparities (2005; reaffirmed 2010; 2015):

7 **POSITION STATEMENT ON MINORITY HEALTH DISPARITIES**

8 The minority healthcare crisis in America stems from a multitude of factors. In particular,
9 healthcare disparities most greatly affect underrepresented minorities, which include African-
10 Americans, Hispanic-Americans, Asian-Americans, Native Americans and Pacific Islanders. In
11 order to effectively create positive change, certain questions must be addressed. These include,
12 but are not limited to: Which minorities are most affected by disease-specific illness? Why do
13 these disparities exist? What can be done to eliminate them? Will a concerted effort to increase
14 awareness and education about health-care disparities result in improved delivery of quality
15 healthcare?

16 There is a need for the osteopathic profession and all of organized medicine to develop
17 strategies which address health care disparities among minorities and prepare culturally
18 competent physicians. Guidance should be offered to educate practicing physicians and trainees
19 to better resolve known disparities and serve diverse populations. Efforts must be made to
20 assure cultural competency and to identify and overcome language and other barriers to
21 delivering health care to minorities.

22 Healthcare disparities include differences in health coverage, health access and quality of care.
23 Health disparities result in morbidity and mortality experienced by one population group in
24 relation to another.

25 Cultural competency is a set of academic and personal skills that allow one to understand and
26 appreciate cultural differences among groups. The better a healthcare professional understands
27 a patient's behavior, values and other personal factors, the more likely that patient will receive
28 effective, high quality care.

29 Racial and ethnic healthcare disparities caused by problems with access to, and utilization of,
30 quality care may be alleviated through improvements in the cultural competency skills of
31 physicians. Healthcare disparities may also be alleviated through effective recruitment of
32 underrepresented minorities into health professions schools.

33 The Centers for Disease Control, in conjunction with the U.S. Department of Health and
34 Human Services, created an Office of Minority Health in 1985. Through this collaboration, the
35 Racial and Ethnic Approaches to Community Health Act (REACH) was designed to identify

and eliminate disparities in a number of major areas. Disparities in access to care as well as quality of care in these areas result in poorer outcomes for racial and ethnic minorities.

The identified areas of disparity include: 1) infant mortality; 2) breast and cervical cancer screening and malignancy; 3) cardiovascular and cerebrovascular disease; 4) diabetes; 5) **INFECTIOUS DISEASES (I.E., COVID-19, INFLUENZA, HIV/AIDS);** ~~HIV/AIDS;~~ and 6) child and adult immunizations. In addition, serious disparities exist in the provision of care for mental health problems, substance abuse and suicide prevention.

The American Osteopathic Association calls for the following actions to be taken to address minority health disparities and to improve cultural competency of its physician members:

1. ~~The creation of a forum~~ **THE** EDUCATION OF PHYSICIANS **REGARDING** ~~ABOUT to increase physician knowledge on~~ racial and ethnic healthcare needs, including disparities in the areas listed above;
2. ~~The elimination of provider stereotypical beliefs BIASES AMONG HEALTH CARE PROFESSIONALS~~ **THE PROMOTION OF EDUCATION REGARDING IMPLICIT OR EXPLICIT BIASES AMONG HEALTHCARE PROFESSIONALS** that may play a role in clinical decision-making;
3. The evaluation and analysis of medical information which would permit the targeting of populations who are at greatest risk;
4. The identification of new methods to involve physician members in the communities in which they serve;
5. The identification and integration of available resources to better serve minority communities, including houses of worship, schools and local government;
6. The inclusion of cultural competency training throughout the continuum of osteopathic education;
7. The development of strategies to actively recruit underrepresented minority physicians into the profession in both primary care and subspecialties;
8. The development of approaches to encourage all physicians to provide care to underserved minority populations;
9. The adoption of strategies to assist physicians to effectively communicate with their patients, addressing translation and other barriers to patient understanding.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: H434-A/15 INFANT WALKER (MOBILE) – BAN ON THE MANUFACTURE, SALE AND USE OF

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H434-A/15 INFANT WALKER (MOBILE) – BAN ON THE MANUFACTURE,**
5 **SALE AND USE OF**
6 The American Osteopathic Association supports the ban on the manufacture, sale and use of
7 mobile infant walkers; and urges osteopathic physicians to educate parents and other caregivers
8 on the risks associated with the use of these devices. 2003; revised 2010; reaffirmed 2015.

Explanatory Statement: Submitted by Author
Infant Walker–Related Injuries in the United States Ariel Sims, Thitphalak Chounthirath, Jingzhen Yang, Nichole L. Hodges and Gary A. Smith Pediatrics October 2018, 142 (4) e20174332; DOI: https://doi.org/10.1542/peds.2017-4332

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H435-A/15 DEVELOP IN-VITRO FERTILIZATION STANDARDS OF CARE

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H435-A/15 DEVELOP IN-VITRO FERTILIZATION STANDARDS OF CARE**
5 The American Osteopathic Association supports the appropriate and evidenced based use of
6 in-vitro fertilization in a manner that promotes the health and safety of both the mother and
7 embryo; and supports the ethical guidelines for the practice of in-vitro fertilization ~~set by the~~
8 ~~American Society of Reproductive medicine~~ that include, but are not limited to, the appropriate
9 number of embryos implanted per patient. 2010; reaffirmed 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: H436-A/15 COMPLEMENTARY AND ALTERNATIVE MEDICINE BY NON-PHYSICIANS

SUBMITTED BY: Bureau of State Government Affairs

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau of State Government Affairs recommends that the following policy be REAFFIRM as AMENDED.

(Old language is crossed out and new language is in CAPS)

H436-A/15 COMPLEMENTARY AND ALTERNATIVE MEDICINE ~~BY~~ – CULTURAL SENSITIVITY TO AND AWARENESS OF

The American Osteopathic Association (1) encourages its members to become knowledgeable about complementary and alternative medicine; (2) encourages its members to discuss the use of complementary and alternative medicine with their patients in a respectful and culturally sensitive manner~~; AND~~ (3) encourages the continued performance of well-designed, evidence-based research on the efficacy and safety of complementary and alternative medicine. ~~; and (4) opposes all attempts to permit non-physicians to gain practice rights or expand their scope of practice to include complementary and alternative medicine practices.~~ **AND (4) OPPOSES ALL ATTEMPTS TO PERMIT NON-DO/MD PHYSICIANS TO GAIN ADDITIONAL PRACTICE RIGHTS OR EXPAND THEIR SCOPE OF PRACTICE TO INCLUDE COMPLEMENTARY AND ALTERNATIVE MEDICINE PRACTICES.** 2010; reaffirmed as amended 2015.

Explanatory Statement: Submitted by Author
None provided.

Explanatory Statement: Reference Committee
This statement was added back into H431 because AOA should strongly oppose any expansion of scope of practice from non-physicians.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **REFERRED** *(to Bureau of Osteopathic Research and Public Health)*

DATE: **October 14, 2020**

SUBJECT: H437-A/15 CONTINUED SUPPORT OF COMBATING BIO-TERRORISM ACTIVITIES

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Federal Health Programs recommends that the following
2 policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H437-A/15 CONTINUED SUPPORT OF COMBATING BIO-TERRORISM**
5 **ACTIVITIES**
6 The American Osteopathic Association ~~recommends the continued~~ supportS ~~of~~ any and all
7 constitutionally legal efforts to prevent and respond to future acts of bio-terrorism in the
8 United States. 2010; reaffirmed 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: H438-A/15 CHILDHOOD OBESITY – WORSENING EPIDEMIC IN THE AMERICAN SOCIETY

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED as AMENDED.

3 (Old language is crossed out and new language is in CAPS)

4 **H438-A/15 CHILDHOOD OBESITY – WORSENING EPIDEMIC IN THE**
5 **AMERICAN SOCIETY**
6 The American Osteopathic Association ENCOURAGES ~~will makes efforts to educate~~ schools
7 and vending machine suppliers TO INCLUDE ~~of the need of~~ healthy choice snacks IN
8 VENDING MACHINES; and supports the limited use of vending machines in schools to
9 avoid unnecessary caloric intake. 2010; reaffirmed 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H439-A/15 IMMUNIZATIONS – MAINSTAY OF PREVENTIVE MEDICAL PRACTICE

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H439-A/15 IMMUNIZATIONS – MAINSTAY OF PREVENTIVE MEDICAL**
5 **PRACTICE**
6 The American Osteopathic Association will create stronger ties with pro-immunization groups
7 within and outside the osteopathic profession; and whenever possible, will assist these pro-
8 immunization groups with appropriate evidence-based information regarding the safety of
9 immunizations and significant positive effects of the proper use of immunizations relative to
10 the overall public safety. 2010; reaffirmed 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H440-A/15 TEXTING WHILE DRIVING

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H440-A/15 TEXTING WHILE DRIVING**
5 The American Osteopathic Association supports efforts to educate all drivers concerning the
6 dangers of texting and driving and supports efforts to ban the use of texting while driving.
7 2010; reaffirmed 2015

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H442-A/15 SILVER ALERT SYSTEM

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Federal Health Programs recommends that the following
2 policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H442-A/15 SILVER ALERT SYSTEM**
5 The American Osteopathic Association supports the formation of a "Silver Alert" System on a
6 national level to notify communities of missing persons with mental disabilities, particularly
7 seniors with cognitive or developmental impairments. 2010; reaffirmed 2015

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H443-A/15 NATIONAL INSTITUTES OF HEALTH GRANTS

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Public Affairs

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1 RESOLVED, that the Bureau on Federal Health Programs recommends that the following
2 policy be REAFFIRMED as AMENDED.

3 (Old language is crossed out and new language is in CAPS)

4 **H443-A/15 NATIONAL INSTITUTES OF HEALTH (NIH) - GRANTS**
5 The American Osteopathic Association encourages osteopathic physicians, osteopathic medical
6 schools, and their affiliated institutions to pursue NIH funding for biomedical research; and
7 requests that the NIH include osteopathic medical schools in the overall United States medical
8 school funding reports and also to include a category specific to O~~o~~steopathic
9 MANIPULATIVE TREATMENT **(OMT)** IN THE ESTIMATES OF FUNDING FOR
10 VARIOUS RESEARCH, CONDITION, AND DISEASE CATEGORIES (RCDC) ~~among~~
11 ~~the Research Condition and Disease Categories~~ reported each year to Congress and the
12 American public. 2010; reaffirmed 2015

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: H444-A/15 SCREENING FOR BREAST CANCER

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H444-A/15 SCREENING FOR BREAST CANCER**
5 The American Osteopathic Association recognizes and promotes the importance of the
6 integrity of the patient-physician relationship and recommends that breast cancer clinical
7 preventive screenings and coverage be individualized to the extent possible for every patient.
8 2010; reaffirmed as amended 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H445-A/15 GENDER IDENTITY NON-DISCRIMINATION

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H445-A/15 GENDER IDENTITY NON-DISCRIMINATION**
5 The American Osteopathic Association supports the provision of adequate and medically
6 necessary treatment for transgender and gender-variant people and opposes discrimination on
7 the basis of gender identity. 2010; reaffirmed 2015

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H446-A/15 TRAUMATIC BRAIN INJURY AWARENESS

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H446-A/15 TRAUMATIC BRAIN INJURY AWARENESS**
5 The American Osteopathic Association **(AOA)** believes that osteopathic physicians should be
6 aware of and utilize "best practices" when caring for victims of civil or military conflicts, or
7 natural or man-made disasters, including civilians, returning veterans and their families,
8 particularly those with traumatic brain injury (TBI); and the AOA will work in conjunction with
9 state, specialty and regional societies to provide educational programs to advance this goal.
10 2010; reaffirmed 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: H448-A/15 SUPPORT FOR FAMILY CAREGIVERS

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
2 following policy be REAFFIRMED.

3 (Old language is crossed out and new language is in CAPS)

4 **H448-A/15 SUPPORT FOR FAMILY CAREGIVERS**
5 The American Osteopathic Association, recognizing a growing number of family caregivers
6 have unaddressed needs related to personal health and wellbeing, supports caregivers by
7 participating in the developing public debate regarding health care policy to include family
8 caregivers and encourages its members to gain education in caregiver illnesses, resources in their
9 area and treat and/ refer when appropriate. 2010; reaffirmed 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: H450-A/15 FIREARM VIOLENCE

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be ~~SUNSET~~ **REAFFIRMED**.

(Old language is crossed out and new language is in CAPS)

H450-A/15 FIREARM VIOLENCE

The American Osteopathic Association (AOA) (1) supports the federal government's January 2013 clarification, "that no federal law in any way prohibits doctors or other health care providers from reporting their patients' threats of violence to the authorities, and issuing guidance making clear that the Affordable Care Act does not prevent doctors from talking to patients about gun safety;" (2) supports funding for the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) and other research entities to conduct research on firearm violence and to provide recommendations on reducing firearm violence; (3) supports promotion of policies that will increase access to mental health services and for the appropriate coverage of mental health services by public and private health care programs; and (4) encourages enhanced education of gun safety and safe handling of firearms; and (5) approves the attached Policy Statement on Firearm Violence. 2013; revised 2015

AOA Policy Statement – Firearm Violence

The American Osteopathic Association (AOA) is dedicated to preventing violence in our communities, especially the increased prevalence of firearm violence. As physicians, we see first-hand the devastating consequences of violence to victims and their families. The AOA recognizes that laws, regulations, and policies have the potential to decrease the occurrence of violence, especially firearm violence, in our communities. The AOA supports:

Preserving the Ability of Physicians to Educate and Counsel their Patients on Firearm Violence

Preserving the rights of physicians and other health care professionals to counsel patients on prevention, including the prevention of injury or death as a result of firearms is critical. Physicians play an important role in preventing firearm injuries through health screenings, patient counseling, and referral to mental health services. The AOA supports the Administration's January 2013 clarification, "that no federal law in any way prohibits doctors or other health care providers from reporting their patients' threats of violence to the authorities, and issuing guidance making clear that the Affordable Care Act does not prevent doctors from talking to patients about gun safety." We must ensure that no federal or state law hinders, restricts, or criminalizes the patient-physician relationship.

Advancing Research to Reduce Firearm Violence

Advancing research to reduce firearm violence is a public health issue that deserves the allocation of appropriate resources. The AOA supports funding for the Centers for Disease Control (CDC) and Prevention, the National Institutes of Health (NIH), and other research entities to conduct research on firearm violence and to provide recommendations on reducing firearm violence.

Improving Access to Mental Health Services and Resources

1 Improving access to mental health services and resources is essential to reducing firearm violence. The
2 AOA supports promotion of policies that will increase access to mental health services and for the
3 appropriate coverage of mental health services by public and private health care programs. Access to
4 mental health services and resources for young adults should be a priority. The early identification of
5 diagnosable mental health issues and subsequent treatment is vital to reducing firearm violence.

Explanatory Statement: Submitted by Author
As per H437-A/19 FIREARM VIOLENCE The American Osteopathic Association (AOA) will develop a comprehensive policy which consolidates all current firearm violence policies into a single unified policy and present it for consideration by the 2020 AOA House of Delegates. 2019

Explanatory Statement: Reference Committee
H448/2020 FIREARMS POLICY requires that all firearms policies "should be maintained and taken up for review and reconsideration by the House of Delegates on an individual basis." Therefore, H442 should be reaffirmed.

Background Information: Provided by AOA Staff
Current AOA Policy: H437-A/19 FIREARM VIOLENCE

Prior HOD action on similar or same topic: Policy approved in 2019.

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: ADDRESSING POLICE USE OF DISPROPORTIONATE FORCE AGAINST AFRICAN AMERICANS AND OTHER MARGINALIZED POPULATIONS AS AN EMERGING NATIONAL PUBLIC HEALTH ISSUE

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Committee on Public Affairs

1 WHEREAS, according to the study published April 2019 by The Proceedings of the National
2 Academies of Sciences, in the U.S., police violence is a leading cause of death for
3 minority populations such as African American, American Indian and Alaskan Natives;
4 with African American males having the highest incidence rate, facing a 1 in 1,000-
5 lifetime risk of being killed during a police encounter, which is 2.5 times higher than
6 their white male counterparts[3]; and

7 WHEREAS, deficiencies in internal policies and training[4], coupled with lack of adherence to
8 force continuum, requiring officers to prevent excessive force and de-escalate
9 encounters, has created a window to limit the accountability of police force, resulting in
10 increased mortality within already marginalized people of color [3,5]; and

11 WHEREAS, the American Public Health Association (AHPA) passed a policy in 2018
12 acknowledging the current law enforcement system mediates the physical and
13 psychological violence directed against marginalized populations that results in the
14 disproportionate death, injuries and trauma of these marginalized populations, with
15 these law-enforcement related deaths amounting to 54,754 years of life lost[2]; and

16 WHEREAS, the AOA approved policy H439-A/16 which states the AOA's support of "the
17 protection of [LGBTQ] individuals from discriminating practices and harassment[1]; and
18 reaffirmation of the equal rights and protections for all patient populations; and

19 WHEREAS, an AOA policy that specifically acknowledges gun-violence against marginalized
20 populations wound be concordant with the previously approved resolution H630-A/18
21 resolving that the AOA joins like-minded organizations in the call for congressional
22 legislation that labels gun violence as a national public health issue[1]; now, therefore be it

23 RESOLVED, that the American Osteopathic Association (AOA) acknowledges the
24 disproportionate use of force by law enforcement against African Americans and other
25 marginalized groups and its physical and mental health effects on communities.

Explanatory Statement: Submitted by Author
The following bibliography are the citations referenced in WHEREAS statements above.

References

1. AOA Policy Search. (n.d.). Retrieved from https://osteopathic.org/about/leadership/policy-search/.

2. AHPA, (2019, January 29). Addressing Law Enforcement Violence as a Public Health Issue. (n.d.). Retrieved from https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence
3. Edwards, F., Lee, H., & Esposito, M. (2019, August 20). Risk of being killed by police use of force in the United States by age, race–ethnicity, and sex. Retrieved from https://www.pnas.org/content/116/34/16793.
4. Jackman, T. (2015, October 15). De-escalation training to reduce police shootings facing mixed reviews at launch. Available at: https://www.washingtonpost.com/local/public-safety/de-escalation-training-to-reduce-police-shootings-facing-mixed-reviews-at-launch/2016/10/14/d6d96c74-9159-11e6-9c85-ac42097b8cc0_story.html
5. Obasogie, O. K., & Newman, Z. (2017, December 18). Police Violence, Use of Force Policies, and Public Health. Retrieved from https://journals.sagepub.com/doi/full/10.1177/0098858817723665

Explanatory Statement: Reference Committee
Refer back to SOMA to rewrite the Resolve statement to include the health implications of this policy.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **REFERRED** *(to Student Osteopathic Medical Association)*

DATE: **October 14, 2020**

SUBJECT: ADOPTING AND PROMOTING NON-STIGMATIZING LANGUAGE FOR SUBSTANCE USE DISORDERS

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Committee on Public Affairs

1 WHEREAS, in a cross-cultural study on 18 of the most stigmatized conditions across 14
2 countries, the World Health Organization determined substance use disorder to be the
3 most stigmatized condition in the world[1]; and

4 WHEREAS, there are 20.8 million people in the United States struggling with a substance use
5 disorder, yet only 10% receive help[2] despite the high prevalence of 14,500 treatment
6 facilities[3] and 100,000 recovery support meetings across the nation[4]; and

7 WHEREAS, stigma is a commonly cited reason for not seeking treatment and recovery[5]; and

8 WHEREAS, research shows that stigmatizing language causes clinicians to have more
9 pejorative attitudes and even to recommend punishment instead of treatments for this
10 medical condition[6]; and

11 WHEREAS, the International Society of Addiction Journal Editors recommends against the
12 use of terminology that can stigmatize people with substance abuse disorders[7]; and

13 WHEREAS, the Office of National Drug Control Policy issued a memorandum to the Heads
14 of Executive Departments and Agencies about the importance of changing federal
15 terminology related to substance use disorders[8]; and

16 WHEREAS, the American Osteopathic Association (AOA) has not yet issued a resolution to
17 adopt and education members on the importance of non-stigmatizing language related
18 to substance use disorders; and

19 WHEREAS, the AOA has shown a commitment to addressing substance use disorders through
20 outreach, education modules[9], and policy efforts[10];

21 WHEREAS, the AOA's 2019 policy compendium contained the word "abuse" in the context
22 of substance use disorders 36 times throughout the written policies, not including
23 language in citations or organizational names such as the National Institute of Drug
24 Abuse – situations in which this word would have been reasonable[10]; now, therefore be
25 it

26 RESOLVED, that the American Osteopathic Association (AOA) commit to the use of
27 clinically- accurate, non-stigmatizing, person-first language ("substance use disorder,"
28 "recovery," "substance misuse," "positive or negative urine screen," and "person with a
29 substance use disorder") and discourage the use of stigmatizing terminology ("substance
30 abuse," "substance abuser," "addict," "alcoholic," and "clean/dirty") in future

1 publications, resolutions, and educational materials both in print and online; and, be it
2 further

3 RESOLVED, that the AOA encourages its members and organizational partners to incorporate
4 clinically-accurate, non-stigmatizing, person first language into their clinical practice.

Explanatory Statement: Submitted by Author

The following bibliography are the citations referenced in WHEREAS statements above.

References

1. Room, R., Rehm, J,, Trotter, R.T., Paglia, A., & Üstün, T.B. (2001). Cross-cultural views on stigma valuation parity and societal attitudes towards disability. Üstün, T.B. (Ed.). Seattle, WA: Hofgrebe & Huber.
2. United States Department of Health and Human Services. (2016). Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC.
3. National Institute on Drug Abuse. (2018). Principles of Drug Abuse Treatment: A Research Based Guide (Third Edition). Washington, DC.
4. Kelly, J.F. (2016, September). Addiction, Stigma, Treatment, Recovery. Talk presented at Massachusetts General Hospital Recovery Month; September 2016; Boston, Massachusetts.
5. Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
6. Kelly, J.F., Westerhoff, C.M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. International Journal of Drug Policy, 21(3), 202-207.
7. International Society of Addiction Journal Editors website. (2015). Statements and Guidelines: Addiction Terminology. Retrieved October 5, 2019 from http://www.isaje.net/addiction-terminology.html.
8. Botticelli, M.P. Executive Office of the President of the United States. Memorandum to Heads of Executive Departments and Agencies: Changing Federal Terminology Regarding Substance Use and Substance Use Disorders. Washington, DC.
9. American Osteopathic Association website. (n.d.). Preventing Drug and Substance Use Disorders. Retrieved on October 5, 2019 from https://osteopathic.org/practicing-medicine/providing-care/preventing-drug-use-disorders
10. American Osteopathic Association website. (2019, September). American Osteopathic Association Policy Compendium 2019. Retrieved October 5, 2019 from https://osteopathic.org/wp-content/uploads/2019-Policy-Compendium.pdf.

Background Information: Provided by AOA Staff

Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: AOA RESPONSE TO NOVEL PUBLIC HEALTH THREATS

SUBMITTED BY: Maine Osteopathic Association

REFERRED TO: Committee on Public Affairs

1 WHEREAS, the United States Center for Disease Control and Prevention has attributed more
2 than two million cases and one hundred and twenty thousand deaths in the U.S. as of
3 June 2020 due to the COVID-19 pandemic, with more than nine million cases and
4 nearly five hundred thousand deaths globally attributed to COVID-19 according to the
5 World Health Organization; and

6 WHEREAS, more than twenty-eight thousand people were infected during the 2014-2016
7 Ebola epidemic, with over eleven thousand deaths; and

8 WHEREAS, healthcare workers may be at a higher risk than the general population for
9 infection to novel public health threats[1]; and

10 WHEREAS, medical providers around the world have experienced shortages of the equipment
11 needed to properly test for, protect themselves and treat recent infectious disease; now,
12 therefore be it

13 RESOLVED, that the American Osteopathic Association (AOA) will continue to serve as a
14 trusted source of information and education for physicians, health professionals and the
15 public relative to urgent, emergent and novel public health threats; and, be it further

16 RESOLVED, that the AOA will advocate for and support those responding to urgent,
17 emergent and novel public health threats, including all healthcare workers and
18 volunteers; and, be it further

19 RESOLVED that the AOA will advocate for proactive planning, improved public health
20 infrastructure, disease threat surveillance and evidence-based responses to novel public
21 health threats affecting the U.S. population.

Explanatory Statement: Submitted by Author

The following bibliography is the citation referenced in WHEREAS statements above.

[1] Epidemiology of and Risk Factors for Coronavirus Infection in Health Care Workers: A Living Rapid Review. Ann Intern Med 2020;May 5:[Epub ahead of print]

Background Information: Provided by AOA Staff

Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: BACKGROUND CHECKS AND FIREARMS SAFETY TRAINING AS A CONDITION OF FIREARMS PURCHASE

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Public Affairs

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1 WHEREAS, firearm-related deaths in the United States have increased to a twenty year high[1];
2 and

3 WHEREAS, nearly 40,000 people died in 2017 as a result of firearm-related violence, suicides,
4 and accidents in the United States, the highest rate among industrialized countries[2,3]; and

5 WHEREAS, intentional suicide by discharge of firearms in the United States increased in 2017,
6 totaling 23,854, compared to 22,938 in 2016[4]; and

7 WHEREAS, firearms are the third-leading cause of death due to injury after poisoning and
8 motor vehicle accidents[5,6]; and

9 WHEREAS, 109 firearm deaths occur each day due to firearm-related homicides, suicides, and
10 unintentional deaths[7]; and

11 WHEREAS, firearm-related violence in the United States had a total societal cost of $229
12 billion in 2015[8]; and

13 WHEREAS, in 2017, of the 25 million individuals who submitted to a background check to
14 purchase or transfer possession of a firearm, 103,985 were by prohibited purchasers and
15 were blocked from making a purchase[9]; an estimated 6.6 million firearms are sold
16 annually with no background checks[10]; now, therefore, be it

17 RESOLVED, that the American Osteopathic Association (AOA) recognizes public health data
18 demonstrating the impact of firearms on mortality and wellness in the United States and
19 will support federal legislation requiring comprehensive background checks for all
20 firearm purchases, including sales by gun dealers, sales at gun shows, and online sales
21 for purchase, which does not extend to firearms transfers between family members or
22 firearms attained through inheritance; and, be it further

23 RESOLVED, that the AOA will support efforts to require firearms safety training, including
24 military or law enforcement training, as a condition to purchase any class of firearms;
25 and be it further

26 RESOLVED, that H421-A/15 is superseded by this resolution.

Explanatory Statement: Submitted by Author
The intent of this policy is to supplement the following existing policies:
H630-A/18 Comprehensive Gun Violence Reform
H318-A/16 Firearms--Commission Of A Crime While Using A Firearm
H340-A/16 Physician Gag Rules--Opposition To
H450-A/15 Firearm Violence
H424-A/19 Firearm Safety

References
[1] Center for Disease Control and Prevention. WONDER Database. Underlying Cause of Death, 1999 – 2017.
[2] Id.
[3] Grinshteyn E, Hemenway D. Violent Death Rates: The US Compared with Other High-Income OECD Countries, 2010. Am J Med. 2016;129:266-73.
[4] National Vital Statistics Reports Volume 68, Number 9 June 24, 2019 Deaths: Final Data for 2017 Available at: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf
[5] Centers for Disease Control and Prevention. Injury Prevention & Control: Data & Statistics (WISQARS). Atlanta, GA: Centers for Disease Control and Prevention; 2014.
[6] Centers for Disease Control and Prevention. Deaths: Final Data for 2016. Atlanta, GA: Centers for Disease Control and Prevention; 2018.
[7] Center for Disease Control and Prevention. WONDER Database. Underlying Cause of Death, 1999 – 2017.
[8] Follman M, Lurie J, Lee J, West J. The True Cost of Gun Violence in America. 15 April 2015.
[9] Federal Bureau of Investigation. National Instant Criminal Background Check System (NICS) Operations. 2017. Accessed at https://www.fbi.gov/file-repository/2017-nics-operations-report.pdf/view
[10] Cook PJ, Ludwig J. Guns in America: National Survey on Private Ownership and Use of Firearms. Washington, DC: U.S. Department of Justice, National Institute of Justice Research in Brief; May 1997.

Background Information: Provided by AOA Staff
Current AOA Policy: H425-A/19 FIREARM SAFETY

Prior HOD action on similar or same topic: Policy reaffirmed as amended n 2019.

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: FENTANYL TESTING STRIPS

SUBMITTED BY: American Osteopathic Academy of Addiction Medicine

REFERRED TO: Committee on Public Affairs

1 WHEREAS, the American Osteopathic Association (AOA) has in place a broad policy
2 supporting harm reduction for people who use drugs (PWUD) and/or patients with
3 Substance Use Disorder (SUD); and

4 WHEREAS, the AOA makes no specific mention in their harm reduction policy of the benefits
5 of fentanyl testing strips; and

6 WHEREAS, fentanyl testing strips have been demonstrated to be an inexpensive and effective
7 method of harm reduction; and

8 WHEREAS, fentanyl testing strips are illegal to possess, often under "drug paraphernalia"
9 statues in various states; now, therefore be it

10 RESOLVED, that the American Osteopathic Association (AOA) will ~~**explicitly**~~ support the
11 universal legalization of fentanyl testing strips, both for Public Health initiatives, as well
12 as personal use; and, be it further

13 RESOLVED, that the AOA strongly encourage the American Osteopathic Academy of
14 Addiction Medicine (AOAAM) to maintain the above position.

Explanatory Statement: Submitted by Author
In 2016 overdose deaths involving illicitly manufactured fentanyl surpassed heroin and prescription opioid deaths in the US; the number grows. Fentanyl test strips may be an effective overdose prevention tool when included with other evidence-based treatments to prevent opioid overdoses.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: FIREARMS POLICY

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Public Affairs

1 WHEREAS, the AOA House of Delegates adopted H437-A/19, Firearm Violence, which
2 requires the American Osteopathic Association (AOA) to develop a comprehensive
3 policy that consolidates all current firearm violence policies into a single unified policy
4 and present it for consideration by the 2020 AOA House of Delegates; and

5 WHEREAS, consolidated, unified policies can have the unintended consequence of disrupting
6 continuity of AOA policy; and

7 WHEREAS, background and history on a given topic can be lost through the consolidation and
8 elimination of multiple policies into a single policy, making additions or changes to
9 future policy more difficult; and

10 WHEREAS, having a broad array of policies on a given topic allows the AOA to accurately
11 respond to federal and state legislative and regulatory concerns with nuanced and
12 specific policy to reference; and

13 WHEREAS, the AOA risks having no policy relating to firearm violence should a portion of a
14 single, consolidated policy on firearms be found to be no longer germane in future
15 years; now, therefore, be it

16 RESOLVED, that the American Osteopathic Association (AOA) will develop a comprehensive
17 white paper, which will include all current AOA policies relating to firearm violence,
18 into a single, unified document which will be presented for review and consideration by
19 the Bureau on Federal Health Policy (BFHP). This unifying white paper will be
20 presented in lieu of a developing a single firearm violence policy resolution; and

21 RESOLVED, that H437-A/19 is superseded by this resolution; and

22 RESOLVED, that the AOA House of Delegates adopt the attached white paper which includes
23 all current AOA policies relating to firearm violence.

24

AOA Policy White Paper – Firearm Policy

Introduction

The American Osteopathic Association (AOA) is dedicated to reducing the impact of violence on health and wellness in our communities, including injury and death that result from firearm violence. As physicians, we see firsthand the consequences of violence to victims and their families. The AOA recognizes that laws, regulations, and policies have the potential to decrease the occurrence of violence, especially firearm violence, in our communities.

Much of the AOA policy is predicated on an understanding of the role of firearms on public health in the United States. According to the Centers for Disease Control and Prevention (CDC), firearm-related deaths in the U.S. have increased to a twenty year high[i]. Additionally, nearly 40,000 people died in 2017 as a result of firearm-related violence, suicides, and accidents in the U.S., the highest rate among industrialized countries[ii][iii]. Firearms are also the third-leading cause of death due to injury after poisoning and motor vehicle accidents[iv][v]. CDC data also shows that 109 firearm deaths occur each day due to firearm-related homicides, suicides, and unintentional deaths[vi]. Beyond the impact on the health and well-being of Americans, there is an economic impact with gun violence in the U.S. costing $229 billion in 2015[vii].

Background

H437-A/19 FIREARM VIOLENCE was adopted at the 2019 AOA House of Delegates meeting, which states that the *"American Osteopathic Association (AOA) will develop a comprehensive policy which consolidates all current firearm violence policies into a single unified policy and present it for consideration by the 2020 AOA House of Delegates."* This resolution was then referred to the Bureau on Federal Health Policy (BFHP) for development. After consideration of the request, the BFHP came to the conclusion that developing a single unifying policy sets a potentially problematic precedent in which background and history of a topic can be lost, and makes additions or changes to future policy more difficult.

Beyond setting a precedent, if part of the policy in future years is no longer germane, the full resolution could be in jeopardy, potentially effecting any and all related policies, which in this case could impact more than a half-dozen separate policies relating to firearms. Having a broad array of policies on a given topic allows AOA staff to accurately respond to federal and regulatory concerns with nuanced policy to reference.

With these concerns in mind, the BFHP thought it best that the AOA develop a comprehensive white paper, in lieu of a single firearm violence policy resolution, which includes all current AOA policies relating to firearm violence.

This white paper is intended to provide a complete and cohesive representation of current AOA policy relating to firearm violence and safety as of the 2019 AOA House of Delegates. This document is broken down by *Education, Research, and Miscellaneous.*

Policies Preserving the Ability of Physicians to Educate and Counsel their Patients on Firearm Violence

Preserving the rights of physicians and other health care professionals to counsel patients on prevention, including the prevention of injury or death, as a result of firearms is critical. Physicians play

an important role in preventing firearm injuries through health screenings, patient counseling, and referral to mental health services.

Current Resolutions on Firearm Education:

- **H425-A/19 FIREARM SAFETY**
  The American Osteopathic Association (AOA) recommends that when appropriate, physicians ask patients and/or caregivers about the presence of firearms in the home and counsel patients who own firearms about the potential dangers inherent in gun ownership, especially if vulnerable individuals, children and adolescents are present. The AOA recommends strategies such as secure storage and the use of safety locks to eliminate the inappropriate access to firearms by vulnerable individuals, children and adolescents and recommends all physicians to educate families in the safe use and storage of firearms. 1994; revised 1999, 2004; reaffirmed 2009; 2014; reaffirmed as amended 2019
- **H421-A/15 FIREARMS AND NON-POWDERED GUNS – EDUCATION FOR USERS**
  The American Osteopathic Association supports education involving firearm and non-powdered guns safety and the inherent risk, benefits and responsibility of ownership. 1990; reaffirmed 1995, 2000, 2005; revised 2010; revised 2015 ***[Editor's Note: Non-Powdered Guns are defined as: BB, air and pellet guns, expelling a projectile (usually made of metal or hard plastic) through the force of air pressure, CO2 pressure, or spring action. Non-powder guns are distinguished from firearms, which use gunpowder to generate energy to launch a projectile.]***
- **H340-A/16 PHYSICIAN GAG RULES – OPPOSITION TO**
  The American Osteopathic Association (AOA) is opposed to governmental actions and policies that limit the rights of physicians and other health care practitioners to inquire of their patients whether they possess guns and how they are secured in the home or to counsel their patients about the potential dangers of guns in the home and safe practices to attempt to avoid those potential dangers. The AOA opposes any further legislation or initiatives advocating physician gag rules that limit physicians' right to free speech or other rights. 2016
- **H428-A/19 PHYSICIAN-PATIENT RELATIONSHIP AS RELATED TO PROPOSED GUN CONTROL LAWS, PROTECTION OF THE**
  While the American Osteopathic Association supports measures that save the community at large from gun violence, the AOA opposes public policy that mandates reporting of information regarding patients and gun ownership or use of guns except in those cases where there is duty to protect, as established by the Tarasoff ruling, for fear of degrading the valuable trust established in the physician-patient relationship. 2013; reaffirmed 2019

Policies on Advancing Research to Reduce Firearm Violence

Advancing research to reduce firearm violence is a public health issue that deserves the allocation of appropriate resources. The AOA supports funding for the Centers for Disease Control (CDC) and Prevention, the National Institutes of Health (NIH), and other research entities, to conduct research on firearm violence and to provide recommendations on reducing firearm violence.

Current Resolutions on Firearm Research:

- **H450-A/15 FIREARM VIOLENCE**
  The American Osteopathic Association (AOA) (1) supports the federal government's January 2013 clarification, "that no federal law in any way prohibits doctors or other health care providers from reporting their patients' threats of violence to the authorities, and issuing guidance making clear that the Affordable Care Act does not prevent doctors from talking to patients about gun safety;" (2) supports funding for the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) and other research entities to conduct research on firearm violence and to provide recommendations on reducing firearm violence; (3) supports promotion of policies that will increase access to mental health services and for the appropriate coverage of mental health services by public and private health care programs; and (4) encourages enhanced education of gun safety and safe handling of firearms; and (5) approves the attached Policy Statement on Firearm Violence. 2013; revised 2015
- **H630-A/18 COMPREHENSIVE GUN VIOLENCE REFORM**
  The American Osteopathic Association joins like-minded organizations in the call for Congressional legislation that:
  1. Labels gun violence as a national public health issue.
  2. Funds appropriate research on gun violence as part of future federal budgets.
  3. Establishes constitutionally appropriate restrictions on the manufacturing and sale, for civilian use, of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity. 2018

Current Miscellaneous Resolutions:

- **Safety- H318-A/16 FIREARMS – COMMISSION OF A CRIME WHILE USING A FIREARM**
  The American Osteopathic Association supports the position that persons accused of a crime involving a firearm be prosecuted to the full extent of the law. 1994; revised 1996, 2001; reaffirmed 2006; reaffirmed as amended 2011; reaffirmed 2016

<u>Conclusion</u>

As noted above, the AOA House of Delegates adopted a policy that calls for the identification of all current firearm violence policies in a single document. This paper reflects that policy and highlights wide range of issues addressed in AOA firearm policies, with seven individual policies identified for inclusion in this paper. At least two resolutions (H425-A/19 and H421-A/15) support education and recommend safety precautions for gun owners. One (H340-A/16) opposes any governmental action that would limit the right of physicians to discuss gun owners and safe storage with their patients. Another (H428-A/19) opposes any mandated reporting of patient gun ownership. Two policies (H450-A/15 and H630-A/18) support federal funding for research on firearm violence. H630-A/18 also labels gun violence as a national public health issue and supports federal legislation that would establish constitutionally appropriate restrictions on the manufacturing and sale of certain classes of firearms.

There is a separate and distinct focus in most of these policies, with focus ranging from education, to protecting the rights of physicians, to support for research, and support for certain restrictions on sales.

1 As such, these policies, as well as any future firearm-related policies, should be maintained and taken up
2 for review and reconsideration by the House of Delegates on an individual basis.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: H437-A/19 FIREARM VIOLENCE

Prior HOD action on similar or same topic: Policy approved in 2019.

FISCAL IMPACT: $0

ACTION TAKEN: **REFERRED** *(to Bureau on Federal Health Programs)*

DATE: **October 14, 2020**

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[vi] Center for Disease Control and Prevention. WONDER Database. Underlying Cause of Death, 1999 – 2017.
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SUBJECT: HOMELESS SUPPORT

SUBMITTED BY: Osteopathic Physicians & Surgeons of California

REFERRED TO: Committee on Public Affairs

~~WHEREAS, the state of California has a disproportionate share of homeless in the country; and~~

WHEREAS, many people in the homeless community have experienced social, racial, and economic inequalities that contribute to medical, mental, and alcohol/drug addiction illnesses, which are often left untreated due to lack of access to health care resources; and

WHEREAS, as osteopathic physicians, we are trained in approaching population health and public health holistically, including addressing access to proper nutrition, hydration, thermal protection, shelter, and hygiene; and

~~WHEREAS, the public health and population health issues of the entire homeless population are providing a public health and population hazard to the community at large; and~~

~~WHEREAS, the lack of affordable and available housing for the homeless during and after implementation of comprehensive treatment programs has contributed to the unprecedented rise in the nation's homelessness; and~~

WHEREAS, there are ~~current~~ ONGOING debates regarding cost effective housing programs which MAY include dormitory, group, and individual housing; and

WHEREAS, the lack of a comprehensive state ~~and~~ OR national strategy to address the homeless issues as ~~a~~ comprehensive population health and public health problemS and ~~medical problem~~ has resulted in significant numbers of those affected to have ~~essentially~~ LITTLE OR no medical care and little community support to treat their medical and psychiatric issues; and

WHEREAS, the American Osteopathic Association has previously stated their support of efforts aimed at addressing the root causes of homelessness in House resolution H-428 – A/2018; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) reaffirm support for ~~all~~ state and federal efforts, including efforts by private organizations, as well as those enumerated in the 2018 House of Delegates resolution number H-428 – A/2018, and that those efforts include addressing social determinants ~~of~~ AFFECTING health, substance abuse programs, mental health resources, clinical care programs and provision of stable housing for all homeless individuals that are seeking temporary or permanent shelter~~; and, be it further~~

1 ~~RESOLVED, that the AOA, with the guidance of the Department of Educational~~
2 ~~Affairs and any other relevant department(s), develop recommendations for~~
3 ~~curriculum and submit them to the Commission on Osteopathic College~~
4 ~~Accreditation (COCA), American Association of Colleges of Osteopathic~~
5 ~~Medicine (AACOM), National Board of Osteopathic Medical~~
6 ~~Examiners(NBOME), Accreditation Council for Graduate Medical Education~~
7 ~~(ACGME), and other educational entities at all levels of osteopathic medical~~
8 ~~education, including undergraduate, postgraduate, and osteopathic continuing~~
9 ~~medical education, in order to address healthcare issues related to clinical and~~
10 ~~social aspects of homelessness and report to the AOA House of Delegates at its~~
11 ~~July 2021 meeting~~.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: MEDICAL AMNESTY FOR UNDERAGE CONSUMPTION OF ALCOHOL

SUBMITTED BY: American Osteopathic Academy of Addiction Medicine

REFERRED TO: Committee on Public Affairs

1 WHEREAS, state laws prohibit the consumption of alcohol below the age of twenty-one (21)
2 years; and

3 WHEREAS, people aged 12 to 20 years drink 11% of all alcohol consumed in the United
4 States; and

5 WHEREAS, underage drinkers and associated social contacts are often reticent to seek medical
6 help for themselves or their ill peers for fear of legal reprisal, resulting in tragic and
7 unnecessary deaths; now, therefore be it

8 RESOLVED, that legal immunity for the underage consumption of alcohol for those who
9 consume alcohol underage and seek medical attention, as well as any "Good
10 Samaritans" who aid in their seeking of medical attention, should be the *de jure* standard
11 in each state, enacted into law by state legislatures; and, be it further

12 RESOLVED, that this legal immunity applies specifically and exclusively to the consumption of
13 alcohol before the legal age, but *not* for any infractions or crimes committed while under
14 the influence of alcohol or as a result of the consumption of alcohol (e.g. driving under
15 the influence, physical altercations, etc.); and, be it further

16 RESOLVED, that the American Osteopathic Association (AOA) supports full legal immunity
17 for these individuals, and urge state and national lawmakers to enact "Good Samaritan"
18 laws to increase access to life-saving medical care for underage consumers of alcohol.

Explanatory Statement: Submitted by Author
Instances of excessive drinking involving the death of minors could be avoided if minors can seek medical assistance without fear of criminal charges, including manslaughter.

Explanatory Statement: Reference Committee
Refer back to the American Osteopathic Academy of Addiction Medicine for clarification.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **REFERRED** *(to American Osteopathic Academy of Addiction Medicine)*

DATE: **October 14, 2020**

SUBJECT: BREASTFEEDING WHILE ON MEDICATION ASSISTED TREATMENT (MAT) (Response to RES. NO. H-415 - A/2019, Referencing H-417-A/14 BREASTFEEDING WHILE ON METHADONE MAINTENANCE)

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 WHEREAS, sunset resolution H-415 - A/2019, titled "BREASTFEEDING WHILE ON
2 METHADONE MAINTENANCE", was referred to the Bureau on Scientific Affairs
3 and Public Health (BSAPH) to evaluate breastfeeding and other forms of medication
4 assisted treatment (MAT) for opioid addiction, not just methadone; now therefore be it,

5 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the
6 attached white paper, titled, "BREASTFEEDING WHILE ON MEDICATION
7 ASSISTED TREATMENT (MAT)", and the recommendations within be adopted as
8 policy.

9 **Breastfeeding While on Medication Assisted Therapy**

10 **Introduction**
11 Opioid use among pregnant women is a growing public health concern. In 2014, the Centers for Disease
12 Control and Prevention (CDC) recorded a 333% national increase in opioid use disorder (OUD) among
13 pregnant women, with 6.5 cases of opioid abuse per 1,000 hospital deliveries, compared to 1.5 cases in
14 1999.[1] Opioid use during pregnancy is not uncommon; as many as 1 in 5 pregnant women enrolled in
15 Medicaid filled an opioid prescription during their pregnancy.[2] Prenatal opioid exposure has been directly
16 linked to adverse health outcomes for mothers and babies across the nation. These adverse health outcomes
17 include increased maternal mortality and morbidity, poor fetal development, preterm births, still births, birth
18 defects, and increased incidence of Neonatal Abstinence Syndrome (NAS).[3]

19 Studies have found that breastfeeding among women being treated for OUD offers many benefits that can
20 mitigate the impacts of OUD for the mother and infant. Benefits include, but are not limited to, reduced
21 hospital stays and decreased need for morphine treatment in infants born with NAS.[4]

22 **Opioid Use Disorder Treatment**
23 Medication Assisted Treatment, or MAT, is defined as the use of medications in combination with
24 counseling and behavioral therapies to treat OUD and aid patients in sustaining their recovery.[5] MAT may
25 be utilized with pregnant women to treat opioid use disorder and avoid the severe consequences associated
26 with untreated opioid use disorder or stopping opioid usage too quickly. The U.S. Food and Drug
27 Administration has approved three medications, buprenorphine, methadone, and naltrexone for OUD
28 treatment.[5]

29 Naltrexone is the newest therapy approved by the U.S. Food and Drug Administration to treat opioid use
30 disorder in pregnant women. Since it is also the least studied therapy, there is a research gap regarding the
31 safety and effectiveness of naltrexone during pregnancy.[6] As a result, MAT for pregnant women commonly
32 entails the use of methadone or buprenorphine with naloxone, in conjunction with coordinated care among
33 behavioral therapists, OB-GYNs, and addiction specialists.[7] Both methadone and buprenorphine treatment

1 are endorsed by the American College of Obstetricians and Gynecologists and the American Society of
2 Addiction Medicine as best practices for addressing opioid use during pregnancy.[4]

3 Methadone, a long-acting opioid agonist that decreases the desire to take opioids, was established as the
4 standard of care in 1998 for treating OUD in pregnant women. The Substance Abuse and Mental Health
5 Service Administration (SAMHSA) identified methadone as a safe drug to take while pregnant or preparing
6 for pregnancy, along with counseling and participation in social support programs.[8]

7 Recently, The American Society of Addiction Medicine (ASAM) recognized Buprenorphine combined with
8 Naloxone as the standard of care for the treatment of women who are pregnant or breastfeeding with
9 OUD. The American Osteopathic Academy of Addiction Medicine (AOAAM) supports ASAM consensus
10 that the combination of Buprenorphine and Naloxone is regularly used, safe, and effective.[9] Buprenorphine
11 is the first medication to treat opioid use disorder that was authorized to be administered in physician
12 offices, resulting in improved access to treatment.[10] Studies indicate that buprenorphine reduces fluctuations
13 in fetal levels of opioids, minimizes repeated prenatal withdrawal, decreases overdoses, and limits drug
14 interactions.[10]

15 Neonatal withdrawal, also called neonatal abstinence syndrome (NAS), is an anticipated and treatable
16 condition caused by perinatal exposure to opioids, including methadone and the combination of
17 buprenorphine with naloxone.[11] Although NAS may still occur in infants whose mothers receive MAT, the
18 symptoms are milder than they would be without treatment.[4]

19 Postpartum, both infants and women on maintenance therapies can experience greater benefits through
20 breast feeding. Although trace amounts of both methadone and buprenorphine have been found to seep
21 into breast milk, research has shown that the benefits of breastfeeding outweigh the negligible risk
22 associated with the medication that enters breast milk.[8, 10]

23 **Breastfeeding**

24 Because of the associated benefits, exclusive breastfeeding, without other supplementation, is recommended
25 for healthy women by both the American Academy of Pediatrics and the World Health Organization for the
26 first 6 months of life.[12,13] Breastfeeding contributes to attachment between a woman and her infant,
27 encourages skin-to-skin contact.[11] The antibodies and hormones found in breast milk defend the infant's
28 immune system against illness and lower the risk of asthma, leukemia, childhood obesity, lower respiratory
29 infections, eczema, diarrhea, vomiting, and Sudden Infant Death Syndrome.[14] Breastfeeding also improves
30 the health of mothers post-delivery, simultaneously, lowering potential risk for diabetes, breast cancer, and
31 ovarian cancer. Breast milk is also easier for infants to digest and cost efficient for parents.[14]

32 The American Academy of Pediatrics (AAP) recommendation applies to women who take methadone or
33 buprenorphine as well, without regard for dosage.[15] Breastfeeding among women who are opioid dependent
34 is also encouraged by both, the American College of Obstetricians and Gynecologists (ACOG) and the
35 American College of Osteopathic Obstetricians and Gynecologists (ACOOG), as long as the women are
36 taking methadone or buprenorphine consistently, abstaining from illicit drugs, and have no underlying
37 complexities or conditions, such as human immunodeficiency virus (HIV) and or Hepatitis C with
38 open/bleeding and cracked nipples.[11] Additionally, The ACOOG supports the ACOG committee review
39 that women in the post-partum period who return to using street drugs and are not on stable OUD therapy
40 should restrain from breastfeeding.[16] After 6 months, the AAP recommends continuation of breastfeeding,
41 alongside introduction of complementary foods during the first year of life.[12]

42 In spite of these endorsements, less than 25% of mothers exclusively breastfeed for 6 months in the United
43 States.[12] Formula supplementation of breast milk is commonly utilized. Supplementation is reportedly
44 associated with many side effects that can lead to adverse infant and maternal outcomes. Formula
45 supplements can negatively impact the "maternal milk supply, the duration of exclusive breastfeeding, and

the infant's gut microbiome; alteration of the neonatal gut environment can be responsible for mucosal inflammation and disease, autoimmunity disorders, and allergic conditions in both childhood and adulthood".[17]

The Centers for Disease Control and Prevention established the breastfeeding report card, which provides national data on breastfeeding rates, breastfeeding support indicators, and breastfeeding practices.[12] The breastfeeding report card indicates that, in 2015, 83.2% of infants were breastfed starting at birth, 57.6% were still breastfed at some level at 6 months, and 35.9% at 12 months.[12] This data suggests that "the early postpartum period is a critical time for establishing breastfeeding, but mothers may not be getting the support they need from health care providers, family members, and employers to meet their breastfeeding goals".[12]

Uptake of breastfeeding is likely even lower among women with OUD. National Institute on Drug Abuse (NIDA) states that the rate of breastfeeding is normally "low" among mothers with OUD. Increased formal breastfeeding education, direct support for mothers, health care providers training on breastfeeding techniques, and peer support are all effective interventions that promote the start and sustainability of breastfeeding among mothers.[18]

Conclusion

Increasing rates of maternal opioid use during pregnancy and NAS are public health concerns. The utilization of MAT with methadone or buprenorphine has been approved as a safe mechanism for combatting opioid use during pregnancy and while breastfeeding.

Breastfeeding improves maternal and infant morbidity and mortality and decreases the impact of adverse health conditions. Breastfeeding infants who were exposed to opioids prenatally have the added advantage of lessening the impact of other conditions, such as NAS. Encouraging breastfeeding among mothers with exposure to opioids, who are undergoing MAT, is a significant step toward addressing OUD and NAS and improving maternal and child health. It shall be noted that the ACOOG and AOAAM supports the content of this paper and the policy recommendations outlined to encourage exclusive breastfeeding among mothers with a history of OUD.

American Osteopathic Association Policy

Given the research surrounding the positive impact of breastfeeding, the American Osteopathic Association adopts the following policy statements as its official position on breastfeeding among mothers with exposure to opioid use disorder in the United States:

1. The American Osteopathic Association (AOA) acknowledges that exclusive breastfeeding significantly improves maternal and infant health outcomes.
2. The American Osteopathic Association supports methadone and buprenorphine/naloxone assisted treatment as standards of care for addressing opioid use disorder during pregnancy and in the postpartum period.
3. The American Osteopathic Association (AOA) encourages exclusive breastfeeding among mothers with a history of Opioid Use Disorder (OUD), who are under physician care, actively engaged in a recovery program, on appropriate opioid agonists (methadone or buprenorphine), abstaining from illicit drugs, and who have no other contraindications, such as human immunodeficiency virus (HIV) infection and or Hepatitis C with open/bleeding and cracked nipples.
4. The American Osteopathic Association (AOA) recommends the use of counseling, coordination of care, and social support for mothers during pregnancy and breastfeeding in the postpartum period.

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Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy:
H428-A/17 BREASTFEEDING – PROMOTION, PROTECTION AND SUPPORT OF
H425-A/18 BREASTFEEDING EXCLUSIVITY

Prior HOD action on similar or same topic: H428-A/17 policy revised in 2017; H425-A/18 policy reaffirmed as amended 2018

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED**

DATE: **October 14, 2020**

SUBJECT: REFERRED SUNSET RES. NO. H-411 - A/2019: H413-A/14 EPIDEMIC TERRORIST ATTACK VICTIMS, GOVERNMENT RESPONSIBILITY OF HEALTH CARE

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Public Affairs

WHEREAS, the AOA House of Delegates referred sunset resolution H-411-A/2019 titled H413-A/14 EPIDEMIC TERRORIST ATTACK VICTIMS, GOVERNMENT RESPONSIBILITY OF HEALTH CARE to the Bureau on Federal Health Programs for "clarity on who should be included, who will benefit, definition of terrorist act, and if this is a national or international policy; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommend that the following policy be REAFFIRMED as AMENDED:

H413-A/14 ~~EPIDEMIC~~ DOMESTIC OR FOREIGN TERRORIST ATTACK VICTIMS, GOVERNMENT RESPONSIBILITY OF HEALTH CARE

The American Osteopathic Association SUPPORTS **ALL HEALTHCARE PERSONNEL AND** FIRST RESPONDERS AND ~~believes that~~ victims of ~~an epidemic~~ DOMESTIC OR FOREIGN terrorist attackS ~~(e.g., anthrax) are victims of a new age conflict against America and as victims of an attack against America; they~~ IN THE UNITED STATES BEING ~~should be~~ eligible for healthcare TREATMENT STEMMING FROM THE ACT to be covered by the United States Government. 2004; reaffirmed as amended 2009; reaffirmed 2014

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: H429 A/14 MINORITIES, UNDERREPRESENTED (URM) – INCREASING NUMBERS OF APPLICANTS, GRADUATES, AND FACULTY AT COLLEGES OF OSTEOPATHIC MEDICINE

SUBMITTED BY: Bureau of Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 WHEREAS sunset resolution. H-421 – A/2019 titled "MINORITIES,
2 UNDERREPRESENTED (URM) – INCREASING NUMBERS OF APPLICANTS,
3 GRADUATES, AND FACULTY AT COLLEGES OF OSTEOPATHIC
4 MEDICINE", was referred to the Bureau of Scientific Affairs and Public Health for an
5 analysis of the statistics to determine if the target deadline should be extended; now,
6 therefore be it

7 RESOLVED, that the Bureau of Scientific Affairs and Public Health recommends that
8 the following policy be REAFFIRMED AS AMENDED:

9 **H429 A/14 MINORITIES, UNDERREPRESENTED (URM) – INCREASING**
10 **NUMBERS OF APPLICANTS, GRADUATES, AND FACULTY AT**
11 **COLLEGES OF OSTEOPATHIC MEDICINE**
12 The American Osteopathic Association encourages an increase in the total number of URM[1]
13 graduates from colleges of osteopathic medicine by the year **~~2020~~** **2025** and encourages an
14 increase in the total number of URM faculty by the year **2025** ~~2020~~. 2014

Explanatory Statement: Submitted by Author

INTRODUCTION

It is widely accepted that increasing racial and ethnic diversity among health professionals is associated with improved health outcomes for racial and ethnic minority patients, greater patient satisfaction, and better educational experiences for medical students.

Despite this widespread recognition, in 2017, the Health Resources and Services Administration (HRSA) Bureau of Health Workforce reported that "all minority groups, except Asians, are underrepresented in Health Diagnosis and Treating occupations."[2] Osteopathic physicians and faculty are included in these occupations.

PROGRESS

The American Osteopathic College of Osteopathic Medical Application Service (AOCOMAS) publication, titled, "AACOMAS Applicants to Osteopathic Medical Schools by Race and Ethnicity", tabulated the number and percentage of Underrepresented Minorities (URM). The report states that in academic year 2013-14, 11.7% and 2019-20, 17.0% identified as URM. Thus, there was an absolute increase of 5.3% in the applications submitted from URM over 6 years.[3]

While there was an improvement in the application rate of URM to osteopathic colleges, the same was not observed in the graduation rate. The American Association of Colleges of Osteopathic Medicine

(AACOM) publication, "Graduates of US Osteopathic Medical School by Race/Ethnicity", reported that for the academic year 2011-12, 8.4% of graduates identified as Hispanic/Latino; American Indian and Alaskan Native, non-Hispanic; Black/African American, non-Hispanic; Pacific Islander, non-Hispanic. In 2017-18, the most recent data, 8.2% of graduates identified as the same ethnic and racial groups. In other words, over a 6-year period, the proportion of medical school graduates, who identified as belonging to an URM group, had an absolute decline of 0.2%.[4]

Additionally, according to the most recent AACOM reports titled, "2012-13 Osteopathic Medical College Faculty by Race/Ethnicity"[5] and "2016-17 Osteopathic Medical College Faculty by Race/Ethnicity"[6], there were 1,164 of a total 37,197 (3.1%) faculty in academic year 2012-13, and 1,710 of a total 46,848.39 (3.6%) faculty in academic year 2016-17 who identified as Hispanic, American Indian/Alaskan Native, non-Hispanic; Black/African American, non-Hispanic; and Pacific Islander, non-Hispanic. Thus, the absolute change in faculty employed at an osteopathic college was 0.5% over the 4-year period.

CONCLUSION/RECOMMENDATIONS

There has been modest progress in increasing the proportion of applicants and faculty at osteopathic medical schools who identify as URM, current statistics are far from that of the general population. There has been little improvement in the graduation rate among URM. Given that the proportion of racial and ethnic minorities in the United States exceeded 18% at the most recent Census and is progressively climbing, it is recommended that the AOA and the AACOM continue to prioritize the development of an osteopathic workforce that more closely represents the people served by the profession.

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Background Information: Provided by AOA Staff
Current AOA Policy:
H433-A/15 MINORITY HEALTH DISPARITIES
H323-A/19 MINORITIES IN THE OSTEOPATHIC PROFESSION – COLLECTING DATA

Prior HOD action on similar or same topic: 433-A/15 policy reaffirmed in 2015; H323-A/19 policy reaffirmed as amended in 2019.

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: REGULATION OF E-CIGARETTES AND NICOTINE VAPING
(Response to RES. NO. H - 424 - A/2019 referencing H - 435 - A/2014)

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

1 WHEREAS, RES. NO. H-424 - A/2019 was referred to the Bureaus of Scientific Affairs and
2 Public Health to update the white paper; now, therefore be it

3 RESOLVED, that the following policy paper and the recommendations provided within be
4 adopted as the amended policy of the AOA.

5 REGULATION OF E-CIGARETTES AND NICOTINE VAPING

6 BACKGROUND

7 The adverse health effects associated with tobacco use are well documented public health concerns.
8 Smoking can damage every human organ, and it can lead to death from heart disease, cancers or
9 strokes. According to the World Health Organization (WHO), 1 in 10 deaths each year, or nearly 8
10 million deaths around the world, are caused by tobacco use.[1,2] More than 7 million of those deaths are
11 the result of direct tobacco use, while around 1.2 million are the result of non-smokers being exposed
12 to second-hand smoke.[2] In the United States, this translates to 480,000 deaths per year from cigarette
13 smoking and second-hand smoke exposure.[3]

14 In response to the negative health effects of tobacco products and cigarettes in particular, a natural
15 market for smoking cessation and reduction products has emerged over the past 4 decades.[4] The use of
16 electronic nicotine delivery systems (ENDS), such as electronic cigarettes (e-cigarettes), has reached a
17 rapidly expanding consumer base.[5] E-cigarettes are often used or promoted to reduce consumption of
18 tobacco products.[6] Alternative strategies for reaching smoking cessation goals include switching to low
19 or light cigarettes or using nicotine-infused chewing gum, lozenges, lollipops, dermal patches or
20 hypnosis.[7]

21 In the US, e-cigarettes are the most frequently utilized tobacco product among youth, who are also
22 more likely than adults to use them. In 2019, over 5 million US middle and high school students had
23 used e-cigarettes in the past 30 days.[8] In 2018, 3.2% of US adults were current e-cigarette users.[9]

24 The name e-cigarette is an umbrella term that includes any battery-powered device that vaporizes liquid
25 nicotine for delivery via inhalation. These devices are most commonly referred to as electronic
26 cigarettes, e-cigarettes, e-cigs, vaping, vape pens, vape pipes, hookah pens, e-hookahs, but could
27 potentially be referred to by other terms. Since its 2007 introduction in the United States, the e-
28 cigarette market has grown to include more than 460 brands.[10] E-cigarettes are a 2.5 billion dollar
29 business in the United States.[11] The attraction to e-cigarettes crosses many segments of the population,
30 appealing to tobacco cigarette smokers trying to quit as well as non-smokers who want to try nicotine
31 without the harmful additives.[12] Though some states and municipalities have started to ban e-cigarettes,
32 tobacco cigarette smokers can use e-cigarettes as a source of nicotine in some venues where
33 conventional cigarettes are banned.

1 Costs associated with smoking-related illnesses continue to escalate. In 2014, smoking-related illness
2 costs in the United States were more than $300 billion each year, including approximately $170 billion
3 for direct medical care for adults, and more than $156 billion in lost productivity. Nearly $5.6 billion of
4 the lost productivity cost was due to secondhand smoke exposure.[13]

5 Overall, e-cigarettes may be less harmful for heavy or moderate smokers because they may reduce
6 exposure to carcinogens and other toxic chemicals that cause serious disease and death.[14] However, the
7 effect of long term consumption of nicotine and associated aerosols remains unclear. Studies have
8 shown that e-cigarette vapors may be harmful, particularly in places with limited ventilation and for
9 people with compromised health. Furthermore, e-juice liquids have been found to increase accidental
10 poisonings in children. The full scale of health and safety hazards of vaping for users and secondhand
11 users is undetermined.[15]

12 **ANALYSIS**
13 Regulation of e-cigarettes by the Food and Drug Administration (FDA) only began in earnest in 2016.
14 The Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) provided the FDA
15 authority to regulate the manufacture, marketing and distribution of tobacco products.[16] However, e-
16 cigarettes were not initially included in the FDA's regulation of tobacco products. Unlike tobacco
17 cigarettes, e-cigarettes have enjoyed the ability to advertise on television and radio.[17] This allows e-
18 cigarette companies to market their product in a more liberal fashion in response to market demands,
19 including the use of celebrity endorsements.[18] However, some manufacturers have voluntarily begun to
20 limit their advertising in an attempt to avoid federally imposed restrictions on advertising.

21 The Composition of E-Cigarettes
22 The e-cigarette is a smokeless, battery-powered device that vaporizes liquid nicotine for delivery via
23 inhalation.[19] Using an e-cigarette may also be referred to as "vaping", or as "juuling", the branded form
24 of flavored e-cigarettes popular among younger consumers. The e-cigarette contains nicotine derived
25 from tobacco plant and several secondary chemical ingredients.[20] It is primarily composed of a nicotine
26 cartridge, atomizer, and a battery.[21] The atomizer, which converts the nicotine liquid into a fine mist,
27 consists of a metal wick and heating element.[22] When screwed onto the cartridge, the nicotine liquid
28 from the cartridge, which could also include flavoring, comes into contact with the atomizer unit and is
29 carried to the metal coil heating element.[23] A single cartridge can hold the nicotine equivalent of an
30 entire pack of traditional cigarettes.[24] E-cigarettes can also be used to deliver marijuana and other
31 drugs.[25]

32 While the typical e-cigarette is sold in the shape of a cigarette, many products are sold in the shape of
33 discreet objects such as pipes, pens, lipsticks, and other everyday items.[26] Often, they can be legally used
34 where traditional tobacco products are banned.

35 Federal Efforts to Regulate
36 In 2016, the FDA finalized a rule extending regulatory authority to cover all tobacco products,
37 including electronic nicotine delivery systems (ENDS) that meet the definition of a tobacco product.[27]
38 The FDA now regulates the manufacture, import, packaging, labeling, advertising, promotion, sale, and
39 distribution of ENDS. Prior to this rule, the FDA could regulate e-cigarettes only if the manufacturer
40 made a therapeutic claim, such as the product was being marketed as a cessation device.[28]

41 The rule established restrictions on youth access to newly regulated tobacco products by: (1) banning
42 their sale to individuals younger than 18 years of age (federal legislation raised this to 21 years in 2019)

and requiring age verification via photo ID; and (2) prohibiting the sale of tobacco products in vending machines (unless in an adult-only facility).[29]

The Federal Food, Drug, and Cosmetic Act was signed into law on December 20, 2019, and raised the federal minimum age of sale for tobacco products from 18 to 21 years.[30] Retailers are now prohibited from selling tobacco products to anyone under the age of 21.

Further, in January 2020, the FDA banned all mint- and fruit-flavored e-cigarettes, but exempted menthol- and tobacco-flavored products, in an effort to target products widely used by minors while preserving an "off-ramp" for adults who are trying to quit smoking.[31]

Tobacco is a major threat to public health, and one of the goals of the FDA is to protect Americans from tobacco-related diseases and death. This rule allows the FDA to protect youth by restricting their access to tobacco products, helps consumers better understand the risks of using these products, prohibits false and misleading product claims, and prevents new tobacco products from being marketed unless a manufacturer demonstrates that the product meets relevant public health standards.

State Efforts to Regulate

Various states and municipalities have also enacted laws restricting the sale of e-cigarettes.[32] Twenty-seven states, along with the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, and 1,107 municipalities have passed laws that ban smoking in all non-hospitality workplaces, restaurants, and bars; of these, 22 states and 929 municipalities also restrict e-cigarette use in 100% smoke-free venues.[33]

In November 2019, **Massachusetts** became the first state to restrict the sale of *all* flavored tobacco products, including e-cigarettes and menthol cigarettes.[34] **New Jersey** prohibited the use of e-cigarettes in all enclosed indoor places of public access as well as in working places, and in January 2020, the state enacted legislation banning the sale of *all* flavored e-cigarettes.[35,36] In March 2020, **Rhode Island** also announced a permanent ban on the sale of flavored e-cigarettes.[37] Six other states (Michigan, Montana, New York, Oregon, Utah and Washington) temporarily banned the sale of flavored e-cigarettes in 2019, but of those, only Montana's and Washington's bans are currently in effect while the others are facing various legal challenges.[38]

As of 2019, twenty-three (23) states and the District of Columbia have enacted statutes which require licenses for retail sales of e-cigarettes.[39]

Arguments for E-Cigarettes

Proponents of e-cigarettes consider e-cigarettes to be less harmful than traditional tobacco products and believe they increase adult smoking cessation.[40] While it has been established that e-cigarettes contain fewer carcinogenic elements than traditional tobacco cigarettes, the long-term health effects of e-cigarette use are unknown.[41] According to the American Lung Association there are approximately 600 ingredients in cigarettes.[42] When burned, they create more than 7,000 chemicals.[43] At least 69 of these chemicals are known to cause cancer, and many are poisonous.[44] While e-cigarettes may have fewer component chemicals, a study found that the usage of e-cigarettes contributes to indoor air contamination.[45] A 2016 report from the WHO determined that second-hand aerosols from e-cigarettes are a new source of pollution for hazardous particulate matter (PM). The levels of nickel, chromium, and other metals found in second-hand aerosols are higher than ambient air and higher than second-hand tobacco smoke.[46]

1 The greatest appeal of e-cigarettes for smoking cessation is that they deliver nicotine to alleviate
2 nicotine withdrawal symptoms. E-cigarettes evoke the psychological response to cigarette smoking
3 because of its shape and the familiar behavior aspect of smoking.[47] A 2011 survey of 104 e-cigarette
4 users revealed that 66% started using them with the intention to quit smoking and almost all felt that
5 the e-cigarette had helped them to succeed in quitting smoking.[48] Another survey of 3,037 e-cigarette
6 users revealed that 77% of respondents used e-cigarettes to quit smoking or to avoid relapse.[49] None
7 said they used them to reduce consumption of tobacco with no intent to quit smoking.[50] However, the
8 overall effectiveness of e-cigarettes is still in question. In a randomized study, participants given e-
9 cigarettes, nicotine patches and placebo e-cigarettes that lacked nicotine were able to quit smoking at
10 roughly the same rates, with insufficient statistical power to conclude superiority of nicotine e-
11 cigarettes.[51]

12 <u>Consequences of E-Cigarettes</u>
13 Advocates of e-cigarettes contend that e-cigarettes are less risky than traditional tobacco products and
14 can serve as a mode of harm reduction by reducing smoking or serving as a smoking cessation
15 strategy.[52] While there is limited evidence that suggests that adult smokers could benefit from e-cigarette
16 use instead of combustible tobacco products, smokers would need to fully switch to e-cigarettes and
17 stop smoking cigarettes and other tobacco products completely to achieve any meaningful health
18 benefits from e-cigarettes. Experts who serve on the US Preventive Services Task Force have resolved
19 that there is insufficient evidence to recommend e-cigarettes for smoking cessation in adults, including
20 pregnant women. Thus, e-cigarettes are not currently approved by the FDA as an aid to quit smoking.[53]

21 Another major concern is that e-cigarettes appeal to youth by being flavorful, trendy and a convenient
22 accessory.[54] The flavorings being used, such as candy and other sweet flavorings are particularly
23 attractive to younger populations. For this reason, these flavorings are banned in traditional cigarettes.[55]
24 Despite a downturn prior to 2017, e-cigarette use among youth has drastically increased. From 2017 to
25 2018, the percent of middle school students who used e-cigarettes increased 48%, resulting in 570,000
26 middle school students, or 4.9%, who were current e-cigarette users. Among high school students
27 during the same period, current e-cigarette use, defined as use at least one day in the past 30 days,
28 increased by 78%, from 11.7% to 20.8%, the equivalent of 3.05 million high school students using e-
29 cigarettes in 2018. Current e-cigarette users in high school who reported use on 20 days or more in the
30 past 30-day period increased from 20% to 27.7%. During the same timeframe, use of flavored e-
31 cigarettes increased among high school students who currently used e-cigarettes as well. Use of any
32 flavored e-cigarette went up among current users from 60.9% to 67.8%, and menthol use increased
33 from 42.3% to 51.2% among all current e-cigarette users, including consumers of multiple products,
34 and from 21.4% to 38.1% among those using only e-cigarettes. From 2018 to 2019, the number of
35 middle school and high school students who reportedly used e-cigarettes in the past 30 days increased
36 from a total of 3.6 million to 5.4 million youth.[56]

37 In addition to exposure to the carcinogenic and toxic effects of tobacco, smokers become addicted to
38 the nicotine.[57] Nicotine addiction is characterized as a form of drug dependence recognized in the
39 Diagnostic and Statistical Manual of Mental Disorders (DSM-V).[58] E-cigarette cartridges can contain up
40 to 20 times the nicotine of a single cigarette, and the process of vaping lacks the normal cues associated
41 with cigarette completion, such as the butt of the cigarette ending a dose.[59]

42 Conditioning has a secondary role in nicotine addiction. Smokers associate particular cues with the high
43 of smoking, often causing relapse when those seeking to quit smoking are confronted with those cues.[60]
44 E-cigarettes allow quitting smokers to respond to those cues. This poses a risk of overconsumption.
45 The lack of finality to an e-cigarette is determined only by the battery or nicotine cartridge.

Distinguishable from tobacco cigarettes, smokers who have turned to the e-cigarette no longer have the butt of the cigarette as a cue to stop smoking.[61]

E-cigarettes can cause other inadvertent injuries as well. The CDC, the US Food and Drug Administration (FDA), state and local health departments, and other clinical and public health organizations have investigated a national outbreak of e-cigarette, or vaping, product use-associated lung injury (EVALI).[62] EVALI is an inflammatory response in the lungs triggered by inhaled substances. EVALI has been found to vary due to the substantial variety of products and ingredients used. It may present as pneumonia or an inflammatory condition known as fibrinous pneumonitis.[63] As of February 2020, 2,807 hospitalized EVALI cases or deaths were reported to CDC from all 50 states, the District of Columbia, Puerto Rico and U.S. Virgin Islands. Sixty-eight (68) deaths were confirmed in 29 states and the District of Columbia. Vitamin E acetate, an additive in some THC-containing e-cigarette products, was found to be strongly associated with the EVALI outbreak.[64]

Additionally, e-cigarettes are manufactured from metal and ion components that introduce concerns about faulty products and malfunctions.[65] Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries. Lithium-ion batteries have reportedly overheated, caught fire or exploded, an event known as thermal runaway. From 2015 to 2017, an estimated 2,035 e-cigarette explosions and burn injuries presented to hospital emergency departments. Although the explosions are relatively rare, they can cause severe injuries.[66]

CONCLUSION

The AOA supports FDA and state regulation of the ingredients in all electronic cigarette cartridges, requiring ingredient labels and warnings, and eliminating the use of flavors that are banned in traditional cigarettes.

The AOA supports FDA and state regulation prohibiting sales and advertisements of electronic cigarettes to persons under the age of 21. Advertisements for electronic cigarettes should be subject to the same rules and regulations that are enforced on traditional cigarettes.

The AOA further encourages federal, state and local government action to ban the use of electronic cigarette devices in all spaces where traditional cigarettes are currently barred from use.

The AOA promotes tobacco and nicotine cessation treatment, and the use of any such treatment that has been proven safe and effective by the FDA.

The AOA supports research by the FDA and other organizations into the health and safety impact of e-cigarettes and liquid nicotine.

The AOA encourages physicians to ~~**consider the health risks when recommending e-cigarettes to patients, to**~~ educate patients about the risks of e-cigarette use, and to counsel patients to submit voluntary reports to the US Department of Health and Human Services Safety Reporting Portal (www.safetyreporting.hhs.gov) if they sustain adverse reactions to e-cigarettes.

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Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **ADOPTED as AMENDED**

DATE: **October 14, 2020**

SUBJECT: RECOGNIZING HEALTH CARE AS A HUMAN RIGHT

SUBMITTED BY: Michigan Osteopathic Association

REFERRED TO: Committee on Public Affairs

WHEREAS, there are many components that contribute to good health, including the ability to respond to sickness, disease and injury; and

WHEREAS, achieving the goal of living a healthy life is impossible without the ability to access health care; and

WHEREAS, health care should be available to everyone; and

WHEREAS, the lack of available health care is a barrier to opportunity, success and quality of life; and

WHEREAS, Osteopathic physicians and their patients' should not be divided between those who can afford to be healthy and those who cannot; and

WHEREAS, Osteopathic physicians and their patients' should not be divided between those who have hopes and dreams and those whose sickness, disease or injury robs them of their hopes and dreams; and,

WHEREAS, the World Health Organization recognizes "the highest attainable standard of health as a fundamental right of every human being," and "the right to health includes access to timely, acceptable, and affordable health care of appropriate quality [i]," and

WHEREAS, the United States ranks 33th out of 34 countries in the Organization for Economic Co-operation and Development (OECD) in percentage of insured population (with 88.5%), with nearly every other country at > 98% [ii], and

WHEREAS, 25-30 million Americans are still uninsured after implementation of the Affordable Care Act (ACA), and the non-partisan Congressional Budget Office estimates that this number would increase to 48 million, and continue to increase annually, with an ACA repeal [iii]; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) recognizes that health care is a human right for every person [1], not a privilege as an official policy statement to inform and guide ongoing work of the AOA as a tenet of our osteopathic profession.

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7 hope that all physicians and professional societies will "speak with a single voice and say that
8 health care is a basic right for every person, and not a privilege to be available and affordable
9 only for a majority[iv]."

Explanatory Statement: Submitted by Author

Resolution H431 – A/2019 was referred back to the Michigan Osteopathic Association, with a request "for clarity and direction". It has been revised and re-submitted for consideration by the AOA HOD.

Explanatory Statement: Reference Committee

The resolution was referred back to Michigan at the 2019 HOD meeting for "clarity and direction." However, the Committee believes that the resolution does not adequately define "healthcare as a human right" versus "health as a human right" and does not address the legal implications of defining healthcare as a human right.

Background Information: Provided by AOA Staff

Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: **NOT ADOPTED**

DATE: **November 7, 2020**

SUBJECT: RECOGNITION OF HEALTH CARE AS A HUMAN RIGHT

SUBMITTED BY: Michigan Osteopathic Association

REFERRED TO: Committee on Public Affairs

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1 WHEREAS, the World Health Organization recognizes "the highest attainable standard of
2 health as a fundamental right of every human being," and states "the right to health
3 includes access to timely, acceptable, and affordable health care of appropriate quality"[1];
4 and

5 WHEREAS, the United States ranks 33rd out of 34 countries in the Organization for
6 Economic Co-operation and Development (OECD) in percentage of insured
7 population (with 88.5%), with nearly every other country at > 98%[2]; and

8 WHEREAS, 25-30 million Americans are still uninsured after implementation of the
9 Affordable Care Act (ACA), and the non-partisan Congressional Budget Office
10 estimates that this number would increase to 48 million, and continue to increase
11 annually, with an ACA repeal[3]; now, therefore, be it

12 RESOLVED, that the American Osteopathic Association recognizes that health care is a
13 human right for every person[4], not a privilege.

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24 societies will "speak with a single voice and say that health care is a basic right for every person, and
25 not a privilege to be available and affordable only for a majority."

Reference Committee Explanatory Statement:
The committee believes that the resolution, as written, lacks clarity and direction.

ACTION TAKEN **REFERRED** *(to the Michigan Osteopathic Medical Association)*

DATE **July 27, 2019**