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.

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## SPECIAL SESSION OF THE
AOA HOUSE OF DELEGATES

OCTOBER 2020 MEETING
PUBLIC AFFAIRS - RESOLUTION ROSTER
WITH ACTION

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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

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

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

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

The American Osteopathic Association opposes any interference in the physician-patient relationship by persons with financial and business interests regarding a personal injury incident.

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

H401-A/15 OSTEOPATHIC NAME AND IDENTITY

The American Osteopathic Association will advise the Accreditation Council for Graduate Medical Education that MDs who complete osteopathic-recognized residencies should describe themselves as “MDs who have been trained in Osteopathic Manipulative Medicine” and not as 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

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

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

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

The American Osteopathic Association supports the widespread use and high compliance rate of the Health and Human Services National Vaccine Implementation Plan for infants, children, and adults through education of the public using media and marketing tools available to its 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
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRMED.

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

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

The AOA encourages osteopathic physicians consider the vaccination history as an integral part of their patient’s health record and should counsel their patients on appropriate vaccinations for their age and health conditions. Osteopathic physicians should take all reasonable steps to ensure their patients of all ages are fully immunized against vaccine preventable illnesses and make vaccine recommendations to their patients according to the recommendations of the Advisory Committee on Immunization Practices (ACIP) and published in the Morbidity and 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
RESOLVED, that the Bureau of State Government Affairs recommends that the following policy be REAFFIRMED.

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

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

The American Osteopathic Association (AOA) supports legislation at the state level that requires daycare facilities to notify parents (in compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations and state regulations where applicable) that their facility has in its care unvaccinated children who may pose a health risk to high risk populations.

FISCAL IMPACT: $0

ACTION TAKEN: ADOPTED

DATE: October 14, 2020
RESOLVED, that the Bureau on Federal Health Programs and the Bureau on Scientific Affairs recommends that the following policy be REAFFIRMED as AMENDED.

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

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

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

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

H407-A/15 ANTIBIOTIC STEWARDSHIP
The American Osteopathic Association (AOA), supports the five core actions outlined in the National Strategy for Combating Antibiotic-Resistant Bacteria and calls upon osteopathic physicians to adopt the principles of responsible antibiotic use, or antibiotic stewardship, which is a commitment to always use antibiotics only when they are MEDICALLY necessary to treat, and in some cases prevent, disease; to choose the right antibiotics; and to administer 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
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRMED.

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

H408-A/15 VACCINES FOR CHILDREN PROGRAM

The American Osteopathic Association supports the expansion of the Vaccines for Children (VFC) Program to include all Advisory Committee on Immunizations Practices (ACIP) age appropriate vaccines for all underinsured children, in keeping with the original goals of the 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
RESOLVED, that the Bureau of State Government Affairs recommends that the following policy be REAFFIRMED.

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

H409-A/15 SEAT BELT LAWS – PRIMARY ENFORCEMENT

The American Osteopathic Association endorses SUPPORTS the passage of primary enforcement seat belt laws in every state. 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
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRMED.

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

H410-A/15 INTRAUTERINE FETAL DEMISE AWARENESS

The American Osteopathic Association supports increasing public awareness of the risk for intrauterine fetal demise and encourages the director of the National Institutes of Health to 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
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRMED. (Old language is crossed out and new language is in CAPS)

**H411-A/15 ANTIFREEZE POISONING**

The American Osteopathic Association supports the addition of a bittering agent to antifreeze 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
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRMED.

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

H412-A/15 AIRCRAFT EMERGENCY MEDICAL SUPPLIES

The American Osteopathic Association supports the concept that airlines, under the control of the Federal Aviation Administration, maintain a policy for adequately equipping commercial aircraft of greater than 19 seats with at least minimal diagnostic and emergency medical supplies and supports legislation and regulation that any physician providing emergency service while on board aircraft be immune from any liability or legal action. 1984; revised 1989, 1995; reaffirmed 2000, revised 2005, reaffirmed 2010; reaffirmed as amended 2015.
SUBJECT: H413-A/15  ANIMALS IN MEDICAL RESEARCH

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.

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

H413-A/15  ANIMALS IN MEDICAL RESEARCH
The American Osteopathic Association (AOA) supports the use of animals for valid medical research projects and the humane handling and treatment of such animals, and their ready availability from legitimate sources. The AOA supports eventual elimination of the use of animals in medical research as better techniques become available. 1990; reaffirmed 1995; 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

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

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

H415-A/15 CANCER
The American Osteopathic Association recognizes, endorses, and approves the continuing efforts of the National Cancer Institute to develop means to significantly reduce the incidence of cancer and the suffering and death resulting from cancer. THE AOA and will disseminate to the medical community and the public it serves, information gained from osteopathic and other research activities on the applications of the latest advances in cancer prevention, detection, early diagnosis and treatment. 1974; reaffirmed 1980, 1985; revised 1990, 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
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRMED.

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

H416-A/15 CARDIOPULMONARY RESUSCITATION, AND AUTOMATED EXTERNAL DEFIBRILLATOR TRAINING

The American Osteopathic Association strongly supports instruction in cardiopulmonary resuscitation (CPR) AND AUTOMATED EXTERNAL DEFIBRILLATOR (AED) TRAINING to the general public; and encourages member physicians to qualify as instructors in basic life support so as to enable them to teach cardiopulmonary resuscitation AND AED 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
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRM as AMENDED.

H418-A/15 CHILDREN’S SAFETY SEATS


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

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

H419-A/15 DEATH - RIGHT TO DIE END OF LIFE

The AOA believes that the decision to withhold or withdraw treatment from a patient whose prognosis is terminal, or when death is imminent, shall be based upon the wishes of the patient or THEIR family or legal representative if the patient lacks capacity to act on THEIR own behalf as mandated by applicable law. 1979; revised 1984, 1989, 1995, 2000, 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: H420-A/15 ENVIRONMENTAL RESPONSIBILITY--WASTE MATERIALS

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.

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

H420-A/15 ENVIRONMENTAL RESPONSIBILITY--WASTE MATERIALS
The American Osteopathic Association supports the recycling of all recyclables. 1995; revised 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
RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

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

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 COMPRESSED AIR OR GAS, ELECTRICITY, 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.

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

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

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

The American Osteopathic Association supports efforts that require clear identification of any genetically manipulated food products so that consumers may be properly informed as they 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

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

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

H423-A/15 CONDOM USAGE – HEALTH EDUCATION

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

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

H424-A/15 SUPPORT OF LITERACY PROGRAMS


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

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)

H425-A/15 TANNING DEVICES

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
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)

H426-A/15 TOBACCO SETTLEMENT FUNDS


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

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

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

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

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
6. HPV Vaccination

https://www.uptodate.com/contents/human-papillomavirus-vaccination


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


9. FUTURE Trial for HPV Vaccination

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

10. AOA 2019 Policy Compendium


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

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

H430-A/15 DRUGS, CURBING COUNTERFEIT

The American Osteopathic Association supports the Food and Drug Administration’s (FDA) efforts to educate osteopathic physicians on how to identify counterfeit drugs. 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: 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

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

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

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

The American Osteopathic Association supports programs that promote education and understanding of sleep and its impact on health and encourages osteopathic physicians to educate their patients about sleep disorders and the importance of sleep and its impact on 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
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)

H433-A/15 MINORITY HEALTH DISPARITIES

The American Osteopathic Association adopts the following Position Statement on Minority Health Disparities (2005; reaffirmed 2010; 2015):

POSITION STATEMENT ON MINORITY HEALTH DISPARITIES

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

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

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

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

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

The Centers for Disease Control, in conjunction with the U.S. Department of Health and Human Services, created an Office of Minority Health in 1985. Through this collaboration, the 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
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRMED.

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

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

The American Osteopathic Association supports the ban on the manufacture, sale and use of mobile infant walkers; and urges osteopathic physicians to educate parents and other caregivers 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
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRMED.

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

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

The American Osteopathic Association supports the appropriate and evidenced based use of in-vitro fertilization in a manner that promotes the health and safety of both the mother and embryo; and supports the ethical guidelines for the practice of in-vitro fertilization set by the American Society of Reproductive medicine that include, but are not limited to, the appropriate 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
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-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
RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

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

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

The American Osteopathic Association recommends the continued support of any and all constitutionally legal efforts to prevent and respond to future acts of bio-terrorism in the 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

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)

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

The American Osteopathic Association ENCOURAGES will make efforts to educate schools and vending machine suppliers TO INCLUDE the need of healthy choice snacks IN VENDING MACHINES; and supports the limited use of vending machines in schools to 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
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRMED.

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

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

The American Osteopathic Association will create stronger ties with pro-immunization groups within and outside the osteopathic profession; and whenever possible, will assist these pro-immunization groups with appropriate evidence-based information regarding the safety of immunizations and significant positive effects of the proper use of immunizations relative to the overall public safety. 2010; reaffirmed 2015.
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommends that the following policy be REAFFIRMED.

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

H440-A/15 TEXTING WHILE DRIVING

The American Osteopathic Association supports efforts to educate all drivers concerning the dangers of texting and driving and supports efforts to ban the use of texting while driving.

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

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

H442-A/15 SILVER ALERT SYSTEM
The American Osteopathic Association supports the formation of a “Silver Alert” System on a national level to notify communities of missing persons with mental disabilities, particularly 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
RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED as AMENDED.

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

H443-A/15 NATIONAL INSTITUTES OF HEALTH (NIH) - GRANTS

The American Osteopathic Association encourages osteopathic physicians, osteopathic medical schools, and their affiliated institutions to pursue NIH funding for biomedical research; and requests that the NIH include osteopathic medical schools in the overall United States medical school funding reports and also to include a category specific to Osteopathic MANIPULATIVE TREATMENT (OMT) IN THE ESTIMATES OF FUNDING FOR VARIOUS RESEARCH, CONDITION, AND DISEASE CATEGORIES (RCDC) AMONG the Research Condition and Disease Categories reported each year to Congress and the 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

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

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

H444-A/15 SCREENING FOR BREAST CANCER

The American Osteopathic Association recognizes and promotes the importance of the integrity of the patient-physician relationship and recommends that breast cancer clinical preventive screenings and coverage be individualized to the extent possible for every patient. 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

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

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

H445-A/15 GENDER IDENTITY NON-DISCRIMINATION

The American Osteopathic Association supports the provision of adequate and medically necessary treatment for transgender and gender-variant people and opposes discrimination on 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

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

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

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

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

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

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

H448-A/15 SUPPORT FOR FAMILY CAREGIVERS

The American Osteopathic Association, recognizing a growing number of family caregivers have unaddressed needs related to personal health and wellbeing, supports caregivers by participating in the developing public debate regarding health care policy to include family caregivers and encourages its members to gain education in caregiver illnesses, resources in their 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
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
Improving access to mental health services and resources is essential to reducing firearm violence. The AOA 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. Access to mental health services and resources for young adults should be a priority. The early identification of 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

WHEREAS, according to the study published April 2019 by The Proceedings of the National Academies of Sciences, in the U.S., police violence is a leading cause of death for minority populations such as African American, American Indian and Alaskan Natives; with African American males having the highest incidence rate, facing a 1 in 1,000-lifetime risk of being killed during a police encounter, which is 2.5 times higher than their white male counterparts1; and

WHEREAS, deficiencies in internal policies and training2, coupled with lack of adherence to force continuum, requiring officers to prevent excessive force and de-escalate encounters, has created a window to limit the accountability of police force, resulting in increased mortality within already marginalized people of color3,5; and

WHEREAS, the American Public Health Association (AHPA) passed a policy in 2018 acknowledging the current law enforcement system mediates the physical and psychological violence directed against marginalized populations that results in the disproportionate death, injuries and trauma of these marginalized populations, with these law-enforcement related deaths amounting to 54,754 years of life lost2; and

WHEREAS, the AOA approved policy H439-A/16 which states the AOA's support of "the protection of [LGBTQ] individuals from discriminating practices and harassment1; and reaffirmation of the equal rights and protections for all patient populations; and

WHEREAS, an AOA policy that specifically acknowledges gun-violence against marginalized populations would be concordant with the previously approved resolution H630-A/18 resolving that the AOA joins like-minded organizations in the call for congressional legislation that labels gun violence as a national public health issue1; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) acknowledges the disproportionate use of force by law enforcement against African Americans and other 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


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

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

WHEREAS, stigma is a commonly cited reason for not seeking treatment and recovery\(^5\); and

WHEREAS, research shows that stigmatizing language causes clinicians to have more pejorative attitudes and even to recommend punishment instead of treatments for this medical condition\(^6\); and

WHEREAS, the International Society of Addiction Journal Editors recommends against the use of terminology that can stigmatize people with substance abuse disorders\(^7\); and

WHEREAS, the Office of National Drug Control Policy issued a memorandum to the Heads of Executive Departments and Agencies about the importance of changing federal terminology related to substance use disorders\(^8\); and

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

WHEREAS, the AOA has shown a commitment to addressing substance use disorders through outreach, education modules\(^9\), and policy efforts\(^10\);

WHEREAS, the AOA’s 2019 policy compendium contained the word “abuse” in the context of substance use disorders 36 times throughout the written policies, not including language in citations or organizational names such as the National Institute of Drug Abuse – situations in which this word would have been reasonable\(^10\); now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) commit to the use of clinically-accurate, non-stigmatizing, person-first language (“substance use disorder,” “recovery,” “substance misuse,” “positive or negative urine screen,” and “person with a substance use disorder”) and discourage the use of stigmatizing terminology (“substance abuse,” “substance abuser,” “addict,” “alcoholic,” and “clean/dirty”) in future...
publications, resolutions, and educational materials both in print and online; and, be it further

RESOLVED, that the AOA encourages its members and organizational partners to incorporate 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

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

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

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

WHEREAS, healthcare workers may be at a higher risk than the general population for infection to novel public health threats¹; and

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

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

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

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

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

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

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

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

WHEREAS, firearms are the third-leading cause of death due to injury after poisoning and motor vehicle accidents; and

WHEREAS, 109 firearm deaths occur each day due to firearm-related homicides, suicides, and unintentional deaths; and

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

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

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

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

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
2 Id.

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
RES. NO. H447 – October 13, 2020 – Page 1

SUBJECT: FENTANYL TESTING STRIPS

SUBMITTED BY: American Osteopathic Academy of Addiction Medicine

REFERRED TO: Committee on Public Affairs

WHEREAS, the American Osteopathic Association (AOA) has in place a broad policy
1 supporting harm reduction for people who use drugs (PWUD) and/or patients with
2 Substance Use Disorder (SUD); and
3
4 WHEREAS, the AOA makes no specific mention in their harm reduction policy of the benefits
5 of fentanyl testing strips; and
6
7 WHEREAS, fentanyl testing strips have been demonstrated to be an inexpensive and effective
8 method of harm reduction; and
9
10 WHEREAS, fentanyl testing strips are illegal to possess, often under "drug paraphernalia"
11 statues in various states; now, therefore be it
12
13 RESOLVED, that the American Osteopathic Association (AOA) will explicitly support the
14 universal legalization of fentanyl testing strips, both for Public Health initiatives, as well
15 as personal use; and, be it further
16
17 RESOLVED, that the AOA strongly encourage the American Osteopathic Academy of
18 Addiction Medicine (AOAAM) to maintain the above position.
19

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

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

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

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

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

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

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

RESOLVED, that the AOA House of Delegates adopt the attached white paper which includes  
all current AOA policies relating to firearm violence.
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. 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. Firearms are also the third-leading cause of death due to injury after poisoning and motor vehicle accidents. CDC data also shows that 109 firearm deaths occur each day due to firearm-related homicides, suicides, and unintentional deaths. 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.

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

Conclusion

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.
As such, these policies, as well as any future firearm-related policies, should be maintained and taken up 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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ii Id.
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
RESOLVED, that the AOA, with the guidance of the Department of Educational Affairs and any other relevant department(s), develop recommendations for curriculum and submit them to the Commission on Osteopathic College Accreditation (COCA), American Association of Colleges of Osteopathic Medicine (AACOM), National Board of Osteopathic Medical Examiners (NBOME), Accreditation Council for Graduate Medical Education (ACGME), and other educational entities at all levels of osteopathic medical education, including undergraduate, postgraduate, and osteopathic continuing medical education, in order to address healthcare issues related to clinical and social aspects of homelessness and report to the AOA House of Delegates at its 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

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

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

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

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

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

RESOLVED, that the American Osteopathic Association (AOA) supports full legal immunity for these individuals, and urge state and national lawmakers to enact “Good Samaritan” 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
WHEREAS, sunset resolution H-415 - A/2019, titled “BREASTFEEDING WHILE ON METHADONE MAINTENANCE”, was referred to the Bureau on Scientific Affairs and Public Health (BSAPH) to evaluate breastfeeding and other forms of medication assisted treatment (MAT) for opioid addiction, not just methadone; now therefore be it,

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

Breastfeeding While on Medication Assisted Therapy

Introduction

Opioid use among pregnant women is a growing public health concern. In 2014, the Centers for Disease Control and Prevention (CDC) recorded a 333% national increase in opioid use disorder (OUD) among pregnant women, with 6.5 cases of opioid abuse per 1,000 hospital deliveries, compared to 1.5 cases in 1999.1 Opioid use during pregnancy is not uncommon; as many as 1 in 5 pregnant women enrolled in Medicaid filled an opioid prescription during their pregnancy.2 Prenatal opioid exposure has been directly linked to adverse health outcomes for mothers and babies across the nation. These adverse health outcomes include increased maternal mortality and morbidity, poor fetal development, preterm births, still births, birth defects, and increased incidence of Neonatal Abstinence Syndrome (NAS).3

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

Opioid Use Disorder Treatment

Medication Assisted Treatment, or MAT, is defined as the use of medications in combination with counseling and behavioral therapies to treat OUD and aid patients in sustaining their recovery.5 MAT may be utilized with pregnant women to treat opioid use disorder and avoid the severe consequences associated with untreated opioid use disorder or stopping opioid usage too quickly. The U.S. Food and Drug Administration has approved three medications, buprenorphine, methadone, and naltrexone for OUD treatment.6

Naltrexone is the newest therapy approved by the U.S. Food and Drug Administration to treat opioid use disorder in pregnant women. Since it is also the least studied therapy, there is a research gap regarding the safety and effectiveness of naltrexone during pregnancy.6 As a result, MAT for pregnant women commonly entails the use of methadone or buprenorphine with naloxone, in conjunction with coordinated care among behavioral therapists, OB-GYNs, and addiction specialists.7 Both methadone and buprenorphine treatment
are endorsed by the American College of Obstetricians and Gynecologists and the American Society of Addiction Medicine as best practices for addressing opioid use during pregnancy.

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

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

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

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

Breastfeeding

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

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

In spite of these endorsements, less than 25% of mothers exclusively breastfeed for 6 months in the United States. Formula supplementation of breast milk is commonly utilized. Supplementation is reportedly associated with many side effects that can lead to adverse infant and maternal outcomes. Formula 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”.

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. 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. 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.”

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.

**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.

**References:**


5 U.S. Food and Drug Administration. Information about Medication Assisted Treatment – MAT. (2020); Retrieved from https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat


8 Substance Abuse and Mental Health Services Administration. Methadone. (2020); Retrieved From https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone


10 Substance Abuse and Mental Health Services Administration. Buprenorphine. (2019); Retrieved From https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine


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
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

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

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

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

H429 A/14 MINORITIES, UNDERREPRESENTED (URM) – INCREASING NUMBERS OF APPLICANTS, GRADUATES, AND FACULTY AT COLLEGES OF OSTEOPATHIC MEDICINE
The American Osteopathic Association encourages an increase in the total number of URM graduates from colleges of osteopathic medicine by the year 2020 and encourages an increase in the total number of URM faculty by the year 2025. 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.” 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.

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%.

Additionally, according to the most recent AACOM reports titled, “2012-13 Osteopathic Medical College Faculty by Race/Ethnicity” and “2016-17 Osteopathic Medical College Faculty by Race/Ethnicity”, 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.

REFERENCES
1. i.e., Hispanic/Latino ethnicity, Black or African American, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander
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


FISCAL IMPACT: $0

ACTION TAKEN: ADOPTED as AMENDED

DATE: October 14, 2020
RESOLUTION OF E-CIGARETTES AND NICOTINE VAPING

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

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

REGULATION OF E-CIGARETTES AND NICOTINE VAPING

BACKGROUND

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

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

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

The name e-cigarette is an umbrella term that includes any battery-powered device that vaporizes liquid nicotine for delivery via inhalation. These devices are most commonly referred to as electronic cigarettes, e-cigarettes, e-cigs, vaping, vape pens, vape pipes, hookah pens, e-hookahs, but could potentially be referred to by other terms. Since its 2007 introduction in the United States, the e-cigarette market has grown to include more than 460 brands. E-cigarettes are a 2.5 billion dollar business in the United States. The attraction to e-cigarettes crosses many segments of the population, appealing to tobacco cigarette smokers trying to quit as well as non-smokers who want to try nicotine without the harmful additives. Though some states and municipalities have started to ban e-cigarettes, tobacco cigarette smokers can use e-cigarettes as a source of nicotine in some venues where conventional cigarettes are banned.
Costs associated with smoking-related illnesses continue to escalate. In 2014, smoking-related illness costs in the United States were more than $300 billion each year, including approximately $170 billion for direct medical care for adults, and more than $156 billion in lost productivity. Nearly $5.6 billion of the lost productivity cost was due to secondhand smoke exposure.13

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

ANALYSIS

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

The Composition of E-Cigarettes

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

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

Federal Efforts to Regulate

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

The rule established restrictions on youth access to newly regulated tobacco products by: (1) banning 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
The greatest appeal of e-cigarettes for smoking cessation is that they deliver nicotine to alleviate nicotine withdrawal symptoms. E-cigarettes evoke the psychological response to cigarette smoking because of its shape and the familiar behavior aspect of smoking. A 2011 survey of 104 e-cigarette users revealed that 66% started using them with the intention to quit smoking and almost all felt that the e-cigarette had helped them to succeed in quitting smoking. Another survey of 3,037 e-cigarette users revealed that 77% of respondents used e-cigarettes to quit smoking or to avoid relapse. None said they used them to reduce consumption of tobacco with no intent to quit smoking. However, the overall effectiveness of e-cigarettes is still in question. In a randomized study, participants given e-cigarettes, nicotine patches and placebo e-cigarettes that lacked nicotine were able to quit smoking at roughly the same rates, with insufficient statistical power to conclude superiority of nicotine e-cigarettes.

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

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

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

Conditioning has a secondary role in nicotine addiction. Smokers associate particular cues with the high of smoking, often causing relapse when those seeking to quit smoking are confronted with those cues. E-cigarettes allow quitting smokers to respond to those cues. This poses a risk of overconsumption. 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.

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). 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. 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.

Additionally, e-cigarettes are manufactured from metal and ion components that introduce concerns about faulty products and malfunctions. 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.

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.

REFERENCES
2. Tobacco free initiative: tobacco facts, WHO available at https://www.who.int/news-room/fact-sheets/detail/tobacco
3. Available at https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm#diseases
5. Id. at 330.
7. Id.
12. Id. at 331.
20. Id. at 353.
23. Id.
32. Jordan Paradise at 374.
36. Bach, Laura supra.
37. Id.
38. Id.

41. Dan Radel, supra quoting Robert Lahita, Chair of Medicine at New Beth Israel Medical Center.


43. Id.

44. Id.

45. Schober et al, Use of Electronic Cigarettes (E-Cigarettes) Impairs Indoor Air Quality and Increases FeNO Levels of E-Cigarette Consumers, International Journal of Hygiene Environment and Health.


47. Michael B. Siegal et. al., Electronic Cigarettes as a Smoking-Cessation Tool: Results from an online Study, 40 Am. J. Preventive Med. 472, 474 (2011).


49. Id.

50. Id.


52. Jordan Paradise at 329.


54. Jordan Paradise at 329.

55. Bridget M. Kuehn, supra.

56. Available at https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html#what-are-e-cigarettes


59. Jordan Paradise at 335.

60. Neal L. Benowitz, supra.

61. Jordan Paradise at 359.

62. Available at https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#overview

63. EVALI: New information on vaping-induced lung injury; Available at https://www.health.harvard.edu/blog/evali-new-information-on-vaping-induced-lung-injury-2020040319359

64. Available at https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#overview

65. Id. at 335.


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
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,” 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% , 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 ; now, therefore be it
RESOLVED, that the American Osteopathic Association (AOA) recognizes that health care is a human right for every person , not a privilege as an official policy statement to inform and guide ongoing work of the AOA as a tenet of our osteopathic profession.

References:


1 Journal of the American Medical Association (JAMA), the editor-in-chief of JAMA voiced a hope that all physicians and professional societies will “speak with a single voice and say that health care is a basic right for every person, and not a privilege to be available and affordable only for a majority.”

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

WHEREAS, the World Health Organization recognizes “the highest attainable standard of health as a fundamental right of every human being,” and states “the right to health includes access to timely, acceptable, and affordable health care of appropriate quality”; and

WHEREAS, the United States ranks 33rd 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%; 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; now, therefore, be it

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

References:
4. Bauchner, H. “Health Care in the United States: A Right or a Privilege.” JAMA. 2017; 317(1):29. http://jamanetwork.com/journals/jama/fullarticle/2595503 - Journal of the American Medical Association (JAMA), the editor-in-chief of JAMA voiced a hope that all physicians and professional societies will “speak with a single voice and say that health care is a basic right for every person, and 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