

Reference Committee E (science and technology)

YPS HOD Handbook Review Committee: Don Lee, MD, MPH, Chair; Anu Gupta, MD; and Brigitta Robinson, MD

Note: The text of all resolutions and reports can be viewed at <http://www.ama-assn.org/ama/pub/category/18590.html>.

HOD resolution/report	Action requested	Recommended AMA-YPS position	Final AMA-HOD action
<p>BOT Report 1: Communication Between Hospitals and Primary Care Referring Physicians (Resolution 532, A-07)</p>	<p>1. That our American Medical Association (AMA) advocate for continued Physician Consortium for Performance Improvement® (PCPI) participation in the American College of Physicians (ACP), the Society of General Internal Medicine (SGIM), and the Society of Hospital Medicine (SHM) work to develop principles and standards for care transitions that occur between the inpatient and outpatient settings. (Directive to Take Action)</p> <p>2. That our AMA reaffirm Policy H-160.942 and advocate for timely and consistent inpatient and outpatient communications to occur among the hospital and hospital-based providers and physicians and the patient’s primary care referring physician; including the physician of record, admitting physician, and physician-to-physician, to decrease gaps that may occur in the coordination of care process and improve quality and patient safety. (Directive to Take Action)</p> <p>3. That our AMA continue its participation with the Health Information Technology Standards Panel (HITSP) and provide input on the standards harmonization and development process. (Directive to Take Action)</p> <p>4. That our AMA continue its participation with The Joint Commission for input in the development of accreditation standards that improve patient safety and quality. (Directive to Take Action)</p> <p>Fiscal Note: \$1,500</p>	<p>MOVED TO REF COM G</p>	
<p>BOT Report 4: Increasing Minority Participation in Clinical Research (Resolution 912, I-07)</p>	<p>The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 912 (I-07), and that the remainder of this report be filed.</p> <p>1. That our American Medical Association advocate that:</p> <p>(a) The Food and Drug Administration (FDA) conduct annual surveillance of clinical trials by gender, race, and ethnicity to determine if proportionate representation of women and minorities is maintained in terms of enrollment and retention. This surveillance effort should be modeled after National Institute of Health guidelines on the inclusion of women and minority populations.</p> <p>(b) The FDA have a page on its web site that details the prevalence of minorities and women in its clinical trials and its efforts to increase their enrollment and participation in this research; and</p> <p>(c) Resources be provided to community level agencies that work with those minorities who are not proportionately represented in clinical trials to address issues of lack of access,</p>	<p>Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/uploader/mm/471/annotatededoc for exact wording</p>

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	<p>distrust, and lack of patient awareness of the benefits of trials in their health care. These minorities include Hispanics, Asians/Pacific Islanders/Native Hawaiians, and Native Americans. (Directive to Take Action)</p> <p>2. That our AMA recommend the following activities to the FDA in order to ensure proportionate representation of minorities in clinical trials:</p> <p>(a) Increased fiscal support for community outreach programs; e.g., culturally relevant community education, community leaders' support, and listening to community's needs;</p> <p>(b) Increased outreach to female physicians to encourage recruitment of female patients in clinical trials;</p> <p>(c) Continued minority physician education on clinical trials, subject recruitment, subject safety, and possible expense reimbursements;</p> <p>(d) Support for the involvement of minority physicians in the development of partnerships between minority communities and research institutions; and</p> <p>(e) Fiscal support for minority recruitment efforts and increasing trial accessibility through transportation, child care, reimbursements, and location. (Directive to Take Action)</p> <p>Fiscal Note: Less than \$500</p>		
<p>BOT Report 7: Direct-to-Consumer Advertising and Provision of Genetic Testing</p>	<p>1. That AMA Directive D-480.987 be amended by insertion and deletion to read as follows:</p> <p>Direct-to-Consumer <u>Marketing and Availability of</u> Genetic Testing</p> <p>Our AMA:</p> <p>(1) recommends that states restrict the performance of clinical and laboratory genetic testing to individuals <u>be carried out</u> under the personal supervision of a qualified health care professional;</p> <p>(2) <u>encourages individuals interested in obtaining genetic testing to contact a qualified healthcare professional for further information;</u></p> <p>(3) will work with all other appropriate relevant organizations to discourage direct-to-consumer genetic testing <u>develop criteria on what constitutes an acceptable advertisement for a direct-to-consumer genetic test;</u></p>	<p>Support</p>	<p>Adopted</p>

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	<p><u>(4) encourages the U.S. Federal Trade Commission, with input from the U.S. Food and Drug Administration and the Centers for Medicare and Medicaid Services, to require that direct-to-consumer advertisements for genetic testing are truthful and not misleading; such advertisements should include all relevant information regarding capabilities and limitations of the tests, and contain a statement referring patients to physicians to obtain further information;</u></p> <p><u>(5) will work to educate and inform physicians regarding the types of genetic tests that are available directly to consumers, including information about the lack of scientific validity associated with some direct-to-consumer genetic tests, so that patients can be appropriately counseled on the potential harms.</u> (Modify Current HOD Directive)</p> <p>2. That AMA Policy H-55.979 be amended by insertion and deletion to read as follows:</p> <p>Genetic Susceptibility Testing for <u>Hereditary Breast and Ovarian Cancers</u></p> <p>Policy of the AMA states:</p> <p>(1) That physicians who feel unprepared to provide comprehensive genetic test counseling should refer candidates for genetic susceptibility testing to specialized care centers with experience and expertise in <u>hereditary cancers genetic susceptibility</u> or to investigators for relevant research, where family history can be confirmed and they can be tested if they so choose.</p> <p>(2) That genetic susceptibility testing, <u>including that marketed directly to consumers</u>, should be provided only in the context of fully informed consent and comprehensive pre- and post-test counseling <u>by a qualified health care professional</u>. (Modify Current HOD Policy)</p> <p>Fiscal Note: \$25,000</p>		
Resolution 501: Anti-aging Medications	<p>RESOLVED, That our American Medical Association Council on Science and Public Health undertake a review of “anti-aging” medications, their efficacy, benefits, and risks, and report back to the House of Delegates. (Directive to Take Action)</p> <p>Fiscal Note: Develop CSAPH report at estimated staff cost of \$4,982.</p>	Monitor/Support	Adopted

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Resolution 502: National Commission on Digestive Diseases	RESOLVED, That our American Medical Association support the findings of the National Commission Digestive Diseases (NCDD) and seek Congressional support for NCDD's research proposals. (New HOD Policy) Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.	Monitor	Not adopted
Resolution 503: Elimination of the 48-Hour Signature Rule	RESOLVED, That our American Medical Association request, from the appropriate agencies of the federal government, data that supports the mandate that verbal orders from a physician be signed within 48 hours of their issue (Directive to Take Action); and be it further RESOLVED, That in the absence of adequate supporting data, our AMA shall request that this requirement be rescinded and publicize in the professional and lay press, our request and its rationale. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.	Active Support	Adopted
Resolution 504: HIV and Public Health Prevention Services	RESOLVED, That our American Medical Association encourage and provide input for the development of public health prevention services to be offered to persons reported with HIV infections, modeled after those provided for other communicable diseases. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Substitute Resolution 504 adopted; see http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatededoc for exact wording
Resolution 505: FDA Drug Safety Policies	RESOLVED, That, as part of reform of US Food and Drug Administration (FDA) drug safety policies, our American Medical Association recommend consideration of the following new provisions: (1) The FDA have the authority to mandate valid analysis of the safety of approved drugs and to require specific timetables for their completion and reporting of results; (2) The FDA also have the authority and resources to conduct an annual review of drug safety for the first 3 years after a drug's approval and again at 7 years; (3) Drug advertisements and labels include a toll-free telephone number and a Web address to assist patients in reporting adverse effects of the drugs they are taking; (4) There be substantial penalties for drug advertising that overstates efficacy or understates adverse effects; (5) The FDA be able to mandate changes to drug labels as new information about safety and efficacy becomes available; and (6) In order to provide safety surveillance, every new drug should have a pharmacovigilance plan at the time of its approval to allow the FDA to monitor reports of adverse drug effects in large databases. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$4,580 to implement.	Monitor	Substitute Resolution 505 adopted; see http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatededoc for exact wording

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Resolution 506: Internet Prescriptions	<p>RESOLVED, That our American Medical Association encourage state and federal law authorities to create a system of tracking Internet prescribing and support such efforts through consultation to ensure the safety of patients and the accountability of the prescribing providers and dispensing pharmacies (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA support strong penalties for physicians, pharmacists, and others who facilitate the inappropriate provision of prescription medication on the Internet. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,365.</p>	Support	Substitute Resolution 506 adopted; see http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatededoc for exact wording
Resolution 507: Pharmaceutical Advertising	<p>RESOLVED, That our American Medical Association cause legislation to be introduced to ban pharmaceutical advertising direct to consumers. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,188.</p>	Monitor	Not adopted
Resolution 508: Pharmaceutical Quality Control for Foreign Medications	<p>RESOLVED, That our American Medical Association call upon Congress to require the US Food and Drug Administration to regularly inspect all foreign drug manufacturers, in order to restore integrity to the drug supply chain, and confidence in the medications physicians prescribe to their patients. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p>	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatededoc for exact wording
Resolution 509: Cancer and Health Care Disparities Among Minority Women	<p>RESOLVED, That our American Medical Association encourage research and funding directed at addressing racial and ethnic disparities in minority women pertaining to cancer screening, diagnosis, and treatment (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA promote cancer education among minority women that uses an appropriate literacy level and culturally sensitive approach. (New HOD Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatededoc for exact wording

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Resolution 510: Systemic Lupus Erythematosus and Its Impact on Minority Health	<p>RESOLVED, That our American Medical Association support legislation to increase funding for biomedical research and educational programs that work toward finding the cause and a cure for lupus (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA collaborate with medical specialty societies and federal organizations, including the Office of Research on Women's Health at the National Institutes of Health, involved with research and educational initiatives pertaining to lupus. (New HOD Policy)</p> <p>Fiscal Note: Implement accordingly at estimated cost of \$1,188.</p>	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatededoc for exact wording
Resolution 511: Racial and Ethnic Disparities in Maternal Mortality	<p>RESOLVED, That our American Medical Association work with other interested organizations, such as the Centers for Disease Control and Prevention, to seek increased public and private funding to support educational efforts to expand awareness of providers, hospitals, and patient organizations about the increasing risk of maternal mortality in the United States, and the importance of preconception care to reduce these risks (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA work with other interested organizations to seek increased public and private funding to study racial disparities in maternal mortality in the United States (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA report back on these efforts at the 2009 Annual Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Develop report at estimated staff cost of \$5,000.</p>	Support	Adopted
Resolution 512: E-Prescribing of Controlled Substances	<p>RESOLVED, That our American Medical Association urge the US Drug Enforcement Administration and the US Congress to adopt e-prescribing for controlled substances. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,000.</p>	Monitor	Recommended for Reaffirmation Consent Calendar
Resolution 513: Oppose "Behind the Counter" Drug Proposal by the US Food and Drug Administration	<p>RESOLVED, That our American Medical Association strongly oppose the US Food and Drug Administration's plan to seek establishment of a new category of "Behind the Counter" drugs. (New HOD Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$4,580 to implement.</p>	Monitor/Support	Current policy reaffirmed

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Resolution 514: Adopting a Definition for Metabolic Syndrome	RESOLVED, That our American Medical Association support the development of a consensus statement defining metabolic syndrome. (New HOD Policy) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Monitor	Not adopted
Resolution 515: Essential Medicines for the Developing World	RESOLVED, That our American Medical Association support universities engaging nontraditional partners, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions, in order to create new opportunities for neglected disease drug development (New HOD Policy); and be it further RESOLVED, That our AMA support the protection of fair access to essential medicines in developing countries. (New HOD Policy) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Monitor/Support	Adopted
Resolution 516: Doctor-Patient Right to Procure Pharmaceuticals in Life Threatening Situations	RESOLVED, That our American Medical Association explore legislation allowing subsets of patients needing urgent intervention, in conjunction with their physicians, to have the right and mechanism to procure and apply innovative pharmaceutical technology that has been proven effective, yet remains delayed, deferred, or rejected by the Food and Drug Administration. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$4,365.	Monitor	Not adopted
Resolution 517: Expiration Dates	RESOLVED, That our American Medical Association study the problem of manufacturers of medical supplies and equipment using different methods to indicate expiration dates on their products, making it difficult for people to know the true expiration date, and report back at the 2009 Annual Meeting of the House of Delegates. (Directive to Take Action) Fiscal Note: Develop CSAPH report at estimated staff cost of \$4,391.	Monitor/Support	Substitute Resolution 517 adopted; see http://www.ama-assn.org/ama1/pub/uploadd/mm/471/annotatededoc for exact wording
Resolution 518: Immunization Access to Parents of High-Risk Infants Younger Than Six Months of Age	RESOLVED, That our American Medical Association endorse the use of the neonatal intensive care unit (NICU) and hospital newborn nursery as practical and legitimate venues for parents and first-person contacts of vulnerable infants (those less than six months of age and/or premature) to obtain vaccines against communicable respiratory pathogens such as influenza and pertussis (New HOD Policy); and be it further	Active Support with Amendment	Adopted as amended using YPS language; see http://www.ama-assn.org/ama1/pub/uploadd/mm/471/annotatededoc for exact wording

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	<p>RESOLVED, That our AMA recommend that hospitals with NICUs and newborn nurseries consider making vaccines against these pathogens, and support local and state governments in efforts to make available vaccinations to parents and first-person contacts of those infants under the hospital's care. (New HOD Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>		
<p>Resolution 519: Extend Phase-Out Period for Proven CFC Inhalers</p>	<p>RESOLVED, That our American Medical Association encourage the US Food and Drug Administration to allow the distribution and sale of the chlorofluorocarbon (CFC) delivery system until the present stock runs out. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$1,859 to implement.</p>	<p>Support</p>	<p>Not adopted</p>
<p>Resolution 520: "Pay for Delay" Arrangements by Pharmaceutical Companies</p>	<p>RESOLVED, That our American Medical Association support the Federal Trade Commission in its efforts to stop "pay for delay" arrangements by pharmaceutical companies. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$1,859 to implement.</p>	<p>Support</p>	<p>Adopted</p>
<p>Resolution 521: Early Recognition and Intervention in Chronic Kidney Disease</p>	<p>RESOLVED, That our American Medical Association Council on Science and Public Health (CSAPH) review the Kidney Early Evaluation Program (KEEP) data for accuracy and review the literature regarding early recognition and intervention of chronic kidney disease (CKD) (Directive to Take Action); and be it further</p> <p>RESOLVED, That this data be reviewed by the Board of Trustees and presented to the House of Delegates at the 2009 Annual Meeting (Directive to Take Action); and be it further</p> <p>RESOLVED, That in the event the CSAPH report confirms early recognition and intervention are supported by the KEEP data and literature review, this report then be presented to the United State Preventative Services Task Force for action and dissemination as accepted guidelines for the screening, diagnosis, and staging of CKD. (Directive to Take Action)</p> <p>Fiscal Note: Develop CSAPH report at estimated staff cost of \$4,552</p>	<p>Support</p>	<p>Substitute Resolution 521 adopted; see http://www.ama-assn.org/ama1/pub/uploadd/mm/471/annotatededoc for exact wording</p>

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Resolution 522: Benefits of Marriage	<p>RESOLVED, That our American Medical Association evaluate existing data concerning same-sex couples and their dependent children and report back to the House of Delegates to determine whether there is evidence of health care disparities for these couples and children because of their exclusion from civil marriage. (Directive to Take Action)</p> <p>Fiscal Note: Develop CSAPH report at estimated staff cost of \$4,987.</p>	Monitor	Adopted with a change in title; see http://www.ama-assn.org/ama1/pub/uploads/mm/471/annotatededoc for exact wording
CSAPH Report 5 Revision of the Lifetime Deferral for Blood Donation of the Men Who Have Sex with Men (MSM) Population			Adopted as amended
CSAPH Report 9: Optimizing Care for Gay Men and Lesbians			Adopted
Resolution 523: MRI Safety and Standardization	<p>RESOLVED, That our American Medical Association continue to promote and fund this successful effort for the next 18 months, convening key industry and specialty providers to adopt this groundbreaking accomplishment (Directive to Take Action); and be it further</p> <p>RESOLVED, That the results of this safety initiative be reported back to the House of Delegates by the 2009 Interim Meeting, or sooner if goals are met prior to the 2009 Annual Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,949.</p>	Monitor/Support	Adopted as amended with a change in title; see http://www.ama-assn.org/ama1/pub/uploads/mm/471/annotatededoc for exact wording
Resolution 524: Phase I Pediatric Vaccine Trials	<p>RESOLVED, That our American Medical Association study the structure of pediatric Phase 1 vaccine trials and offer clinical and ethical guidance to physicians who are asked to enroll patients in such trials. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated cost of \$4,919.</p>	Monitor	Referred

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Resolution 525: Neurobiology of Neuropathic Pain	<p>RESOLVED, That our American Medical Association prepare a report based on current medical scientific literature which addresses the pathophysiology of maldynia as a neurobiological disease (Directive to Take Action); and be it further</p> <p>RESOLVED, That such report address the therapeutic scope of practice for non-pharmacological therapies for maldynia including interventional and non-interventional modalities (Directive to Take Action); and be it further</p> <p>RESOLVED, That this matter be referred to the Council on Science and Public Health for a report back at the 2009 Annual Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,391.</p>	Monitor	Referred
Resolution 526: Appropriate Aspirin Use for Prevention of Heart Disease and Stroke	<p>RESOLVED, That our American Medical Association support: 1) increasing physician awareness and education on the importance of aspirin counseling for the prevention of heart disease and stroke; 2) improving the physician office environment, including use of office staff, for the promotion of appropriate aspirin use; 3) including aspirin use for primary prevention of heart disease and stroke as a performance measure in the Physician Consortium for Performance Improvement®; and 4) including counseling about aspirin use to prevent heart disease and stroke as a covered benefit in public and private insurance plans. (New HOD Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatededoc for exact wording

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Resolution 527: Generic Medications	<p>RESOLVED, That our American Medical Association review and summarize the literature regarding the incidence of adverse clinical consequences attributable to the use of generic medications for adults and children, and render an opinion as to the adequacy of existing research and data as a basis for regulatory and clinical decision-making (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA review US Food and Drug Administration (FDA) mechanisms for the approval of generic medications for adults and children, and evaluate the adequacy of current FDA regulations, especially as it relates to quality assurance mechanisms and consistency with bioequivalence (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA develop appropriate recommendations, including specific actions to be taken, to ensure patient safety with respect to the use of generic medications by adults and children. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated cost of \$4,952.</p>	Monitor	Substitute Resolution 527 adopted; see http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatededoc for exact wording
Resolution 528: Quality Control of Generic Medications and Active Pharmaceutical Ingredients	<p>RESOLVED, That our American Medical Association draft, and seek to have introduced, legislation requiring studies of bioavailability for generic medications including those manufactured in foreign plants (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA draft, and seek to have introduced, legislation requiring foreign plants to pass an US Food and Drug Administration (FDA) inspection before medications and active pharmaceutical ingredients could be sold in the US (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA draft, and seek to have introduced, legislation requiring country-of-origin labeling of medications sold to patients. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,365.</p>	Monitor/Support	Current policy reaffirmed

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<p>Resolution 529: Eliminating the Barriers to Surviving Acute Myocardial Infarction</p>	<p>RESOLVED, That our American Medical Association work with relevant societies such as the American Heart Association, American College of Cardiology, Society for Cardiovascular Angiography and Interventions, and the American College of Emergency Physicians, to conduct a thorough analysis of the geographic, economic and political barriers to optimal care for the ST-elevation myocardial infarction (STEMI) patient, e.g., the current environment, existing literature, the costs of ambulance ECG hardware, training and transmission; political issues of reimbursing one county for care provided to patients from another county or state, and the financial issues of shifting patients to centers that can perform preferred treatment algorithms (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA develop model legislation that would draw upon the successes of existing programs and the data garnered from a comprehensive environmental analysis, to identify workable solutions to breaking down the geographic, economic and political barriers to optimal care for the STEMI patient that currently exist. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$8,700.</p>	<p>Monitor</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatedede.doc for exact wording</p>