RESOLUTION 17-201

(Referred to Reference Committee B)

Subject: Stop the Bleed Public Educational Campaign

Introduced by: Timothy D. Pelkowski, MD on behalf of Erie County Medical Society

Author: Timothy D. Pelkowski, MD, President, Erie County Medical Society

WHEREAS, a growing public health concern throughout the United States has been that of active shooter incidents, defined as an individual actively engaged in killing or attempting to kill people in a confined and populated area, and

WHEREAS, these incidents have been increasing in frequency, and

WHEREAS, these incidents have no boundaries and have occurred in small and large towns, in urban and rural areas, and have occurred in the majority of the states, and

WHEREAS, these incidents have produced victims that have been young and old, male and female, family members, and people of all races, cultures, and religions, and

WHEREAS, the American College of Surgeons along with experts from various medical groups, the military, the National Security Council, Homeland Security, the FBI, law enforcement, fire rescue, and emergency medical services has developed the Hartford Consensus to review strategies to prevent deaths from these incidents, and

WHEREAS, it has been determined that a large number of deaths from these incidents have been due to uncontrolled hemorrhage, and

WHEREAS, we are a nation of individuals that will respond to volunteer and help those in need and recognizing that time is a critical factor for victims who have massive bleeding, and

WHEREAS, the Hartford Consensus has developed a national public educational campaign entitled “Stop the Bleed” to educate professional first responders and the public to help address this issue with the goal of decreasing deaths from uncontrolled hemorrhage, and

WHEREAS, it is important that all physicians in the Commonwealth of Pennsylvania be aware of this program and be available to assist in educating their local communities on this public skill, be it therefore

RESOLVED, that the Pennsylvania Medical Society support the American College of Surgeons’ national public educational campaign entitled “Stop the Bleed” and encourage all physicians within the Commonwealth of Pennsylvania to promote this education for the health of all patients.

Fiscal Note: $0

Relevance to Strategic Plan

201
RESOLUTION 17-202

(Referred to Reference Committee B)

Subject: Promote Teen Health Week

Introduced by: Joyann Kroser, MD, Delaware County Medical Society

Author: Laura Offutt, MD, Delaware County Medical Society

WHEREAS, the rapid physical and emotional growth of teenaged youth differentiates from the needs of younger children and adults and may include unhealthy choices with relationships, diet, exercise, self-harm, substance use, violence, and lack of access to preventative and oral care; and

WHEREAS, health behaviors resulting in illness later in life often start in the teen years and may be occurring because teenaged youth have not been engaged in positive activities to help them make better health choices; and

WHEREAS, Teen Health Week, which began in the Commonwealth of Pennsylvania as a joint initiative of Real Talk with Dr. Offutt, LLC, the Pennsylvania Department of Health, and the College of Physicians of Philadelphia; and

WHEREAS, this 3rd Annual Teen Health Week (March 18, March 24, 2017) has expanded to an Annual Global initiative occurring in the 3rd full week of March yearly, to raise awareness of the unique health issues facing teens all over the world as organized by Laura Offutt, MD as a joint program with Real Talk With Dr. Offutt and the College of Physicians of Philadelphia; and

WHEREAS, Teen Health Week Toolkits will be made available to assist schools and other groups who wish to promote active teen involvement in this observance; and

WHEREAS, plans for the 2018 Teen Health Week include an emphasis on violence prevention; preventative care and vaccines; healthy diet and exercise; mental health; sexual development and health; substance use and abuse; and oral health; therefore, be it

RESOLVED, that the Pennsylvania Medical Society actively promote Teen Health Week and encourage its component county and specialty associations to also work with their local schools to adopt Teen Health Week.

Fiscal Note: $

Relevance to Strategic Plan

202
RESOLUTION 17-203

(Referred to Reference Committee B)

Subject: Promoting Medication-Assisted Treatment for Substance Abuse Disorders

Introduced by: Aviva Fohrer, MD, Delaware County Medical Society

Authors: Board of Directors, Delaware County Medical Society

WHEREAS, a combination of medication and psychosocial support (such as counseling and evidence-based behavioral therapy) is a safe and evidence-based intervention, effective in treating alcohol and opioid dependency; and

WHEREAS, expanding access to medication-assisted treatment (MAT) for opioid use disorders is a central element of the HHS Secretary’s Opioid Initiative; and

WHEREAS, many people who have a substance use disorder are not aware of, or do not have access to, MAT to aid in their recovery; and

WHEREAS, the opioid overdose crisis has reached epidemic proportions in Pennsylvania and throughout the United States; and

WHEREAS, primary care physicians and many specialists can play an important role in helping patients with a substance use disorder engage in treatment if they are better aware of the resources for these patients in their communities; therefore, be it

RESOLVED, that the Pennsylvania Medical Society coordinate public and professional education campaigns and programs to promote more widespread use of the safe and effective medication-assisted treatments in coordination with counseling and evidence-based therapies which are available; and be it further

RESOLVED, that the Pennsylvania Medical Society coordinate and promote training programs for Pennsylvania physicians to become Medication-Assisted Treatment providers.

Fiscal Note: $0

Relevance to Strategic Plan

203
RESOLUTION 17-204

(Referred to Reference Committee B)

Subject: Equal Access to Abortion Coverage in Health Insurance

Introduced by: Jarett Beaudoin, MS, Sidney Kimmel Medical College, Philadelphia County Medical Society

Authors: Rachel Thomas, MPH, and Jarett Beaudoin, MS, Sidney Kimmel Medical College, Philadelphia County Medical Society

WHEREAS, reproductive health is a critical component of women's overall health, and women need access to safe, affordable, and comprehensive reproductive health care throughout their lives, including screening for cancer and sexually transmitted infections, contraceptive services, abortion care, prenatal care, and labor and delivery services; and

WHEREAS, a woman's freedom to make reproductive decisions is vital to her safety, well-being, economic opportunity, and ability to participate equally in society; however, more than 16% of women of reproductive age (611,000) in Pennsylvania, enrolled in Medicaid, are denied coverage for comprehensive pregnancy-related care that includes abortion care, because of bans on such coverage imposed by federal and state lawmakers; and

WHEREAS, many women in Pennsylvania, including state and federal employees, Peace Corps members, beneficiaries of Indian Health Services and military insurance programs, obtain insurance coverage through other public insurance programs that also include restrictions on coverage for abortion; and

WHEREAS, the United States Supreme Court since 1973 has ruled that a woman's ability to make her own personal medical decisions about when or whether to have children is a protected Constitutional right; and

WHEREAS, notwithstanding these Constitutionally-protected rights to safe and affordable abortions, severe restrictions in the Hyde Amendment, passed by Congress on September 30, 1976, have impeded the ability of low-income women enrolled in the Medicaid health insurance program from accessing this medical procedure; and

WHEREAS, Pennsylvania law currently imposes limitations on insurance coverage of abortion in the state Medicaid program; and

WHEREAS, Pennsylvania's longstanding commitment to gender equality in its Human Relations Act 34 OF 1997, 43 P.S. §§ 951-963, means that denial or limitation of essential reproductive healthcare services to women constitutes gender discrimination; and

WHEREAS, laws that restrict insurance coverage of abortion create unjust obstacles to quality health care and the harm falls hardest on low-income women, women of color, and young women; and

WHEREAS, a woman who wants to get an abortion but is denied is more likely to fall into poverty than one who can get an abortion. This is particularly significant in Pennsylvania where Census data has found that over 14.2% of women 18-64 years old live underneath the poverty line; and

WHEREAS, the government, by partially or fully subsidizing health insurance and health care services for individuals who meet certain eligibility criteria, recognizes that health care is essential to protect an individual's ability to fully participate in her family, community, and society; and
WHEREAS, health insurance, whether private or government-funded, should cover the full range of a woman's options when she is facing an unintended pregnancy so that she is able to, without interference, make a decision she deems best for her and her family; therefore, be it

RESOLVED, that the Pennsylvania Medical Society call on the Pennsylvania General Assembly to provide abortion coverage in public insurance programs in Pennsylvania and lift the ban on such coverage in private insurance plans sold through the Pennsylvania Health Insurance Exchange; and, be it further

RESOLVED, that the Pennsylvania Medical Society call on Governor Wolf to actively support these and all other measures to insure and protect the rights of women everywhere to have unhindered access to safe and comprehensive health care.

Fiscal Note: $

Relevance to Strategic Plan

204
RESOLUTION 17-205
(Referred to Reference Committee B)

Subject: Support for VA Health Services for Women Veterans

Introduced by: Gillian Naro, Penn State College of Medicine, on behalf of the Medical Students Section

Authors: Daniel Kim, Gillian Naro, and John Muller, Penn State College of Medicine

WHEREAS, the active component of the Armed Forces is now 14 percent female and the reserve component is 18 percent female who, as they transition into veteran status, are now making up the fastest growing cohort within the veteran community1; and

WHEREAS, by 2020, women will comprise nearly 11% of the total veteran population1,2; and

WHEREAS, over the last decade alone, the number of women veterans using Veteran Affairs (VA) health care has nearly doubled1-2; and

WHEREAS, the National Survey of Women Veterans reports that about 40% of women veterans who served in the recent conflicts in Iraq and Afghanistan incorrectly believe that only those with service-connected disability are eligible for VA health care2; and

WHEREAS, a 2014 membership survey of Iraq and Afghanistan Veterans of America (IAVA) found that only 58% of women veterans reported being contacted by the Veteran’s Affairs health care or seeing VA advertisements about women’s eligibility for VA services and benefits3; and

WHEREAS, cross-sectional analysis of data provided by 286 female veterans of Operation Iraqi Freedom and/or Operation Enduring Freedom found that 76% of women veterans who were prescribed drugs by VA health care providers had not been warned about risks of medication-induced birth defects4; and

WHEREAS, the Study of Barriers for Women Veterans to VA Health Care Final Report published by the VA found that 19% of women veterans who utilize VA health care services reported avoiding the VA because of past sexual trauma, citing the historically male dominated culture and patient base in VA facilities as a factor5,6; and

WHEREAS, only 30% of facilities provided Substance Use Disorder (SUD) women specific groups, and only 14% provided women specific SUD-Posttraumatic Stress Disorder groups7; and

WHEREAS, women veterans with a history of military sexual assault and/or posttraumatic stress symptomatology perceive that they are not receiving the same quality of care as male veterans4,8; and

WHEREAS, only 58% of VA sites offer gynecological services and, of those, only 25% offer infertility treatment8,10; and

WHEREAS, in a study of women veterans who reported using the VA system, 72% indicate that they do not utilize the nearest VA facility for primary care, with the most common reason being “the women’s services I need are not available [at the facility]”11; therefore, be it
RESOLVED, that the Pennsylvania Medical Society (PAMED) recognize the disparity in access to care for women veterans; and, be it further

RESOLVED, that PAMED encourage research to address this population’s specific needs to improve patient outcomes; and, be it further

RESOLVED, that the Pennsylvania Delegation to the American Medical Association present this resolution to the upcoming interim meeting of the AMA (I-2017) for national adoption.

Fiscal Note: $0

Relevance to Strategic Plan

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References:
2. Friedman SA, Phibbs CS, Schmitt SK, Hayes PM, Herrera L, Frayne SM, New Women Veterans in the VHA: A Longitudinal Profile, Womens Health Issues. 2011
RESOLUTION 17-206

(Referred to Reference Committee B)

Subject: Baby Boxes as a Safe Sleeping Space for Infants in PA

Introduced by: Gillian Naro, Penn State College of Medicine, on behalf of the Medical Students Section

Authors: Daniel Kim and Gillian Naro, Penn State College of Medicine

WHEREAS, the 2016 CIA World Factbook estimates that in the United States, 5.8 per every 1,000 infants die per year; and

WHEREAS, there were approximately 3,700 cases of sudden unexpected infant deaths (SUID) in the United States in 2015, of which 25% were due to accidental strangulation or suffocation in bed; and

WHEREAS, the rate of SUID due to accidental strangulation or suffocation has been rising since 1997 to a peak of 23.1 deaths per 100,000 live births in 2015; and

WHEREAS, 93% of SUID in New Jersey in 2016 were related to sleep and sleep environments; and

WHEREAS, The “Safe to Sleep” educational campaign is credited with decreasing rates of prone infant sleeping leading to reductions in mortality rates from SIDS/SUID, but these decreases have plateaued in the past decade; and

WHEREAS, infants younger than three months of age are significantly more likely to die of causes associated with bed sharing than other sleep-associated suffocations such as lying prone on a blanket or stuffed animal; and

WHEREAS, the rate of bed sharing from 1993 to 2010 has doubled, and co-sleeping increases the risk of infant death through suffocation; and

WHEREAS, infant bed-sharing is increased among infants with no identifiable place to sleep; and

WHEREAS, racial, socioeconomic, and geographic disparities exist in the rates of infant death. Hispanic and Black individuals display higher rates of co-sleeping, and higher rates of infant death; and

WHEREAS, The American Academy of Pediatrics (AAP) recommends focusing on a safe sleep environment as the primary way to reduce the risk of all sleep-related infant deaths, including SIDS; and

WHEREAS, the AAP recommends that infants sleep in the supine position and independently on an uncluttered flat surface; and

WHEREAS, baby boxes fulfill the AAP recommendation that infants sleep “on an uncluttered flat surface” and “in the parents’ room, close to the parents’ bed, but on a separate surface designed for infants, ideally for the first year of life, but at least for the first 6 months; and

WHEREAS, baby box programs are beginning to be developed in the United States with the first implementation by New Jersey which involves the provision by the state of a baby box, free of charge upon completion of a 20-minute caretaker educational program; and
WHEREAS, baby boxes are equipped with education materials on safe newborn care as well as supplies such as bottles, onesies, thermometers, and clothes; and

WHEREAS, baby boxes are proven to decrease the number of incidences of an infant’s head being covered during the night, therefore reducing the risk of suffocation; and

WHEREAS, when provided the education, bed-sharing is decreased and mothers are more likely to use a baby box as a sleeping place for their infants; and

WHEREAS, the American Academy of Pediatrics has voiced concerns over a lack of safety research and “insufficient data on the role cardboard boxes play in reducing infant mortality”; and

WHEREAS, a national program may be difficult to implement by the federal government due to the individual state’s needs due to the variation in demographics, cultural values, and other factors such as climate; therefore, be it

RESOLVED, that PAMED encourage the research of baby box safety, efficacy, and methods of implementation as a potential initiative to decrease the incidence of Sudden Unexpected Infant Death in Pennsylvania; and, be it further

Alternate --- RESOLVED, that PAMED advocate for the use of baby boxes in settings that provide obstetrical services to decrease the incidence of Sudden Unexpected Death in Pennsylvania; and, be it further

Alternate --- RESOLVED, that PAMED collaborate with health insurance companies to include baby boxes as a covered health benefit; and, be it further

RESOLVED, that PAMED, based on favorable research, support the implantation of a statewide initiative utilizing baby boxes and education on safe sleeping conditions for infants; and, be it further

Alternate ---- RESOLVED, that with the adoption of baby boxes that the Commonwealth of Pennsylvania study the effectiveness of this initiative on the incidence of Sudden Unexpected Death in Pennsylvania; and, be it further

RESOLVED, that the Pennsylvania Delegation to the American Medical Association present this resolution to the upcoming interim meeting of the AMA (I-2017) for national adoption.

Fiscal Note:

Relevance to Strategic Plan

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References:


RELEVANT AMA AND AMA-MSS POLICY:

AMA-MSS Policy:

245.003MSS Sudden Infant Death Syndrome
AMA-MSS will ask the AMA to encourage the education of parents, physicians, and all other health care professionals involved in newborn care regarding methods to eliminate known SIDS risk factors, such as prone sleeping, soft bedding, and parental smoking.

245.012MSS Continuing the Fight to Lower Infant Mortality in the United States
AMA-MSS supports the reduction of the rate of infant mortality in the United States through the promotion of access to prenatal and infant care, education on healthy choices to reduce risks, and research on how to best reduce infant mortality. AMA-MSS will communicate to the AMA Health Disparities Initiative the importance of reducing infant mortality in the United States, and specifically where this problem manifests as racial or ethnic disparities in health indicators.

AMA Policy:

H-245.986 Infant Mortality in the United States
It is the policy of the AMA: (1) to work with the World Health Organization toward the development of standardized international methodology for collecting infant mortality data, which will include collecting information regarding racial/ethnic background in order to document the needs of infants, children, and adolescents of subpopulations of society, and will improve the basis on which international comparisons are made; (2) to continue to work to increase public awareness of the flaws in comparisons of infant mortality data between countries, as well as of the problems that contribute to infant mortality in the United States; (3) to continue to address the problems that contribute to infant mortality within its ongoing health of the public activities. In particular, the special needs of adolescents and the problem of teen pregnancy should continue to be addressed by the adolescent health initiative; and (4) to be particularly aware of the special health access needs of pregnant women and infants, especially racial and ethnic minority group populations, in its advocacy on behalf of its patients.

D-245.994 Infant Mortality
1. Our AMA will work with appropriate agencies and organizations towards reducing infant mortality by providing information on safe sleep positions and preterm birth risk factors to physicians, other health professionals, parents, and child care givers.
2. Our AMA will work with Congress and the Department of Health and Human Services to improve maternal outcomes through: (a) maternal/infant health research at the NIH to reduce the prevalence of premature births and to focus on obesity research, treatment and prevention; (b) maternal/infant health research and surveillance at the CDC to assist states in setting up maternal mortality reviews; modernize state birth and death records systems to the 2003-recommended guidelines; and improve the Safe Motherhood Program; (c) maternal/infant health programs at HRSA to improve the Maternal Child Health Block grant; (d) comparative effectiveness research into the interventions for preterm birth;
(e) disparities research into maternal outcomes, preterm birth and pregnancy-related depression; and
(f) the development, testing and implementation of quality improvement measures and initiatives.

H-245.977 Sudden Infant Death Syndrome
1. The AMA encourages the education of parents, physicians and all other health care professionals
   involved in newborn care regarding methods to eliminate known Sudden Infant Death Syndrome (SIDS)
   risk factors, such as prone sleeping, soft bedding and parental smoking.
2. Our AMA will advocate for the appropriate labeling of all infant sleep products, not in compliance
   with the Safe Infant Sleeping Environment Guidelines, as adopted by the AAP, to adequately warn
   consumers of the risks of product use and prevent sudden unexpected infant death.
3. Our AMA encourages consumers to avoid commercial devices marketed to reduce the risk of SIDS,
   including: wedges, positioners, special mattresses, and special sleep surfaces.
4. Our AMA encourages media and manufacturers to follow safe-sleep guidelines in their messaging and
   advertising.

H-245.998 Infant Mortality Statistics
The AMA (1) requests that all countries use a standard form of reporting births in their country and the
deaths that result per 1,000 live births based on rules and regulations set up by the World Health
Organization; and (2) supports publicizing that the medical profession is vitally concerned with infant
mortality rates and pledges to continue its efforts to decrease the infant mortality rates in the US to the
lowest rate possible.