

2016 CMA Resolutions from 2nd, 3rd, and 4th Quarters* of Interest to CAPM
as Approved by Council on Science and Public Health (CSPH)
or Other Assigned Councils, and by Board of Trustees (BOT) if so noted
Ronald P. Hattis, CAPM Delegate, draft 9/20/16

Resolution 101-16, Reducing Gun Violence (CAPM position: Support; amended by CSPH; approved by BOT 4/21/16)

RESOLVED: That CMA reaffirm policy that gun violence is a public health issue that threatens the safety of our communities; and be it further

RESOLVED: That CMA support banning the possession of ammunition storage and feeding devices with capacity to accept more than ten rounds, also known as large capacity magazines.

Resolution 102-16, Changing Public Policy to Assist Obesity Goals (CAPM position: Support; amended by CSPH; approved by BOT 4/21/16)

RESOLVED: That CMA support limiting the consumption of foods and beverages that contain added sweeteners, including but not limited to, ending corn subsidies for the production of high fructose corn syrup; and be it further;

RESOLVED: That this matter be referred for national action.

Resolution 103-16, Advocacy for Voluntary News Media Standards on Coverage of Mass Shootings (CAPM position: Support; amended by CSPH; approved by BOT 4/21/16)

RESOLVED: That CMA supports limiting sensationalism and lurid news media coverage of certain violent events.

Resolution 106 (and 108)-16, CMA White Paper on Gun Violence (CAPM position: Support; amended by CSPH; approved by BOT 4/21/16)

RESOLVED: That CMA support the establishment of an expert panel (such as a technical advisory committee or an existing CMA council or committee) to perform a comprehensive review of the physician's role in prevention of gun violence; and be it further

RESOLVED: That CMA support the creation of a white paper on the physician's role in prevention of gun violence, which may include firearm safety, prevention and public health, access and relationship to mental health care, firearm research and education.

*There were no resolutions relating to prevention or public health in the first quarter

Resolution 105-16, Promoting Tobacco Cessation Among Incarcerated Individuals (CAPM position: Oppose (moot because all jails and prisons are smoke-free); Opposed by CSPH)

Resolution 106-16, Developing a CMA White Paper on Gun Violence (CAPM position: Support)

Resolution 108-16, Physician Role in Responsible Gun Sale and Ownership (CAPM position: Support)

(Substitute, combined resolution approved by CSPH; approved by BOT 4/21/16)

RESOLVED: That CMA support the establishment of an expert panel (such as a technical advisory committee or an existing CMA council or committee) to perform a comprehensive review of the physician's role in prevention of gun violence; and be it further

RESOLVED: That CMA support the creation of a white paper on the physician's role in prevention of gun violence, which may include firearm safety, prevention and public health, access and relationship to mental health care, firearm research and education.

Resolution 107-16, Universal PrEP Access (CAPM position: Support with amendment; amended by CSPH; approved by BOT 4/21/16)

RESOLVED: That CMA support access, at no or low cost to patients, to comprehensive pre-exposure prophylaxis (PrEP) service programs; and

RESOLVED: That CMA collaborate with the State Office of AIDS and other stakeholders, to assist with implementation and evaluation of programs that reach out to, initiate, and maintain access to pre-exposure prophylaxis (PrEP) service programs among high-risk groups.

Resolution 109-16, Take Action on Climate Change (CAPM position: Support; amended by CSPH; approved by BOT 7/2016)

RESOLVED: That the California Medical Association recognizes that climate change threatens the health and well-being of the patients served by California's physicians, and be it further Resolved: That the California Medical Association support efforts to educate patients and the medical community regarding the potential adverse health effects of global climate change, and be it be further

RESOLVED: That the California Medical Association encourage health care institutions to review and improve their carbon footprint and that of their supply chain and also encourage them to prepare for climate impacts, and it be further

RESOLVED: That the California Medical Association support efforts to communicate with our local state and national legislators about the need to take action to adapt to and mitigate the effects of climate change.

Resolution 111-16, Opioid Overdose Antidote Naloxone in Schools (CAPM position: Watch; amended by CSPH)

RESOLVED: That CMA supports the provision of an emergency opioid antagonist, such as naloxone, to trained personnel to administer in the event of an opioid overdose in a school setting, provided schools are able to voluntarily determine participation based upon need and there are appropriate liability protections in state law for physicians writing prescriptions for use by schools.

Resolution 112-16, Enforcing a Tobacco-Free Environment at Substance Use Disorder Treatment Facilities (CAPM position: Support with amendment; amended by CSPH)

RESOLVED: That CMA recommends having all California substance use disorder treatment facilities and their grounds, whether residential or ambulatory, private or public-sectored, be tobacco-free and provide comprehensive evidence-based tobacco cessation treatment services for staff and clients.

RESOLUTIONS REVIEWED BY OTHER COUNCILS

Resolution 207, on emergency treatment of employee injuries, was deferred to first quarter 2017 (CAPM position: Support).

Resolution 208-15, Formulary Inclusion of Naloxone for Treatment of Opioid Overdose (CAPM position: Support; amended by Council on Medical Services)

RESOLVED: That CMA reaffirm HOD Policy 401a-00;** and be it further

RESOLVED: That CMA support the inclusion of all forms of naloxone on drug formularies at the lowest cost-sharing tier and with no prior authorization requirements; and be it further

RESOLVED: That CMA use existing communications channels to increase physician awareness of current FDA Approved Risk Evaluation and Mitigation Strategies for opioid analgesics and other available resources on addressing opioid abuse; and be it further

RESOLVED: That this issue be referred for national action.

** Existing HOD Policy 401a-00 supports health care benefits for the entire continuum of clinically effective and appropriate research-based treatment services for substance abuse disorders as well as health plan coverage of these conditions.

Resolution 606-26, Support for the UC Berkeley - UCSF Joint Medical Program (JMP) (CAPM position: Support; amended by Council on Health Professions and Quality of Care)

RESOLVED: That the CMA support efforts to identify sufficient funding to ensure the financial stability of the UC Berkeley – UCSF Joint Medical Program.

Resolution 607-16, Prevention of Medical Student Mistreatment (CAPM position: Support; amended by Council on Health Professions and Quality of Care)

RESOLVED: That CMA recognize that medical student mistreatment persists in the culture of medical training, contributing to burnout among future and young physicians; and be it further

RESOLVED: That CMA support efforts by medical schools to establish comprehensive frameworks to address medical student mistreatment that provide for bidirectional feedback, protection against retaliation, impartial no-fault investigation, and interventions that focus on improving the educational environment while preserving clinical teaching rigor; and be it further

RESOLVED: That CMA encourage the Liaison Committee on Medical Education to develop guidelines and provide education for medical schools to address medical student mistreatment.