

**California Academy of Preventive Medicine**  
**Report from the CAPM Delegate to CMA House of Delegates**  
**October 11-15, 2012**  
*(For Annual Meeting, 12/5/12; rev. 11/20/12)*  
**Ronald P. Hattis, Delegate**

**CAPM REPRESENTATION AT CMA: HOW IT WORKS**

The California Academy of Preventive Medicine participated as usual in the annual California Medical Association's House of Delegates (HOD), the congress that sets CMA policy. We were remarkably successful, as on no issue did the HOD adopt a policy directly at odds with CAPM positions. All resolutions that we opposed were defeated, and all that we unequivocally supported were passed in one form or another.

Our participation is made possible by CAPM being a part of the Specialty Delegation, made up of delegates and alternates appointed by the recognized medical specialty associations in California. Representation at the CMA House of Delegates allows our voice and effectiveness to be amplified. Our own positions frequently are endorsed by organized medicine in California. Thus, our small organization has year after year influenced the scientific and political positions of CMA in support of prevention and public health. This in turn has helped get legislation passed and public policies changed in positive ways. In order to assure our continued representation, it is important for a high proportion of CAPM members also to be members of CMA.

As one of the smallest specialties, we are entitled to one delegate and one alternate. This year, I was the delegate and Jessica Nunez de Ybarra was the alternate, as in 2010. On October 13, when testimony on the resolutions was presented to the Reference Committees, any CMA member was entitled to testify. We had three representatives when Don Lyman joined us, allowing us to present the positions of CAPM at more than one hearing going on at the same time. Resident member Julia Logan also came, to observe that day, at Reference Committee A on Science and Public Health, which (as in past years) reviewed most of the resolutions of interest to CAPM. Don continued to be available during key portions of the full House of Delegates, as a member of the Council on Scientific and Clinical Affairs who had chaired the Technical Advisory Committee (TAC) on cannabis, so Jessica and I consulted with him whenever possible.

Our positions on resolutions involving key prevention issues were determined by the CAPM Board at a conference call on October 3. One resolution (128-12) had already been agreed on by the Board on August 9, and had been submitted officially on behalf of CAPM. We selected 17 additional resolutions to support, and 3 to oppose. Since many resolutions introduced by physicians from other specialties were excellent and dealt with important prevention and public health issues, the question comes to mind whether CAPM or some of its individual members active in CMA should be introducing more such resolutions ourselves in the future.

The CAPM Board recognized that most resolutions are amended by reference committees, so the delegation (plus Don when available) as usual was authorized to adjust CAPM's stance depending on how wording of these and other resolutions changed in the course of the meeting, and what evidence was presented in testimony. In one case (use of medical cannabis in hospitals,

Resolution 605-12), we changed CAPM's position from support to oppose after further consideration of the problems involved.

The first step at the CMA House of Delegates is to influence one's own delegation. CAPM positions were persuasive on most issues in winning the support of the Specialty Delegation, which began its deliberations on October 11, the day before the full HOD convened. Testimony representing the full delegation (which is the largest at the House) was especially influential both at the Reference Committees and on the floor of the full House of Delegates.

The Reference Committees, as in past years, recommended editing of most of the resolutions. The Reference Committee reports were in turn presented to the full House of Delegates on October 14 and 15. A majority of their recommendations on resolutions we had taken stands on were adopted as a "consent calendar" without extraction or debate. The remainder were debated before final votes, and in some cases, the original wording, with or without amendments, was later restored by the full House. Members may be particularly interested in reading the comments below about Resolution 128-12 about HIV, introduced by CAPM, which nearly was not accepted for the agenda, then was proposed to be weakened by the Reference Committee, but which dramatically survived intact at the very end of the HOD.

## **RESOLUTIONS WITH CAPM POSITIONS**

Following are the 19 resolutions and one set of policy reviews approved or defeated by the House of Delegates, on which the Board had taken positions in their original form (the wording below was amended in most cases from what had been approved by our Board). We actively supported 14 and opposed 3. Comments are my own, to supply some context and explain how the action related to CAPM positions. Note that the final actions were consistent for all of these resolutions with positions taken by the CAPM Board and delegation.

### **Reference Committee A:**

Resolution 101-12

#### **CMA "CANNABIS AND THE REGULATORY VOID" WHITE PAPER**

*Action: Not adopted*

Comment: This resolution would have repudiated the 2011 white paper on cannabis by the TAC chaired by Don Lyman, which had been approved by the Board of Trustees but never voted on by the House. That paper recommended rescheduling of cannabis so that it could be regulated. CAPM supported Don's TAC and opposed the resolution, which failed to pass.

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Resolution 102a-12

#### **DECRIMINALIZATION AND REGULATION OF MEDICAL CANNABIS USE**

RESOLVED: That CMA urge the AMA to adopt the recommendations approved by the CMA Board of Trustees regarding cannabis, including but not limited to: (1) rescheduling medical cannabis in order to encourage research leading to responsible regulation; (2) decriminalizing medical use of cannabis; (3) building an appropriate public health regulatory framework for cannabis use; and (4) facilitating dissemination of information about risks and benefits of cannabis use; and be it further RESOLVED: That CMA request that the California Governor petition the federal government to reschedule marijuana to facilitate medical research.

*Action: Substitute adopted for combined resolutions 102-12 and 103-12*

Comment: This was a substitute combining the ideas of two resolutions that CAPM had supported.

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Resolution 104-12

**MEDICATION COLLECTION/"TAKE BACK" PROGRAMS**

RESOLVED: That CMA support medication collection or "take back" programs, funded in whole or part by the pharmaceutical industry, that help keep unused medications out of the environment and out of the hands of potential overdose victims or drug abusers; and be it further

RESOLVED: That this be referred for national action.

*Action: Adopted as amended*

Comment: This was a substitute for a resolution that CAPM had supported.

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Resolution 108-12

**REVISED BLOOD DONOR DEFERRAL CRITERIA**

RESOLVED: That CMA oppose the current lifetime deferral on blood donations from men who have sex with men, and express support for the use of rational, scientifically based deferral periods that are fairly and consistently applied to donors according to their level of risk rather than being solely based on sexual orientation; and be it further 2

RESOLVED: That this be referred for national action.

*Action: Adopted*

Comment: CAPM supported this resolution.

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Resolution 109-12

**TARGETED TUBERCULOSIS TESTING OF SCHOOL CHILDREN**

RESOLVED: That CMA support efforts to replace universal TB testing of school aged children with a TB risk assessment questionnaire, and support TB testing of school aged children based on the results of that TB risk assessment; and be it further

RESOLVED: That HOD 705-89 and BOT 9-15-89:2b, which conflict with this policy, be rescinded; and be it further

RESOLVED: That this matter be referred for national action.

*Action: Adopted as amended*

Comment: This was a substitute for a resolution that CAPM had supported, and was consistent with the position of the California TB Controllers.

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Resolution 113-12

**AWARENESS AND PREVENTION OF BULLYING**

RESOLVED: That CMA support awareness and prevention of bullying in all its forms; and be it further

RESOLVED: That CMA support the development of family, school and community programs and referral services for victims and perpetrators of bullying.

*Action: Adopted*

Comment: CAPM supported this resolution.

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Resolution 114-12

**ADDITIONAL SALES TAX ON ALCOHOLIC BEVERAGES**

*Action: Not adopted*

Comment: CAPM supported taxing alcoholic beverages in concept, however that was already CMA policy. This resolution, for a 25% tax not directed toward supporting any health programs, was not specifically supported by CAPM, and was defeated.

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Resolution 115-12

**CALIFORNIA STATE TAX ON OBESITY**

*Action: Not adopted*

Comment: CAPM opposed this resolution, which would have been impractical.

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Resolution 116-12

**UPDATED STUDY OF WATER FLUORIDATION**

*Action: Not adopted*

Comment: CAPM opposed this resolution, which would have resurrected water fluoridation as a controversy to be studied, because we considered it a settled and consensus public health issue.

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Resolution 117-12

**IMPLEMENTATION OF CALIFORNIA GLOBAL WARMING SOLUTIONS ACT**

RESOLVED: That CMA support the ongoing complete implementation without delay of the California Global Warming Solutions Act of 2006, which protects the health of Californians from climate change; and be it further

RESOLVED: That CMA support California actions to continue to take leadership in adopting and implementing innovative climate change measures, which spur climate policy action by local, state, national and international jurisdictions.

*Action: Adopted as amended*

Comment: This was a substitute for a resolution that CAPM had supported, to oppose delays in implementation that oil lobbyists have been urging.

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Resolution 118a-12

**WATER RECYCLING**

RESOLVED: That CMA encourage efforts to expand potable and non-potable water reuse; and be it further

RESOLVED: That CMA encourage efforts to conserve water, monitor recycled water quality, and encourage source reduction of contaminants; and be it further

RESOLVED: That CMA encourage private and public cooperation to further develop technologies and programs to increase water reuse while ensuring water quality.

*Action: Substitute adopted for combined resolutions 118-12 and 119-12*

Comment: This was a substitute for two resolutions that CAPM had supported.

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Resolution 120a-12

**NANOTECHNOLOGY BAN IN ORGANIC FOOD PRODUCTION**

RESOLVED: That CMA urge that the health impacts of engineered nanoparticles that may be consumed by humans be a priority issue for those working on nanotechnology regulation, testing and monitoring.

*Action: Substitute adopted*

Comment: This was a substitute for a resolution that CAPM had supported.

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Resolution 122a-12

**SUSTAINABLE COMMUNITIES STRATEGIES**

RESOLVED: That CMA support the adoption and implementation of regional Sustainable Communities Strategies with the goal to develop regional greenhouse gas emission reduction targets set by metropolitan planning organizations through integrated land use, housing and transportation planning; and be it further

RESOLVED: That CMA support monitoring and reporting of health-related outcomes by metropolitan planning organizations that may impact the health of communities, especially historically underserved communities.

*Action: Substitute adopted*

Comment: This was a substitute for a resolution that CAPM had supported.

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Resolution 125-12

### **SAFER FURNITURE FLAMMABILITY STANDARDS**

RESOLVED: That CMA endorse revision of the California TB 117 furniture flammability standards to model the 2008 U.S. Consumer Product Safety Commission Proposed Standard for the Flammability of Residential Upholstered Furniture, which would not require harmful flame retardants yet provide more effective fire safety using barrier technology and flame resistant fabric covers.

*Action: Adopted*

Comment: This resolution passed in its original form and was supported by CAPM.

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Resolution 127a-12

### **HEALTH RISKS OF SITTING**

RESOLVED: That CMA recognize that there are potential risks of prolonged sitting and encourage efforts by employers, employees, and others to make available alternatives such as standing work stations and isometric balls, and encourage educational efforts regarding ways to minimize this risk; and be it further

RESOLVED: That this matter be referred for national action.

*Action: Substitute adopted*

Comment: This was a substitute for a resolution that CAPM had supported.

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Resolution 128-12

### **EARLY TREATMENT AND PARTNER SERVICES FOR HIV**

RESOLVED: That CMA work with the California Medical Board to assure that California physicians are informed that new federal HIV treatment guidelines identify clinical benefits from antiretroviral treatment for all HIV-infected persons, regardless of the level of CD4 counts, and that treatment that suppresses viral load can also significantly reduce infectiousness; and be it further

RESOLVED: That CMA support efforts of the California Department of Public Health to promote voluntary linkage of all persons reported with new HIV infections to clinical care and to confidential partner notification services; and be it further

RESOLVED: That the need for physician awareness of the benefits of early treatment and of “treatment as prevention,” and the need for linkage of newly positive persons to clinical care and partner services, be referred for national action.

*Action: Adopted as amended*

Comment: This resolution has a rather dramatic story. The resolution had been written by Ron Hattis and introduced on behalf of CAPM. It survived several obstacles. First of all, it had been e-mailed to CMA in time, but for some reason had not been received. Therefore, Ron Hattis had to argue before the Rules Committee for it to even be accepted for consideration. Then it was weakened by the Reference Committee. To make things more difficult, it was the very last item of business before the House before adjourning not long before noon on the last day, a time when the HOD typically has

little patience for debate. However, with support from the Specialty Delegation, Ron argued for restoring the original wording with a change of only three words, and this was approved.

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Report A-1-12

**POLICY REVIEW RECOMMENDATION:** That policies 101-02, 102-02, 103-02, 104-02 (1st and 2nd resolveds), 105-02, 106-02 (1st resolved), 107-02, 108-02, 109-02 112-02, 113-02, 114-02, 115a-02, 116a-02, 206-02, 207-02, 208-02, 216-02 and 414-02 be renewed and that policies 104-02 (3rd resolved) and 106-02 (2nd resolved) be allowed to sunset.

*Action: Recommendation adopted*

Comment: This involved a review of 10-year-old resolutions, which would have sunsetted unless renewed. The renewed resolutions included some that CAPM had introduced and supported, and maintained a strong public health stance for CMA. CAPM was divided on the science behind renewing Resolution 216-02, which called for legislation to require that letters to women about their mammogram results include a recommendation for a clinical breast exam as well. However, this was not considered worthy of extraction and debate, which would have occurred at the tail end of the HOD.



**Reference Committee B:**

Resolution 217a-12

**HEALTHY FAMILIES TO MEDI-CAL TRANSITION PRINCIPLES**

RESOLVED: That, if any children are moved from Healthy Families into Medi-Cal, CMA urge the following principles in implementation:

1. That systems be in place to streamline physician enrollment in Medi-Cal and Vaccines for Children in order to maintain continuity of care and vaccine access;
2. That a robust evaluation and monitoring system for access and quality of care for both transferred children and existing Medi-Cal enrollee children be designed with significant stakeholder input, including families and providers, and be implemented in a timely fashion so that results may be used to improve and support the transition;
3. That Medi-Cal develop a child and adolescent health office to respond to the needs of physicians who see children to support their ability to care for this larger population; and
4. That, if any children currently on Healthy Families do not qualify for Medi-Cal, the state shall provide assistance to those children in funding alternative sources of care.

*Action: Substitute adopted for combined resolutions 217-12 and 218-12*

Comment: This was a substitute for two resolutions, one of which CAPM had supported.



**Reference Committee F:**

Resolution 605-12

**MEDICINAL MARIJUANA IN THE HOSPITAL SETTING**

RESOLVED: That CMA adopt as policy and amend the Model Medical Staff Bylaws to state “If a physician with staff privileges recommends, a patient may use non-smoke generating medicinal marijuana in acute care hospital, skilled nursing facilities, nursing homes and hospice facilities”; and be it further

RESOLVED: That CMA work with the California Hospital Association and other professional organizations to implement this policy; and be it further

RESOLVED: That CMA recommend and encourage hospitals, SNFs, nursing homes and hospice facilities to post on their websites whether or not they allow patients to use medicinal marijuana.

*Action: Referred to Board of Trustees for study and report back*

Comment: The CAPM Board had initially supported this resolution on the understanding that it could apply to the use of pharmaceutical-grade cannabinoids administered orally or by nasal spray. However, testimony centered on bringing raw marijuana into hospitals for actual smoking by patients, and our delegation, with Don Lyman's concurrence, withdrew support. We were happy with the outcome of referral to the Board of Trustees.

Resolution 607-12

**PHYSICIAN REPORTING REQUIREMENT FOR MRSA CULTURES**

RESOLVED: That CMA work with the state legislature and appropriate agencies to amend Health and Safety Code 1255.8 to allow appropriate health care personnel to inform the patient or the patient's designee of positive MRSA test results.

*Action: Adopted*

Comment: CAPM supported this resolution.

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**SUMMARY**

This was a very successful CMA House of Delegates from CAPM's perspective. Next year, we might solicit more resolutions from among our own membership. Continued participation is recommended as a major annual activity for CAPM, as it has been for decades. CMA membership for CAPM members should be encouraged to guarantee our continued eligibility.