

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 403
(A-24)

Introduced by: Medical Student Section

Subject: Occupational Screenings for Lung Disease

Referred to: Reference Committee D

1 Whereas, from 1999 to 2016, the average years of potential life lost due to pneumoconiosis has
2 increased from 8.1 to 12.6 years¹; and
3

4 Whereas, the recent resurgence of pneumoconiosis poses a threat to younger patients, with
5 increased disease burden at initial diagnosis, and affects a growing number of occupations such
6 as metal miners, denim workers, pottery and ceramics workers, and stone masons²⁻⁶; and
7

8 Whereas, laborers affected by pneumoconiosis are disproportionately of Latine or American
9 Indian descent, are more likely to live in isolated and rural communities without access to
10 adequate preventive care, and are less likely to have graduated high school⁷⁻⁸; and
11

12 Whereas, many laborers who depended heavily on mobile health clinics and screening centers
13 were left without options for care when many of these were halted due to COVID⁸; and
14

15 Whereas, occupational screening measures, including the federal National Institute for
16 Occupational Safety & Health's Coal Workers' Health Surveillance Program for radiographic and
17 spirometric screenings, have helped decrease pneumoconiosis mortality^{5,9-12}; therefore be it
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19 RESOLVED, that our American Medical Association amend Policy H-365.988, "Integration of
20 Occupational Medicine, Environmental Health, and Injury Prevention Programs into Public
21 Health Agencies" by addition and deletion as follows:
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23 Integration of Occupational Medicine, Environmental Health, and
24 Injury Prevention Programs into Public Health Agencies, H-365.988
25 Our AMA supports: (1) supports the integration of occupational
26 health and environmental health and injury prevention programs
27 within existing health departments at the state and local level; (2)
28 supports taking a leadership role in assisting state medical societies
29 in implementation of such programs; ~~and~~ (3) supports working with
30 federal agencies to ensure that "health" is the primary determinant
31 in establishing environmental and occupational health policy; (4)
32 recognizes barriers to accessibility and utilization of such programs;
33 (5) recognizes inequities in occupational health screenings for
34 pulmonary lung disease and supports efforts to increase
35 accessibility of these screenings in marginalized communities; and
36 (6) encourages utilization of accessible screenings, such as those
37 used in the NIOSH Coal Workers Health Surveillance Program, for
38 other at risk occupational groups and utilization of these free
39 screenings. (Modify Current HOD Policy)
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Fiscal Note: Minimal - less than \$1,000

Received: 3/28/2024

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RELEVANT AMA POLICY

H-185.936 Lung Cancer Screening to be Considered Standard Care

Our AMA: (1) recommends that coverage of screening low-dose CT (LDCT) scans for patients at high risk for lung cancer by Medicare, Medicaid, and private insurance be a required covered benefit; (2) will empower the American public with knowledge through an education campaign to raise awareness of lung cancer screening with low-dose CT scans in high-risk patients to improve screening rates and decrease the leading cause of cancer death in the United States; and (3) will work with interested national medical specialty societies and state medical associations to urge the Centers for Medicare & Medicaid Services and state Medicaid programs to increase access to low-dose CT screening for Medicaid patients at high risk for lung cancer by including it as a covered benefit, without cost-sharing or prior authorization requirements, and increasing funding for research and education to improve awareness and utilization of the screening among eligible enrollees. [Sub. Res. 114, A-14; Appended: Res. 418, A-22; Appended: Res. 112, A-23]

H-135.944 Further Limit of Asbestos in the United States

Our AMA supports legislation further restricting the use of asbestos in the United States. [Res. 215, A-07; Reaffirmed: BOT Rep. 22, A-17]