



Student 1 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2023 – Kansas City, MO

RECOMMENDATION: The Student 1 Reference Committee recommends the following consent calendar for adoption:

Item 1: Adopt Substitute Resolution No. S1-101 on “Strengthening Diaper Accessibility for Low-Income Families” in lieu of Resolution No. S1-101

Item 2: Adopt Substitute Resolution No. S1-102 on “Adding to Responsibilities of the Appointed Position of Student Member to the Commission on Federal and State Policy” in lieu of Resolution No. S1-102

Item 3: Not Adopt Resolution No. S1-103 on “Collecting Information on Family Physicians Employed by the Indian Health Service” **EXTRACTED. NOT ADOPTED.**

Item 4: Adopt Substitute Resolution S1-104 on “Regulating Direct-entry Midwife Practice Through State Licensure” in lieu of Resolution No. S1-104 **EXTRACTED. SUBSTITUTE ADOPTED.**

Item 5: Not Adopt Resolution No. S1-105 on “Adopting SAMHSA and the American Academy of Pediatrics Policy on Adolescent Substance Use Screening and Treatment”

Item 6: Adopt Substitute Resolution No. S1-106 on “Integrative Medicine Workshops” in lieu of Resolution No. S1-106

Item 7: Not Adopt Resolution No. S1-107 on “Amending Policy Medicare/Medicaid Parity for Primary Care to include the Indian Health Services”



Student 1 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2023

The Student 1 Reference Committee has considered each of the items referred to it and submits the following report. The committee's recommendations will be submitted as a consent calendar and voted on in one vote. Any item or items may be extracted for debate.

ITEM NO. 1: RESOLUTION NO. S1-101: Strengthening Diaper Accessibility for Low-Income Families

RESOLVED, That the American Academy of Family Physicians advocates to support efforts, including legislation and regulation, direct subsidies, support for community resources, or other interventions to strengthen diaper accessibility for low-income families.

The reference committee heard testimony from two co-authors in support of the resolution and no testimony opposing the resolution. The authors pointed out that the supply chain disruptions and increased costs since the beginning of the COVID-19 pandemic have exacerbated an already-existing lack of access to diapers among low-income families. Using Portland and rural Oregon as representative examples, the authors testified that area pediatric clinics, hospitals, and community diaper banks frequently run out of diapers and consistently struggle to source additional supplies. Both authors observed that federal legislation targeting this issue has not thus far advanced out of any congressional committee and that, while state and federal programs exist, they are inadequate. The funding that existing programs provide must meet a variety of the needs faced by a low-income family, such as food and utilities, often leaving the family unable to use those funds for diapers. Additionally, state food stamps programs and the federally funded Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program cannot be used for household items, a category which includes diapers. Finally, both members observed that efforts to fill the "diaper gap" address a pressing need of the most vulnerable members of society and, as such, are consistent with the focus of family medicine on socio-economic determinants of health.

The reference committee recognizes the "diaper gap" is a pressing and unaddressed need and agrees that efforts to support meeting that need are consistent with the American Academy of Family Physicians' mission and policies. The reference committee acknowledged that a similar resolution titled "Expanding Medicaid Coverage to Include Diapers" was adopted at the 2023 National Conference of Constituency Leaders but notes that the American Academy of Family Physicians (AAFP) has no current policy on this subject. In light of past and recent lack of access exacerbated by the effects of the COVID-19 pandemic, increased costs, and the lack of public aid programs to meet this need, the reference committee believed the AAFP should

advocate in support of efforts to close the “diaper gap.” The reference committee recommends adoption of the substitute resolution to avoid excluding regulatory action or broader advocacy options not specifically mentioned.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S1-101 be adopted in lieu of Resolution No. S1-101 which reads as follows:

RESOLVED, That the American Academy of Family Physicians support efforts including but not limited to: legislation and regulation, direct subsidies, support for community resources, or other interventions to strengthen diaper accessibility for low-income families.

ITEM NO. 2: RESOLUTION NO. S1-102: Adding to Responsibilities of the Appointed Position of Student Member to the Commission on Federal and State Policy

RESOLVED, That the American Academy of Family Physicians updates the responsibilities of the appointed position of student members to the Commission on Federal and State Policy to include serving as a liaison to the Family Medicine Interest Group (FMIG) to encourage advocacy initiatives through existing FMIG networks, which will include attending national FMIG programming.

The reference committee heard limited testimony all in support of the resolution. The reference committee agreed that leadership opportunities allow student leaders to gain experience. However, these individuals are often under supported at their respective institutions. The proposed resolution helps bridge the gap by creating a pathway through which information about Family Medicine Interest Group (FMIG), Commission on Federal and State Policy (CFSP) and government relation activities can be shared. Updating the appointed position of student member to the CFSP to include FMIG liaison responsibilities will help identify areas for increased advocacy efforts. The reference committee proposed substitute language to clarify that the responsibility is at the FMIG national network level.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-102 be adopted in lieu of Resolution No. S1-102 which reads as follows:

RESOLVED, That the American Academy of Family Physicians updates the responsibilities of the appointed position of student members to the Commission on Federal and State Policy to include serving as a liaison to the FMIG networks to encourage advocacy initiatives through existing FMIGs.

ITEM NO. 3: RESOLUTION NO. S1-103: Collecting Information on Family Physicians Employed by the Indian Health Service

RESOLVED, That American Academy of Family Physicians collect information on members who are employed by the Indian Health Service.

The testimony provided was in support of the resolution, including one of the authors, who said that the purpose of the resolution is for the American Academy of Family Physicians (AAFP) to collect data on how many physicians work for the Indian Health Service (IHS). The reference committee agreed that the resolution is vague and lacks clarity regarding the reason for collecting the specific data and its intended use. The reference committee is aware that the AAFP’s member application already includes a fill-in-the-blank space for an employer’s name,

so members have an opportunity to voluntarily provide that information. Due to the voluntary nature of the application, data collected may be an inaccurate demographic picture. Additionally, the reference committee is concerned about the collection of data just for the sake of collecting information.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-103 not be adopted. EXTRACTED. NOT ADOPTED.

ITEM NO. 4: RESOLUTION NO. S1-104: Regulating Direct-entry Midwife Practice Through State Licensure

RESOLVED, That the American Academy of Family Physicians support the development of legislation and regulations that utilize the International Confederation of Midwives educational standards as the baseline for midwifery education, training and licensure in the United States in order to ensure appropriate physician and regulatory oversight of direct-entry midwifery practice, under the jurisdiction of state nursing and/or medical boards.

The reference committee heard testimony from the author of the resolution and from another member, both in support of the resolution. The author pointed out that the rates of home birth are increasing, and qualified midwives can provide valuable prenatal and postnatal care. However, there are challenges in identifying qualified midwifery practitioners. The author explained that, in thirteen states, midwives are not required to be licensed and subject to state regulated education standards. As a result, the usual protections provided by licensure and physician oversight are lacking. However, there is strong evidence that regulating the practice results in better outcomes from home birth. Additionally, the author observed that licensure would enable fuller access to insurance coverage for midwifery services and integrate home birth into the health care system. Family physicians would be able to more easily locate, collaborate with, and supervise qualified and competent midwives. Finally, the author pointed out that, if the American Academy of Family Physicians (AAFP) had a policy in line with the American College of Obstetricians and Gynecologists (which supports using the International Confederation of Midwives educational standards as the baseline for midwifery education, training and licensure), the AAFP would be better positioned to advocate on relevant legislation earlier in the process and to support members in their own advocacy efforts. The other member who testified expressed support for the resolution but questioned whether physician oversight would interfere with the ability of midwives to function as part of an integrated care team.

The reference committee agreed that midwives should be licensed and, consistent with existing AAFP policy, should be supervised by a physician. The reference committee recognized the dangers of negative outcomes presented by the unregulated practice of midwifery and the absence of collaboration and/or oversight by a physician. The reference committee proposed the substitute resolution because the AAFP does not directly develop legislation and regulations related to standards of care or clinical practice.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S1-104 be adopted in lieu of Resolution No. S1-104 which reads as follows:

RESOLVED, That the American Academy of Family Physicians explore advocacy efforts for the utilization of the International Confederation of Midwives educational standards as the baseline for midwifery education, training, and licensure with the relevant healthcare professional licensing boards in the United

States in order to support appropriate physician oversight of direct-entry midwifery practice. **EXTRACTED. SUBSTITUTE ADOPTED.**

ITEM NO. 5: RESOLUTION NO. S1-105: Adopting SAMHSA and the American Academy of Pediatrics Policy on Adolescent Substance Use Screening and Treatment

RESOLVED, That the American Academy of Family Physicians policy on “Substance Use Disorder” be amended to include a section on Adolescent Substance Use based on Substance Abuse and Mental Health Services Administration and the American Academy of Pediatrics current policy on adolescent substance use screening and treatment in a primary care setting.

The reference committee heard limited testimony all in support of the resolution. The American Academy of Family Physicians (AAFP) recognizes that substance use among adolescents is a serious public health issue and has its own recommendations on [screening for unhealthy drug use](#) in adolescents and adults. Additionally, there is a lack of consensus between United States Preventive Services Task Force, American Academy of Pediatrics, and AAFP regarding evidence. The AAFP has established pathways for independently reviewing and determining updates to clinical policy and guidance using current evidence. The reference committee recommends to not adopt the resolution given current AAFP policy and screening guidelines.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-105 not be adopted.

ITEM NO. 6: RESOLUTION NO. S1-106: Integrative Medicine Workshops

RESOLVED, That the American Academy of Family Physicians expand educational offerings, including workshops and case report studies, that support familiarity with integrative medicine, and be it further

RESOLVED, That the American Academy of Family Physicians explore the implementation of a certificate program in integrative medicine.

The reference committee heard limited testimony all in support of the resolution. The reference committee agreed that the American Academy of Family Physicians (AAFP) has taken the position that physicians can best serve their patients by recognizing and acknowledging the availability of Integrative Medicine in their communities. Current policy supports Integrative Medicine and credit for Continuing Medical Education (CME) for Integrative Medicine Activities. Additionally, the AAFP has created and has more Integrative Medicine sessions planned. The reference committee agreed that there are other regulating bodies better suited to explore a certificate program.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S1-106 be adopted in lieu of Resolution No. S1-106 which reads as follows:

RESOLVED, That the American Academy of Family Physicians expand educational offerings, including workshops and case report studies, that support familiarity with integrative medicine.

190 **ITEM NO. 7: RESOLUTION NO. S1-107: Amending Policy Medicare/Medicaid Parity for**
191 **Primary Care to Include the Indian Health Service**
192

193 RESOLVED, That the American Academy of Family Physicians amend their current
194 policy entitled “Medicare/Medicaid Parity for Primary Care” to read “That the American
195 Academy of Family Physicians make advocating Medicaid/Medicare/Indian Health
196 Service reimbursement parity for primary care physicians at all levels of federal
197 government a legislative priority.”
198

199 The reference committee heard testimony from one member, who serves as the American
200 Academy of Family Physicians’ (AAFP) student representative to the American Medical
201 Association (AMA). The member related her experience at a recent AMA meeting where she
202 was unable to represent the AAFP with respect to Indian Health Service (IHS) issues because
203 the AAFP has no current policy concerning IHS. The reference committee acknowledged that
204 American Indians and Alaska Natives are disenfranchised populations and was very supportive
205 of the resolution’s intent. However, the AAFP policy cited in the resolution, “Medicare/Medicaid
206 Parity for Primary Care,” does not exist. Instead, that was the name of a substitute resolution
207 adopted by the 2018 AAFP Congress of Delegates, which aligned with the AAFP’s “Medicaid,
208 Core Principles” policy. Additionally, the reference committee observed that Medicare and
209 Medicaid are insurers, while the IHS is a health care system, and it would be incongruent to
210 compare Medicare and Medicaid on the one hand, and the IHS on the other.
211

212 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-107**
213 **not be adopted.**
214

215 **I wish to thank those who appeared before the reference committee to give testimony**
216 **and the reference committee members for their invaluable assistance. I also wish to**
217 **commend the AAFP staff for their help in the preparation of this report.**

218
219 Respectfully submitted,
220

221
222
223 _____
224 Derek Southwick, Chair

225 Allison Smith
226 Michelle Mathew
227 Danielle Cain
228 Emily Grimes
229 Alex Hanlon
230 Faith Hampton
231 Mahima Poreddy