



## Student 3 Consent Calendar

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

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1 **RECOMMENDATION: The Student 3 Reference Committee recommends the following**  
2 **consent calendar for adoption:**

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4 **Item 1:** Adopt Substitute Resolution No. S3-302 on “Sharing Information about Patient Dangers  
5 Associated with Fake Clinics” in lieu of Resolution No. S3-301 and Resolution No. S3-302  
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7 **Item 2:** Not Adopt Resolution No. S3-303 on “Creating Family Medicine Physician Positions in  
8 the Developmental and Behavioral Pediatrics Fellowship”  
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10 **Item 3:** Not Adopt Resolution S3-304 on “Improve the Health of Our Communities and  
11 Strengthen the Relationships Between Family Medicine Physicians/Residents/Students and  
12 Community Members”  
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14 **Item 4:** Reaffirm Resolution No. S3-305 on “Empowering States to Advocate for Physician-Led  
15 Healthcare Teams” **EXTRACTED. DIVIDED THE QUESTION: RESOLVED CLAUSES #1 AND**  
16 **#2 – REAFFIRMED; RESOLVED CLAUSE #3 – ADOPTED AS AMENDED ON THE FLOOR.**  
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18 **Item 5:** Not Adopt Resolution No. S3-306 on “Supporting Climate Smart and Patient-Oriented  
19 Inhaler Use”



## Student 3 Reference Committee Report

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

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**The Student 3 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: Crisis Pregnancy Centers**

Resolution No. S3-301: entitled, "Sharing Information about Patient Dangers Associated with Fake Clinics," the resolved portions are printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) produce educational materials and resources educating patients about the medical risks of crisis pregnancy centers, and make these resources available on the AAFP site, and be it further

RESOLVED, That the American Academy of Family Physicians produce educational materials and resources for physicians and clinicians to educate themselves about crisis pregnancy centers, including an updated educational article in *American Family Physician (AFP)* about crisis pregnancy centers.

Resolution No. S3-302 entitled, "Defining Crisis Pregnancy Centers (CPCs)," the resolved portion is printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) adopt the American College of Obstetricians and Gynecologists (ACOG) definition of crisis pregnancy centers (CPCs), which is as follows: "a term used to refer to certain facilities that represent themselves as legitimate reproductive health care clinics providing care for pregnant people but actually aim to dissuade people from accessing certain types of reproductive health care, including abortion care and even contraceptive options" and "staff members at these unregulated and often nonmedical facilities have no legal obligation to provide pregnant people with accurate information and are not subject to HIPAA or required by law to maintain client confidentiality" and "many CPCs are affiliated with national organizations that provide funding, support, and training to advance a broadscale antiabortion agenda."

The reference committee heard testimony for and against the resolutions. Testimony in support of the resolutions reflected concerns about the quality and variability of care provided in these centers, and the disparities in care for patients most likely to access these centers. Concerns

were expressed about the motivation of these centers to dissuade patients from considering or accessing the full spectrum of reproductive care options. Testimony in opposition to the resolutions expressed concerns that the language used by the American College of Obstetricians and Gynecologists referenced does not acknowledge that some of these centers are licensed and have high standards of care. Testimony both in support of and opposing the resolutions included wanting a deeper understanding of licensed and unlicensed CPCs and the varying levels of medical care, qualifications of providers, and the services provided. The reference committee discussed the challenge of providing accurate and accessible information to members and their patients without first having a consistent definition of crisis pregnancy centers. The reference committee also acknowledged that *American Family Physician (AFP)* is operated with editorial independence from the AAFP, and its content cannot be dictated.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S3-302 which reads as follows be adopted in lieu of Resolution No. S3-301 and Resolution No. S3-302:**

**RESOLVED, That the American Academy of Family Physicians develop new policy that defines crisis pregnancy centers, and be it further**

**RESOLVED, That the American Academy of Family Physicians ensure information is accessible to members and patients to help them understand the variation in regulation and services of crisis pregnancy centers.**

**ITEM NO. 2: RESOLUTION NO. S3-303: Creating Family Medicine Physician Positions in the Developmental and Behavioral Pediatrics Fellowship**

RESOLVED, That the American Academy of Family Physicians encourage collaboration with the American Academy of Pediatrics to create spots for family medicine physicians in the Developmental and Behavioral Pediatrics Fellowship.

The reference committee heard no testimony on the resolution. The reference committee discussed the scope of family physicians, which includes behavioral and developmental health of children, and the likely interests of family physicians to develop deep skills in this area. The reference committee also discussed the importance of the primary care focus of family medicine and that it is vital for family medicine to maintain a high rate of residency graduates practicing primary care, not make a move toward higher rates of subspecialization. The reference committee also acknowledged that pediatric subspecialty fellowships are accredited by the Accreditation Council for Graduate Medical Education with fellows certified by the American Board of Pediatrics, not the American Academy of Pediatrics as stated in the resolved, and eligibility requirements for pediatric subspecialties are not likely to be impacted by AAFP efforts.

**RECOMMENDATION: The reference committee recommends that Resolution No. S3-303 not be adopted.**

**ITEM NO. 3: RESOLUTION No. S3-304: Improve the Health of Our Communities and Strengthen the Relationships Between Family Medicine Physicians/Residents/Students and Community Members**

RESOLVED, That the American Academy of Family Physicians actively encourages family physicians, residents, and medical students to join Walk with a Doc/Walk with a

Future Doc and create chapters throughout the United States to empower patient behavioral lifestyle changes, and be it further

RESOLVED, That the American Academy of Family Physicians develops a partnership with Walk with a Doc to encourage chapter creation, participation in the program, and promotion of healthy lifestyle changes amongst patient populations throughout the United States.

The reference committee heard testimony in support of the resolution and reflecting positive experiences of students who have participated in Walk With a Doc and Walk With a Future Doc programs through their family medicine interest groups and medical schools. Testimony also referenced recent efforts to elevate the impact of loneliness on health, and the importance of social connections to address this. Testimony also reflected the importance of a holistic approach to health, which is a tenet of family medicine. The reference committee discussed the Walk With a Doc organization and reviewed some of the AAFP's past support of the organization through elevating stories of members and family medicine interest groups that participate in their communities. Though the reference committee determined the organization seems to have a positive mission and impact, the reference committee discussed potential risks with pursuing a partnership, including creating an ongoing need to ensure the organization's materials and resources align with the AAFP and family medicine, and concerns about creating a precedent for all organizations with health education and physical activity missions. The reference committee believed that partnerships with organizations like these are most often best developed and maintained at a more local level, and that the AAFP has already and will continue to promote and elevate successful stories of members and chapters that engage this organization and others like it.

**RECOMMENDATION: The reference committee recommends that Resolution No. S3-304 not be adopted.**

**ITEM NO. 4: RESOLUTION NO. S3-305: Empowering States to Advocate for Physician-Led Health care Teams**

RESOLVED, That the American Academy of Family Physicians draft and publish a statement through its official channels advocating for physician-led health care teams, and opposing the independent practice of non-physicians, and be it further

**REAFFIRMED**

RESOLVED, That the American Academy of Family Physicians make available resources and encourage its chapters to monitor and advocate against the expansion of independent practice of non-physician health care professionals. **REAFFIRMED**

**RESOLVED, That the American Academy of Family Physicians will advocate for the expansion of existing rural family medicine residencies, and the creation of new rural family medicine residencies. ADOPTED AS AMENDED ON THE FLOOR.**

The reference committee heard mixed testimony on this resolution. The testimony included personal stories of observing patient care from other health professionals, concerns about the difference in training compared with medical training, and the continued expansion of nurse practitioner programs designed to, but ultimately do not, fix the primary care shortage in rural

areas. Those opposed to the resolution believed this would create additional and undue interdisciplinary tension and questioned whether there is substantial data to determine the exact training and experience necessary for independent practice in select settings and situations. The reference committee discussed current AAFP policy addressing scope of practice, nurse practitioners, and team-based care, which already reflect support for physician-led health care teams and opposition to independent practice of nurse practitioners. Additionally, the reference committee discussed the advocacy work the AAFP currently does on local, state, and national levels and learned that in addition to the resources publicly available through the AAFP website, there are also resources exclusively available to chapters to advocate to protect the family medicine scope of practice and role leading health care teams.

**RECOMMENDATION: The reference committee recommends that Resolution No. S3-305 be reaffirmed as current policy.** EXTRACTED. DIVIDED THE QUESTION: RESOLVED CLAUSES #1 AND #2 – REAFFIRMED; RESOLVED CLAUSE #3 – ADOPTED AS AMENDED ON THE FLOOR.

**ITEM NO. 5: RESOLUTION No. S3-306: Supporting Climate Smart and Patient-Oriented Inhaler Use**

RESOLVED, That the American Academy of Family Physicians support investigation into the climate impacts of metered dose inhalers, and be it further

RESOLVED, That the American Academy of Family Physicians promote the education about and use of alternatives to metered dose inhalers that are equally efficacious and cost effective.

The reference committee heard testimony in support of the resolution from the author. Testimony reflected the negative health implications of climate change especially for patients with respiratory diseases, and the desire to ensure patients receive the best possible care without harm to the environment. The reference committee reviewed a letter the AAFP submitted to the Committee on Ways and Means of the U.S. House of Representatives in December 2022 responding to an inquiry regarding work to address the impacts of the health care industry on climate and, specifically, the environmental impact of pressurized metered dose inhalers. The letter outlines the AAFP's recognition of environmental impacts on health and its commitment to assisting family physicians to recognize and understand the impact of the environment on patient and population health, as well as the critical importance of safe, effective, accessible, and affordable health care including treatments for patients who need inhalers. There are concerns, however, that dry powder inhalers are more expensive and less accessible to patients, and that the prevalence of asthma is greater in some populations with lower income levels, more likely to be uninsured or underinsured. The reference committee appreciated that current AAFP policy on these issues already equips the organization to engage on this topic through federal advocacy efforts such as the December letter. The reference committee also acknowledged that a resolution on this topic has been submitted to the 2023 AAFP Congress of Delegates which will be held in October 2023 and determined that the full membership of the AAFP reflected in that body would be best suited to address this issue.

**RECOMMENDATION: The reference committee recommends that Resolution No. S3-306: not be adopted.**

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

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194 Respectfully submitted,  
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198 Taree Chadwick, Chair

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200 Muriel Lavalee  
201 Sarah Toates  
202 Julia McNamara  
203 Kinsey Vear  
204 Sarah Costello  
205 Miryea Cisneros