Resident 2
Agenda and Resolutions

National Conference of Family Medicine Residents and Medical Students
July 30 - August 1, 2015 – Kansas City, MO

1. Resolution No. R2-501 — Anti-bullying Screening Tool
2. Resolution No. R2-502 — Empowering Patients in their Treatment of Diabetes
3. Resolution No. R2-503 — Support of Healthy Partnerships by the American Academy of Family Physicians
4. Resolution No. R2-504 — Continued National Conference Presentations of Alternative Primary Care Models
5. Resolution No. R2-505 — Direct Primary Care Career Link
6. Resolution No. R2-506 — Endorsement of the Advancing Care for Exceptional Kids Act of 2015
7. Resolution No. R2-507 — Encouraging Nutrition Education in Family Medicine Residencies
8. Resolution No. R2-508 — Resolution on Police Violence, Structural Racism and Public Health
9. Resolution No. R2-509 — Developing a Residency Curriculum Guide for Point of Care Ultrasound
10. Resolution No. R2-510 — Support of Miscarriage Managements Training in Family Medicine Residencies
11. Resolution No. R2-511 — Climate Change
12. Resolution No. R2-512 — Support of Promoting Health in Trade Agreements
13. Resolution No. R2-513 — Expanded Use of Naloxone
14. Resolution No. R2-514 — Support of Naloxone Access and Training

RESOLUTION NO. R2-501

Anti-bullying Screening Tool

Introduced by: Aysha Khan, MD, Cheverly, MD
David Aldrete, MD, San Antonio, TX
Rebecca Burke, MD, Galveston, TX

WHEREAS, Given that family medicine doctors see children of all ages from varying cultural and socioeconomic backgrounds, and

WHEREAS, in light of recent suicides involving bullying that caught national attention, such as the case of Phoebe Prince among others, and

WHEREAS, the problem is becoming increasingly recognized in schools, and

WHEREAS, more children and adolescents who are bullied can present with symptoms of depression or unexplained psychosomatic symptoms in the primary care setting, and

WHEREAS, an *American Family Physician* article, "Childhood Bullying: Implications for Physicians" from the November 1, 2004 issue, indicates that bullied students are more likely to bring weapons to school, be injured, and be in fights, and

WHEREAS, physicians can be instrumental in efforts to prevent bullying, identifying at risk patients, and screening for psychiatric problems, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support the development and widespread use of a standardized screening tool for bullying at well child visits, and be it further

RESOLVED, That a standardized screening tool for bullying incorporates bullying behavior experience, including but not limited to physical violence, harassment, threats, taunts, and insults from peers at school or online as a part of the annual well-child exam and with an offer of appropriate resources for counseling, if necessary, and be it further

RESOLVED, That the American Academy of Family Physicians support and recommend inclusion of anti-bullying awareness in a CME session or educational presentation.

RESOLUTION NO. R2-502

Empowering Patients in their Treatment of Diabetes

Introduced by: David Aldrete, MD, San Antonio, TX
Rebecca Burke, MD, Galveston, TX
Aysha Khan, MD, Cheverly, MD
Tracey Angadicheril, MD, Galveston, TX

WHEREAS, According to the American Diabetes Association, there are 29.1 million Americans with diabetes, and there are 1.7 million new diagnoses per year, and

WHEREAS, according to the American Academy of Family Physicians Foundation Highlight on Diabetes, the estimated total healthcare cost of diabetes is 174 billion per year, and

WHEREAS, diabetes is associated with many complications including heart disease, stroke, blindness, neuropathy, kidney disease, amputations, and periodontal disease, and

WHEREAS, support of patient self-management is a key component of effective chronic illness care and improved patient outcomes, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create a diabetic patient care card to empower patients in their treatment of diabetes that includes goal blood glucose, HbA1c, blood pressure, cholesterol, and list of medications, and be it further

RESOLVED, That an AAFP created diabetic patient-care card to empower patients in their treatment of diabetes, be easily accessible on the American Academy of Family Physicians website and all their media outlets so that it can be printed out by patients and physicians.

1 **RESOLUTION NO. R2-503**
2
3 **Support of Healthy Partnerships by the American Academy of Family Physicians**
4
5 Introduced by: Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
6 Orlando Sola, MD, MPH, New York, NY
7 Stewart Decker, MD, Klamath Falls, OR
8
9 WHEREAS, The American Academy of Family Physicians (AAFP) has entered into
10 corporate partnerships with companies that profit from products that do not improve the
11 lives of the patients we serve, and
12
13 WHEREAS, the AAFP has recently announced the end of one such relationship with
14 Coca-Cola, and
15
16 WHEREAS, these relationships have been criticized by AAFP members and the general
17 public, including national news and documentary films, as ethically problematic conflicts
18 of interest, and
19
20 WHEREAS, there are many corporations that share our values of improving the lives of
21 the patients we serve, now, therefore, be it
22
23 RESOLVED, That the American Academy of Family Physicians establish a set of public
24 guidelines to promote partnerships aligned with patient and population health and to
25 minimize conflicts of interest in future corporate partnerships.

1 **RESOLUTION NO. R2-504**
2
3 **Continued National Conference Presentations of Alternative Primary Care Models**
4
5 Introduced by: Alan Bordon, MD, Belleville, IL
6 Benjamin Willford, Harrogate, TN
7 Dana Gross, Seattle, WA
8 Troy Russell, Washington, DC
9 Justin Kappel, Atlanta, GA
10 Charles Willnaver, MD, Lubbock, TX
11
12 WHEREAS, There is growth and interest in alternative models of providing primary care
13 (i.e. direct primary care), now, therefore, be it
14
15 RESOLVED, The American Academy of Family Physicians continue to present new,
16 innovative, and alternative primary care provider practice models at the National
17 Conference of Family Medicine Residents and Medical Students.

1 **RESOLUTION NO. R2-505**
2
3 **Direct Primary Care Career Link**
4
5 Introduced by: Charles Willnauer, MD Lubbock, TX
6 Troy Russell, MD, Washington, DC
7 . Alan Bordan, MD, Belleville, IL
8 Dana Gross, Seattle WA
9 Justin Kappel, MD, Atlanta, GA
10 Benjamin Willford, DO, Harrogate, TN
11
12 WHEREAS, Direct primary care is a unique, new, and small grassroots business
13 movement, and
14
15 WHEREAS, there are no job posting organizations specifically directed towards direct
16 primary care, now, therefore, be it
17
18 RESOLVED, That the American Academy of Family Physicians include a category on
19 Career Link specifically designated for direct primary care job opportunities.

RESOLUTION NO. R2-506

Endorsement of the Advancing Care for Exceptional Kids Act of 2015

Introduced by: Joshua Hollabaugh, Nashville, TN
Orlando Sola, MD, New York, New York
Joseph Brodine, Washington, DC
Stewart Decker, MD, Klamath Falls, OR

WHEREAS, The American Academy of Family Physicians (AAFP) supports the goals of access to comprehensive and continuing medical care for all, and

WHEREAS, nearly 65 percent of family physicians participate in Medicaid and provide care for children, and

WHEREAS, AAFP members have a major stake in ensuring the Children's Health Insurance Program (CHIP) and Medicaid remain a viable and useful means for providing care to children, and

WHEREAS, approximately 2 million children with complex medical issues are enrolled under Medicaid, accounting for an estimated six percent of Medicaid enrollees and approximately 40 percent of children's Medicaid spending, and

WHEREAS, Medicaid is an integrated state-federal program whose recipients currently cannot receive care covered by the program across state boundaries even when medically indicated or geographically requisite, and

WHEREAS, the Advancing Care for Exceptional Kids Act of 2015 (ACE Kids Act of 2015) would establish a national Medicaid and CHIP care coordination program for children with medically complex conditions as an option for state Medicaid programs in better coordination and integration of care for such pediatric population, coverage of care across state boundaries, improved health outcomes and savings under the Medicaid program and CHIP, and

WHEREAS, family physicians care for patients across the full spectrum of life, and

WHEREAS, family physicians recognize that complex medical issues persist across all ages, and that the barriers to care to be addressed by the ACE Kids Act of 2015 also inhibit optimal care for all, and

WHEREAS, the ACE Kids Act of 2015 is a positive step towards achieving the goal of comprehensive and continuing medical care for all, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians endorse the Advancing Care for Exceptional Kids Act of 2015.

RESOLUTION NO. R2-507

Encouraging Nutrition Education in Family Medicine Residencies

Introduced by: Stewart Decker, MD, Klamath Falls, OR
Elizabeth Wiley, MD, JD, MPH, Baltimore, MD

WHEREAS, The American Academy of Family Physicians has a robust recommended curriculum guideline for family medicine residents concerning nutrition, and

WHEREAS, the American Society for Parenteral and Enteral Nutrition Task Force on Postgraduate Medical Education found that some form of nutrition education was provided at only 78% of U.S. anesthesia, family medicine, internal medicine, pediatrics, obstetrics/gynecology, and general surgery residency programs, and

WHEREAS, in the same study only 26% of programs had a formal curriculum, and 77% of program directors stated that the required educational goals in nutrition were not met, and

WHEREAS, the Accreditation Council for Graduate Medical Education creates program requirements for residency accreditation specifying number of hours needed for various educational opportunities, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians encourage the Accreditation Council for Graduate Medical Education to include specific and measurable guidelines for accreditation concerning nutrition education.

RESOLUTION NO. R2-508

Resolution on Police Violence, Structural Racism and Public Health

Introduced by: Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
Stewart Decker, MD, Klamath Falls, OR

WHEREAS, Family physicians have an obligation to speak out against police violence and structural racism which affects our patients, and

WHEREAS, communities of color are disproportionately targeted by some members of law enforcement, including the use of excessive force, and

WHEREAS, the disproportionate use of force by some members of law enforcement against communities of color is a direct result of inconsistent standards of policing and law enforcement, and

WHEREAS, the American Academy of Family Physicians recognizes that violence is a major public health concern that can negatively affect at-risk populations, especially when based on discriminatory practices, and

WHEREAS, President Obama has initiated a task force to address the rising crisis of minority deaths due to police action and lack of trust between law enforcement and the communities they serve, now therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) review the recommendations of the president's Task Force on 21st Century Policing, find concordance with AAFP existing policy and present discordances with AAFP policy, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) assign AAFP representatives to collaborate with development and implementation of the recommendations of the president's Task Force on 21st Century Policing, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP), write a letter to Surgeon General Vivek Murthy and Attorney General Loretta Lynch citing the AAFP's current policy titled "Violence as a Public Health Concern" and position paper titled "Violence" as it relates to the inconsistent application of policing and law enforcement standards in different communities, including the disproportionate use of force by some members of law enforcement against communities of color, and be it further

RESOLVED, That the American Academy of Family Physicians direct its delegation and members sections' delegates to the American Medical Association (AMA) to introduce an emergency resolution with the same objectives as "Inconsistent Policing and Law

46 Enforcement Standards as a Social Determinant of Health" to the AMA House of
47 Delegates for the 2015 Interim Meeting, and be it further
48
49 RESOLVED, That the American Academy of Family Physicians' American Medical
50 Association (AMA) delegation seek support and co-authorship for a parallel resolution
51 related to the inconsistent application of policing and law enforcement standards from
52 other AMA delegations and constituencies that would be supportive of such including,
53 but not limited to, the AMA Minority Affairs Section, Medical Student Section, Resident
54 and Fellows Section, Young Physicians Section, and individual regional and specialty
55 caucuses.

RESOLUTION NO. R2-509

Developing a Residency Curriculum Guide for Point of Care Ultrasound

Introduced by: Stewart Decker, MD, Klamath Falls, OR
Elizabeth Wiley, MD, JD, MPH, Baltimore, MD

WHEREAS, The International Federation for Emergency Medicine (IFEM) has recognized the utility of Point of Care Ultrasound (POCUS) and subsequently created a curriculum guide for ultrasound training in emergency medicine, and

WHEREAS, POCUS has been shown to be useful for skills important to family medicine and outside of the emergency room, including but not limited to Abdominal Aortic Aneurysm screenings, fracture diagnosis, and diagnosis of pneumonias, and

WHEREAS, the IFEM curriculum guide is not comprehensive enough for the needs of a primary care physician as we often work in emergency rooms, inpatient settings, and outpatient clinics, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create a comprehensive residency curriculum guide on the Point of Care Ultrasound for the broad spectrum needs of the Family Medicine resident.

1 **RESOLUTION NO. R2-510**
2
3 **Support of Miscarriage Managements Training in Family Medicine Residencies**
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5 Introduced by: Natalie Hinchcliffe, DO, New York, NY
6 Elizabeth Wiley, MD, Baltimore, MD
7 Stewart Decker, MD, Klamath Falls, OR
8 Andres Mallipudi, Baltimore, MD
9
10 WHEREAS, Nearly one in four women will experience miscarriage at some point in their
11 lives, and
12
13 WHEREAS, the rate of pregnancies which end in miscarriage is approximately 15% with
14 the percentage increasing along with the sensitivity of pregnancy testing to between
15 20%-62%, and
16
17 WHEREAS, miscarriage management is an integral part of the comprehensive
18 reproductive health care, and
19
20 WHEREAS, comprehensive reproductive health care is within the scope of family
21 medicine, making miscarriage management a part of the care family physicians should
22 provide, and
23
24 WHEREAS, miscarriage management can be provided through expectant management,
25 medical management with misoprostal, or uterine aspiration (MVA), and
26
27 WHEREAS, procedural interventions, such as uterine aspiration may be necessary in
28 the case of retained products or failed medical management, and
29
30 WHEREAS, expectant management has higher rates of incomplete miscarriage,
31 unplanned procedural intervention, higher rates of bleeding, and increased need for
32 transfusion, and
33
34 WHEREAS, uterine aspiration has the highest success rate of uterine evacuation of all
35 options for women experiencing miscarriage, and
36
37 WHEREAS, family physicians are the only providers some patients have access to,
38 particularly in rural areas, and
39
40 WHEREAS, 57% of chief residents in family medicine residencies reported that they
41 lacked clinical experience in miscarriage management, and
42
43 WHEREAS, current data show that operating room-based surgery is the most common
44 way of managing miscarriage, despite the three options which can be offered by family
45 physicians being equally as safe, and

46 WHEREAS, there are many benefits to family physicians providing miscarriage
47 management, and
48
49 WHEREAS, it is more cost-effective, more conducive to continuity of care, enabling
50 follow-up care to process the experience, and helps to avoid overtreatment, and
51
52 WHEREAS, family medicine residents are not routinely trained in miscarriage
53 management, and
54
55 WHEREAS, there is a specific gap in opportunities to train in uterine aspiration, and
56
57 WHEREAS, by including office-based miscarriage management training in family
58 medicine residency training, more women could access care from their own family
59 physicians, and
60
61 WHEREAS, family medicine residents need to have direct, hands-on training during
62 residency in order to be able to provide miscarriage management, now, therefore, be it
63
64 RESOLVED, That the American Academy of Family Physicians write a letter to the
65 Accreditation Council for Graduate Medical Education requesting the inclusion of
66 miscarriage management within their training requirements, and be it further
67
68 RESOLVED, That the American Academy of Family Physicians include miscarriage
69 management as a hands-on, skill-building workshop emphasizing procedural skills in
70 uterine aspiration with manual aspiration at the National Conference of Family Medicine
71 Residents and Medical Students, and be it further
72
73 RESOLVED, That the American Academy of Family Physicians support the overall
74 integration of comprehensive miscarriage management training including uterine
75 aspiration with manual vacuum aspiration into family medicine residencies, and be it
76 further
77
78 RESOLVED, That the resolution titled, “Support of Miscarriage Management Training in
79 Family Medicine Residencies” be referred to the American Academy of Family
80 Physicians Congress of Delegates.

RESOLUTION NO. R2-511

Climate Change

Introduced by: Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
Stewart Decker, MD, Klamath Falls, OR
Alison Case, MD, East Lansing, MI

WHEREAS, The health implications of climate change have a profound direct and indirect effect on the health of our patients, and

WHEREAS, there is growing urgency to take ambitious action to curb greenhouse gas emissions, a primary source of climate change, and

WHEREAS, the White House recently convened a summit on climate change and health, and

WHEREAS, the Lancet Commission on Climate Change and Health released its second report that, "..tackling climate change could be the greatest global health opportunity of the 21st century" and "(t)he effects of climate change are being felt today, and future projections represent an unacceptably high and potentially catastrophic risk to human health," and

WHEREAS, the United Nations Framework Convention on Climate Change (UNFCCC) Conference of Parties 21 (COP21) negotiations represent an opportunity for a coordinated global commitment to climate change mitigation and adaptation, and

WHEREAS, health professionals have an obligation to advocate for efforts to improve the health of our patients, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support climate change mitigation and adaptation strategies, including, but not limited to, (1) endorsing federal legislation and regulations to curb greenhouse gas emissions; (2) collaborating with other health professional and environmental organizations to promote ambitious national and international action on climate change; (3) encouraging recognition of the health co-benefits of climate change mitigation in United Nations Framework Convention on Climate Change processes including Conference of Parties 21 negotiations with Wonca, and be it further

RESOLVED, That the American Academy of Family Physicians develop educational materials to educate members about the real impacts of climate change on the health of patients, and be it further

RESOLVED, That the American Academy of Family Physicians develop an advocacy toolkit to support member engagement in state, national, and international advocacy efforts.

1 **RESOLUTION NO. R2-512**
2
3 **Support of Promoting Health in Trade Agreements**
4
5 Introduced by: Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
6 Charlotte Watts, MD, Baltimore, MD
7 Alison Case, MD, East Lansing, MI
8
9 WHEREAS, The United States is currently engaged in negotiating a new generation of
10 massive multilateral trade agreements outside the World Trade Organization (WTO)
11 including the Trans Pacific Partnership (TPP), the Transatlantic Trade and Investment
12 Partnership (TTIP), and the Trade in Services Agreement (TiSA), and
13
14 WHEREAS, these negotiations are occurring in secret, and
15
16 WHEREAS, trade agreement negotiations should be transparent, and
17
18 WHEREAS, leaked texts suggest that the TPP and TTIP may include provisions
19 detrimental to public health, access to medicines, and the practice of medicine, and
20
21 WHEREAS, these trade agreements may include Trade-Related Aspects of Intellectual
22 Property Rights (TRIPS) that increase the cost of medications for patients and may
23 reduce access to medicines in order to increase industry profits, and
24
25 WHEREAS, these provisions are likely to impact the most vulnerable populations
26 including U.S. seniors who face increasingly unsustainable drug prices and stand to
27 lose from delayed access to low cost generic drugs, and
28
29 WHEREAS, organizations which represent these patient populations have publicly
30 opposed intellectual property provisions in the TPP and TTIP which reduce access to
31 medicines, specifically calling for compromise language consistent with the May 10
32 agreement, and
33
34 WHEREAS, leaked texts have not included an exception for diagnostic and surgical
35 techniques and the omission of such an exception may limit, and
36
37 WHEREAS, Investor-State Dispute Settlement (ISDS) provisions in these trade
38 agreements may enable multinational corporations to challenge evidence-based laws
39 and regulations that protect public health such as plain packaging of cigarettes, and
40
41 WHEREAS, physicians and organized medicine have a professional obligation to
42 advocate for patients and public health in trade agreement negotiations, and
43
44 WHEREAS, the American Academy of Family Physicians has signed on to letters
45 urging a tobacco exemption in trade agreements including the TPP, now, therefore, be it
46

47 RESOLVED, That the American Academy of Family Physicians urge the United States
48 Trade Representative to ensure that trade agreements such as the Trans Pacific
49 Partnership and Transatlantic Trade and Investment Partnership promote public health,
50 access to medicines and access to care by opposing Investor-State Dispute Settlement
51 and restrictive intellectual property provisions, and be it further
52
53 RESOLVED, That the American Academy of Family Physicians urge the United States
54 Trade Representative to ensure transparency and openness in all trade agreements
55 negotiations including public access to negotiating texts and meaningful opportunities
56 for stakeholder engagement, and be it further
57
58 RESOLVED, That the American Academy of Family Physicians support inclusion of an
59 exception for diagnostic, therapeutic and surgical procedures modeled after 35 USC
60 287(c).

RESOLUTION NO. R2-513

Expanded Use of Naloxone

Introduced by: Stewart Decker, MD, Klamath Falls, OR
Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
Naomi Gorfinkle, Baltimore, MD
Andres Mallipudi, Baltimore, MD
My-Linh Nguyen, Baltimore, MD
Zoey Thill, MD, Bronx, NY
Elliot Goodenough, MD, Bronx, NY
Arden Harris, MD, Bronx, NY
Alexi Pappas, MD, Bronx, NY
Marissa Lapedis, MD, Bronx, NY
Lindsey Martin-Engel, MD, Chicago, IL
Lee Isaacsohn, MD, Bronx, NY
Jessica Cristallo, MD, Bronx, NY
Mariya Masyukova, MD, Bronx, NY
Alison Case, MD, East Lansing, MI

WHEREAS, The Centers for Disease Control and Prevention reported that of the 22,134 deaths relating to prescription drug overdose in 2010, 16,651 (75 %) involved opioid analgesics, and

WHEREAS, the total overdose deaths from opioid analgesics far exceeded the combined deaths from cocaine and heroin overdoses, and

WHEREAS, seventeen states and the District of Columbia have already enacted legislation that supports planning and development of expanded naloxone administration programs to prevent deaths due to life-threatening opioid overdose, and

WHEREAS, such legislation can support and provide legal protections for health care providers to prescribe naloxone to be administered by non-medical personnel in cases of suspected life-threatening opioid overdose and support and provide legal protections for pharmacists to prescribe naloxone to patients in accordance with standardized procedures and protocols developed and approved by medical boards, and

WHEREAS, on April 16, 2014, former Attorney General Eric Holder announced the United States Department of Justice's support for "all first responders, including state and local law enforcement agencies, to train and equip their staff on the front lines to use the overdose-reversal drug known as naloxone," and

WHEREAS, on April 3, 2014, the Food and Drug Administration approved the hand-held auto injector of naloxone, and

46 WHEREAS, naloxone is cost effective, has no potential for abuse and has no known
47 contraindications other than previous allergic reaction, and
48
49 WHEREAS, precedent exists for providing injectable medications, such as epinephrine
50 and glucagon, to be administered by non-medical personnel, and
51
52 WHEREAS, making injectable naloxone more available to non-medical personnel in
53 cases of suspected life threatening opioid overdose will save lives, now therefore, be it
54
55 RESOLVED, That the American Academy of Family Physicians support the
56 implementation of programs which allow first responders and non-medical personnel to
57 possess and administer naloxone in emergency situations, and be it further
58
59 RESOLVED, That the American Academy of Family Physicians support the
60 implementation of policies which allow licensed providers to prescribe naloxone auto-
61 injectors to patients using opioids or other individuals in close contact with those
62 patients, and be it further
63
64 RESOLVED, That the American Academy of Family Physicians support the
65 implementation of legislation which protects any individuals who administer naloxone
66 from prosecution for practicing medicine without a license.

RESOLUTION NO. R2-514

Support of Naloxone Access and Training

Introduced by: Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
Stewart Decker, MD, Klamath Falls, OR
Naomi Gorfinkle, Baltimore, MD
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Zoey Thill, MD, Bronx, NY
Elliot Goodenough, MD, Bronx, NY
Arden Harris, MD, Bronx, NY
Alexi Pappas, MD, Bronx, NY
Marissa Lapedis, MD, Bronx, NY
Lindsey Martin-Engel, MD, Chicago, IL
Lee Isaacsohn, MD, Bronx, NY
Jessica Cristallo, MD, Bronx, NY
Mariya Masyukova, MD, Bronx, NY
Alison Case, MD, East Lansing, MI

WHEREAS, Opioid-related deaths continue to increase across the United States and heroin overdose deaths have nearly tripled since 2000, and

WHEREAS, the current Recommended Curriculum Guidelines for Family Medicine Residents on Human Behavior and Mental Health includes “initial management of psychiatric emergencies: the suicidal patient, the acutely psychotic patient” but does not include specific mention of opioid overdose, and

WHEREAS, the current Recommended Curriculum Guidelines for Family Medicine Residents on Substance Use Disorders does not specifically reference knowledge or skill acquisition regarding acute opioid overdose or naloxone administration, and

WHEREAS, family physicians can play a critical role in both directly identifying and treating opioid overdose as well as supporting community-based naloxone training and distribution initiatives, and

WHEREAS, community-based naloxone programs has been shown to reduce opioid overdose death rates, and

WHEREAS, naloxone pricing has skyrocketed – increasing more than 50% in the last two years, and

WHEREAS, rising naloxone prices threaten community-based programs and access to naloxone, and

46 WHEREAS, state Medicaid coverage for naloxone take-home kits varies and expanded
47 Medicaid coverage of these kits increases access to naloxone treatment, now,
48 therefore, be it
49
50 RESOLVED, That the American Academy of Family Physicians specifically include
51 acute opioid overdose management and naloxone training in Recommended Curriculum
52 Guidelines for Family Medicine Residents, and be it further
53
54 RESOLVED, That the American Academy of Family Physicians advocate for price
55 reductions and expanded rebate agreements for naloxone by writing a letter to its
56 manufacturer, Amphastar, and be it further
57
58 RESOLVED, That the American Academy of Family Physicians develop an advocacy
59 toolkit to encourage state chapters to advocate for state Medicaid coverage for take-
60 home naloxone kits, rebate agreements and other cost reduction programs.