



## Student 2 Agenda and Resolutions

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

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1. Resolution No. S2-201      Pursue the Renewal of the Alliance of the Cocoa Cola Company (TCCC) and the AAFP
2. Resolution No. S2-202      Physician Dispensing Medications
3. Resolution No. S2-203      Updating Evidence-Based Information about the Efficacy of Fertility Awareness-Based Methods of Family Planning
4. Resolution No. S2-204      American Academy of Family Physicians Endorsement of Proposed Food and Drug Administration Nutrition Fact Label Modification to Include Percent Daily Value of Sugar
5. Resolution No. S2-205      Protecting Pregnant Women from Criminal Penalties Due to Substance Abuse
6. Resolution No. S2-206      Protection of the Public from Secondhand Electronic Cigarette Exposure
7. Resolution No. S2-207      Support of Drug Pricing Transparency
8. Resolution No. S2-208      Clinical Tools to Assess a Patient's Social Determinants of Health
9. Resolution No. S2-209      Support of Naloxone Access and Training
10. Resolution No. S2-210      Expanded Use of Naloxone

1      **RESOLUTION NO. S2-201**

2

3      **Pursue the Renewal of the Alliance of the Cocoa Cola Company (TCCC) and the**

4      **AAFP**

5

6      Introduced by:      Evan Branscum, Little Rock, AR

7                              Sarah Franklin, Little Rock, AR

8

9      WHEREAS, the alliance of the American Academy of Family Physicians (AAFP) with

10     The Coca-Cola Company (TCCC) is going to be dissolved, and

11

12     WHEREAS, said alliance has provided a unique opportunity for the AAFP to collaborate

13     with TCCC for the health of the public, and

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15     WHEREAS, the alliance with TCCC provided significant revenue to further the aims and

16     goals of the AAFP, now, therefore, be it

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18     RESOLVED, That the American Academy of Family Physicians (AAFP) pursue a

19     renewal of their alliance with The Coca-Cola Company to further its strategic objectives

20     and provide valuable revenue for the AAFP.

1   **RESOLUTION NO. S2-202**

2   **Physician Dispensing Medications**

3   Introduced by:                   Charles Willnauer, MD, Lubbock, TX  
4                                        Benjamin Willford, Harrogate, TN  
5                                        Alan Bordon, MD, Belleville, IL  
6                                        Dana Gross, Seattle, Wa  
7                                        Justin Kappel, Atlanta, GA  
8                                        Troy Russell, MD, Washington, DC  
9

10   WHEREAS, The price of medications is often cost prohibitive for many patients, and  
11

12   WHEREAS, inability to afford medications is a significant cause of morbidity and  
13   mortality, and

14  
15   WHEREAS, physicians dispensing medications from their clinic can lead to significant  
16   savings for patients, now, therefore, be it

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18   RESOLVED, That the American Academy of Family Physicians lobby for the ability of  
19   family physicians to dispense medications in all settings in all states.

1      **RESOLUTION NO. S2-203**

2

3      **Updating Evidence-Based Information about the Efficacy of Fertility Awareness-**  
4      **Based Methods of Family Planning**

5

6      Introduced by:      Cecilia Jojola, Wauwatosa, WI

7

8      WHEREAS, The American Academy of Family Physicians' (AAFP) National Congress  
9      of Family Medicine Residents and Medical Students supported a resolution encouraging  
10     evidence-based updates to its family planning resources on FamilyDoctor.org, and

11

12     WHEREAS, the AAFP supported a resolution that the "AAFP explore ways to assure  
13     that family physicians are provided with comprehensive and current information on  
14     reproductive health options based on clinically relevant scientific evidence," and

15

16     WHEREAS, the current Centers for Disease Control and Prevention (CDC)  
17     "Effectiveness of Family Planning Methods" article admits that its documentation may  
18     not currently reflect up-to-date scientific evidence on fertility awareness-based methods  
19     of family planning and notes that more recent methods of fertility awareness may be  
20     more effective, and

21

22     WHEREAS, the reference article of the CDC "Effectiveness of Family Planning  
23     Methods" relies on retrospective survey data dependent on participant recall of the  
24     contraception used at the time of conception and combines all fertility awareness-based  
25     methods under one category (even outdated methods) to produce a single effectiveness  
26     rate, and

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28     WHEREAS, the *American Family Physician* journal encourages the Strength of  
29     Recommendation Taxonomy (SORT) to allow authors to evaluate the strength of  
30     recommendation of a body of evidence, and

31

32     WHEREAS, today there is recent research-based information assessing the  
33     effectiveness of fertility awareness-based methods in avoiding pregnancy, including  
34     utilization of the Strength of Recommendation Taxonomy (SORT), now, therefore, be it

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36     RESOLVED, That the American Academy of Family Physicians write a letter to the  
37     Centers for Disease Control and Prevention to encourage collaboration in updating the  
38     effectiveness rates quoted for fertility awareness-based methods in their "Effectiveness  
39     of Family Planning Methods" to reflect the highest quality of research currently  
40     available, and be it further

41

42     RESOLVED, That the American Academy of Family Physicians update its patient  
43     education resource titled "Birth Control Options" to report failure rates of 1.6% - 14.2%  
44     for fertility awareness-based methods of family planning based on the Strength of  
45     Recommendation Taxonomy Evidence Rating A, and be it further

46

47 RESOLVED, That the American Academy of Family Physicians update articles  
48 "Provision of Contraception: Key Recommendations from the Centers for Disease  
49 Control and Prevention" in *American Family Physician* (May 1, 2015) and "Natural  
50 Family Planning" in *American Family Physician* (November 15, 2012) to report failure  
51 rates of 1.6% - 14.2% for fertility awareness-based methods of family planning based on  
52 Strength of Recommendation Taxonomy level 1 evidence, or publish an article on  
53 fertility awareness-based methods reflecting the highest quality of research available.

1      **RESOLUTION NO. S2-204**  
2

3      **American Academy of Family Physicians Endorsement of Proposed Food and**  
4      **Drug Administration Nutrition Fact Label Modification to Include Percent Daily**  
5      **Value of Sugar**

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7      Introduced by:      Clayton Cooper, State College, PA  
8                              Elizabeth McIntosh, Syracuse, NY  
9                              Scott Hippe, Seattle, WA

10  
11     WHEREAS, The obesity epidemic continues to rise in the United States (U.S.), with  
12     more than one third of the U.S. population currently considered obese, and

13  
14     WHEREAS, added sugar in the U.S. diet is known to contribute to the U.S. obesity  
15     epidemic, and

16  
17     WHEREAS, current nutrition fact labeling states total sugar in grams and does not  
18     include percent daily value of added sugar, and

19  
20     WHEREAS, “too much” sugar is easier to conceptualize when written as percent daily  
21     value, and

22  
23     WHEREAS, current nutrition labeling also displays percent daily value of many vitamins  
24     and nutrients, and

25  
26     WHEREAS, the July 2015 proposed changes to nutrition fact labeling displays a percent  
27     daily value of added sugar, now, therefore, be it

28  
29     RESOLVED, That the American Academy of Family Physicians send a letter to the  
30     United States Food and Drug Administration supporting the July 2015 proposed  
31     changes to nutrition fact labeling to include percent daily value of sugar.

1      **RESOLUTION NO. S2-205**

2

3      **Protecting Pregnant Women from Criminal Penalties Due to Substance Abuse**

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5      Introduced by:      Adam Del Conte, Johnson City, TN  
6                            Rebecca Proctor, Johnson City, TN  
7                            Stephen Humble, Johnson City, TN

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9      WHEREAS, Many states have enacted legislation enforcing civil and criminal sanctions  
10     against pregnant women with substance abuse and addiction issues, and

11

12     WHEREAS, this legislation may deter women from seeking appropriate prenatal care or  
13     result in the termination of otherwise wanted pregnancies, and

14

15     WHEREAS, the American Academy of Family Physicians' existing policy is explicitly  
16     opposed to imprisonment or other criminal sanctions of pregnant women solely for  
17     substance abuse during pregnancy, but encourages facilitated access to established  
18     drug and alcohol rehabilitation programs for such women, now, therefore, be it

19

20     RESOLVED, That the American Academy of Family Physicians reaffirm its existing  
21     policy opposing imprisonment or other criminal sanctions of pregnant women solely for  
22     substance abuse during pregnancy, and be it further

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24     RESOLVED, That the American Academy of Family Physicians support state chapters  
25     in opposing legislation that results in imprisonment or other criminal sanctions of  
26     pregnant women solely for substance abuse during pregnancy.

1      **RESOLUTION NO. S2-206**

2

3      **Protection of the Public from Secondhand Electronic Cigarette Exposure**

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5      Introduced by:      Rebecca Proctor, Johnson City, TN  
6                             Adam Del Conte, Johnson City, TN  
7                             Stephen Humble, Johnson City, TN

8

9      WHEREAS, There is increasing evidence that electronic cigarette vapor may contain  
10     harmful levels of heavy metals, and

11

12     WHEREAS, many state and municipal laws and regulations on public use of tobacco  
13     and prevention of secondhand exposure do not include electronic cigarettes, and

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15     WHEREAS, the American Academy of Family Physicians recognizes lack of regulatory  
16     oversight by the Food and Drug Administration on the manufacture, distribution, and  
17     safety of electronic cigarettes, now, therefore, be it

18

19     RESOLVED, That the American Academy of Family Physicians advocate on the state  
20     and local level for existing public tobacco usage regulations to include electronic  
21     cigarettes.

1    **RESOLUTION NO. S2-207**

2    **Support of Drug Pricing Transparency**

3    Introduced by:      Elizabeth Wiley, MD, JD, MPH, Baltimore, MD  
4                            Joe Brodine, Washington, DC  
5                            Alison Case, East Lansing, MI

6  
7    WHEREAS, Breakthrough drugs such as sofosbuvir (Solvaldi) may offer a potential cure  
8    to more than 2.5 million Americans with chronic hepatitis C, and

9  
10   WHEREAS, the price of sofosbuvir is set at \$84,000 and is expected to overwhelm state  
11   budgets as it is estimated that the cost to state governments will exceed \$55 million to  
12   treat patients on state-funded health plans including Medicaid, and

13  
14   WHEREAS, similar breakthrough oncologic agents have come with exorbitant  
15   skyrocketing costs with 11 of 12 cancer drugs approved by the Federal Drug  
16   Administration in 2012 exceeding \$100,000/year and with the average price of cancer  
17   drugs having doubled from \$5,000 to \$10,000/month in the last decade, and

18  
19   WHEREAS, federal and state legislative efforts have emerged to require  
20   pharmaceutical manufacturers to submit reports on the costs of production (including  
21   research and development, regulatory and manufacturing) and marketing and  
22   advertising in addition to profits for specific branded medications annually, and

23  
24   WHEREAS, increasing transparency in drugs costs would enable payors and  
25   policymakers to understand where higher drug prices might be justifiable, and

26  
27   WHEREAS, drug pricing transparency may increase pharmaceutical manufacturers'  
28   accountability for exorbitant pricing and deter unnecessarily high pricing to the benefit of  
29   patients and state budgets, and

30  
31   WHEREAS, exorbitant drug costs have deleterious effects on our patients and the  
32   health systems in which we work as family physicians, now, therefore, be it

33  
34   RESOLVED, That the American Academy of Family Physicians support federal and  
35   state legislation to require pharmaceutical manufacturers to disclose development and  
36   production costs as well as profits in order to negotiate more affordable drug prices for  
37   patients, and be it further

38  
39   RESOLVED, That the American Academy of Family Physicians develop an advocacy  
40   toolkit for chapters to encourage grassroots' support for state legislation to require drug  
41   pricing transparency.

1      **RESOLUTION NO. S2-208**

2

3      **Clinical Tools to Assess a Patient's Social Determinants of Health**

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5      Introduced by:      Cheryl Monteiro, Newark, NJ  
6                            Emily Gruber, Chicago, IL  
7                            Kresta Antillon, MD, Albuquerque, NM

8

9      WHEREAS, The American Academy of Family Physicians (AAFP) has a policy that  
10     family physicians identify and address the social determinants of health for individuals  
11     and families, incorporating this information in the biopsychosocial model, and

12

13     WHEREAS, the AAFP identifies 17 factors that "strongly influence health outcomes," for  
14     example, access to nutritious foods, neighborhood safety etc., and

15

16     WHEREAS, physicians play a role in referring patients to social services in order to  
17     address social determinants of care, thus physicians need to be able to identify patients  
18     in need of these service, and

19

20     WHEREAS, many tools exist that identify socioeconomic needs on a population level,  
21     and

22

23     WHEREAS, the AAFP does not currently have resources to guide physicians in  
24     recognizing patients in need of social services to address their social determinants of  
25     health, now, therefore, be it

26

27     RESOLVED, That the American Academy of Family Physicians (AAFP) explore clinical  
28     tools, for example, a pre-encounter questionnaire, to be used by practicing family  
29     physicians to assess patients' needs in regard to social determinants of health identified  
30     by the AAFP.

1      **RESOLUTION NO. S2-209**

2

3      **Support of Naloxone Access and Training**

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5      Introduced by:      Elizabeth Wiley, MD, JD, MPH, Baltimore, MD  
6                            Stewart Decker, MD, Klamath Falls, OR  
7                            Naomi Gorfinkle, Baltimore, MD  
8                            Andres Mallipudi, Baltimore, MD  
9                            My-Linh Nguyen, Baltimore, MD  
10                           Zoey Thill, MD, Bronx, NY  
11                           Elliot Goodenough, MD, Bronx, NY  
12                           Arden Harris, MD, Bronx, NY  
13                           Alexi Pappas, MD, Bronx, NY  
14                           Marissa Lapedis, MD, Bronx, NY  
15                           Lindsey Martin-Engel, MD, Chicago, IL  
16                           Lee Isaacsohn, MD, Bronx, NY  
17                           Jessica Cristallo, MD, Bronx, NY  
18                           Mariya Masyukova, MD, Bronx, NY  
19                           Alison Case, MD, East Lansing, MI

20

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

23

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

28

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

32

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

36

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

39

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

42

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

45

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

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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.

1      **RESOLUTION NO. S2-210**

2

3      **Expanded Use of Naloxone**

4

5      Introduced by:      Stewart Decker, MD, Klamath Falls, OR  
6                             Elizabeth Wiley, MD, JD, MPH, Baltimore, MD  
7                             Naomi Gorfinkle, Baltimore, MD  
8                             Andres Mallipudi, Baltimore, MD  
9                             My-Linh Nguyen, Baltimore, MD  
10                           Zoey Thill, MD, Bronx, NY  
11                           Elliot Goodenough, MD, Bronx, NY  
12                           Arden Harris, MD, Bronx, NY  
13                           Alexi Pappas, MD, Bronx, NY  
14                           Marissa Lapedis, MD, Bronx, NY  
15                           Lindsey Martin-Engel, MD, Chicago, IL  
16                           Lee Isaacsohn, MD, Bronx, NY  
17                           Jessica Cristallo, MD, Bronx, NY  
18                           Mariya Masyukova, MD, Bronx, NY  
19                           Alison Case, MD, East Lansing, MI

20

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

24

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

27

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

31

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

37

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

42

43      WHEREAS, on April 3, 2014, the Food and Drug Administration approved the hand-held  
44 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.