



Student 2 Agenda and Resolutions

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

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

14

15 WHEREAS, the alliance with TCCC provided significant revenue to further the aims and
16 goals of the AAFP, now, therefore, be it

17

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
17

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

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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

27
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

35
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**

6

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
8

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

23
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

14

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**

4

5 Introduced by: Cheryl Monteiro, Newark, NJ
6 Emily Graber, 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

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.

1 **RESOLUTION NO. S2-210**

2
3 **Expanded Use of Naloxone**

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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
45

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.