



# Student 1 Consent Calendar

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National Conference of Family Medicine Residents and Medical Students  
July 28-30, 2016 - Kansas City, MO

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

3  
4 **Item 1:** Adopt Substitute Resolution S1-101 “Eliminating the Gender Salary Wage Gap”  
5 (p. 1).

6  
7 **Item 2:** Adopt Resolution S1-102 “Increasing AAFP Promotion of Osteopath Student  
8 Membership and Involvement” (p. 2).

9  
10 **Item 3:** Adopt Resolution S1-104 “Promoting Inclusive Gender, Sex, and Sexual  
11 Orientation Options on Medical Documents” (pp. 2-3).

12  
13 **Item 4:** Adopt Substitute Resolution S1-105 “The Urgency of Minority Medical Student  
14 Support” (p. 3).”

15  
16 **Item 5:** Adopt Substitute Resolution S1-106 “Reduce Food Waste at the American  
17 Academy of Family Physician Conference Events” in lieu of Resolutions S1-106 and  
18 S1-115 “Repurposing Food Waste” (pp. 3-4).

19  
20 **Item 6:** Not Adopt Resolution S1-107 “Discontinuation of Discriminating Native  
21 American Imagery” (pp. 4-5).

22  
23 **Item 7:** Adopt Substitute Resolution S1-108 “Improving Patient Education of Limited  
24 English Proficiency Patients” (pp. 5-6).

25  
26 **Item 8:** Adopt Substitute Resolution S1-109 “Involving the Center for Global Health  
27 Initiatives in the Coordination and Planning of the National Conference” (p. 6).

28  
29 **Item 9:** Adopt Substitute Resolution S1-110 “Increasing the Visibility of Global Health on  
30 the American Academy of Family Physicians Website” (pp. 6-7).

31  
32 **Item 10:** Adopt Resolution S1-111 “Feasibility of Virtual Resolution Meetings” (p. 7).

33  
34 **Item 11:** Adopt Substitute Resolution S1-112 “Support for Sexual Orientation and  
35 Gender Expression Nondiscrimination” (pp. 7-8).

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37 **Item 12:** Not Adopt Resolution S1-113 “Establishing a Relationship Between the  
38 American Academy of Family Physicians and the American Psychiatric Association”  
39 (pp. 8-9).

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41 **Item 13:** Not Adopt Resolution S1-114 “Advocacy for a Federal Ban on Reparative  
42 Therapy” (p. 9).

43

44 **Item 14:** Adopt Substitute Resolution S1-116 “Public Facility Use and Transphobia” (pp.  
45 9-10).

46

47 **Item 15:** Not Adopt Resolution S1-117 “Asking Gender Identity and the Clinic  
48 Experience of Transgender Patients” (p.10).

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50 **REAFFIRMATION CALENDAR:**

51 (A) Resolution S1-103 “Support of Lesbian, Gay, Transgender, Queer/Questioning  
52 Protection Laws (LGBTQ)” (p. 11).



# Student 1 Reference Committee Report

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National Conference of Family Medicine Residents and Medical Students  
July 28-30, 2016 - Kansas City, MO

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

5  
6 **ITEM NO. 1: RESOLUTION S1-101: ELIMINATING THE GENDER SALARY WAGE GAP**

7  
8 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a  
9 strategic objective to the AAFP strategic plan to improve payment equity for female  
10 family physicians by advocating for the elimination of the income gap between male and  
11 female family physicians, and be it further

12  
13 RESOLVED, That the American Academy of Family Physicians advocate to eliminate  
14 payment inequity between male and female family physicians, and be it further

15  
16 RESOLVED, That the American Academy of Family Physicians discuss and promote  
17 existing and potential programs to eliminate payment inequity between male and female  
18 family physicians.

19  
20 The reference committee heard testimony from the author regarding the salary discrepancy  
21 between male and female physicians, which persists despite adjusting for time worked,  
22 productivity, age, experience, research experience, and faculty rank. It was noted that the AAFP  
23 has an existing policy endorsing equitable representation of women as medical students, staff,  
24 and leadership positions.

25  
26 One of the strategies of AAFP strategic objective #1 is to improve payment equity by reducing  
27 the income gap between family physicians and subspecialties. The reference committee  
28 suggested expanding the scope of strategic objective #1 to address inequality in pay between  
29 genders within this specialty.

30  
31 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
32 **No. S1-101 be adopted in lieu of Resolution No. S1-101, which reads as follows:**

33  
34 **RESOLVED, That the American Academy of Family Physicians revise the third**  
35 **strategy of strategic objective 1 (Advocacy) which states "improve payment equity**  
36 **for family physicians by reducing the income gap between family physicians and**  
37 **subspecialties" to include improved payment equity within the specialty of family**  
38 **medicine, including gender.**

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**ITEM NO. 2: RESOLUTION S1-102: INCREASING AAFP PROMOTION OF OSTEOPATHIC STUDENT MEMBERSHIP AND INVOLVEMENT**

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage chapters to recruit osteopathic medical students to become members of the AAFP.

The reference committee heard testimony from the author asserting that the primary purpose of osteopathic schools is to create primary care physicians. It was asserted that more outreach from the AAFP would give osteopathic students an opportunity to engage at the National Conference of Family Medical Residents and Medical Students and interact with residency programs where they may be trained.

It was noted that the American College of Osteopathic Family Physicians may not look favorably on the AAFP having a greater presence in osteopathic schools. However, considering changes taking place with licensing and accreditation, and the probable merging of the residency match, the AAFP be should be more inclusive of osteopathic students. It was noted we are missing potential networking opportunities between the allopathic and osteopathic medical students.

**RECOMMENDATION: The reference committee recommends that Resolution No. S1-102 be adopted.**

**ITEM NO. 3: RESOLUTION S1-104: PROMOTING INCLUSIVE GENDER, SEX, AND SEXUAL ORIENTATION OPTIONS ON MEDICAL DOCUMENTS**

RESOLVED, That the American Academy of Family Physicians (AAFP) support the inclusion of a patient’s biological sex, gender identity, sexual orientation, preferred gender pronoun(s), and (if applicable) surrogate identifications in medical documentation and related forms in a culturally sensitive manner, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for collection of patient data that is inclusive of sexual orientation/gender identity for the purposes of research into patient health.

The reference committee heard testimony in support of the resolution. Testimony stated that the AAFP should support a standardized way for this data to be collected and that more inclusive language should be used on patient intake forms.

The reference committee learned of existing work by Centers for Medicare & Medicaid Services and the Office of the National Coordinator of Health Information Technology to address the inclusion of gender, sex, and sexual orientation on medical documents. The new rules on gender identity require all EHRs certified under Stage 3 of the Meaningful Use program to allow users to record, change, and access structured data on sexual orientation and gender identity. This requirement is part of the 2015 edition “demographics” certification criterion and adds sexual orientation and gender identity data to the 2015 edition base EHR definition, which is part of the definition of certified EHR technology, or CEHRT. Physicians are not required to use the 2015 edition certification until after 2017.

[\(https://www.americanprogress.org/press/statement/2015/10/07/122884/statement-new-hhs-rules-require-sexual-orientation-and-gender-identity-data-collection-in-electronic-health-records-program/\)](https://www.americanprogress.org/press/statement/2015/10/07/122884/statement-new-hhs-rules-require-sexual-orientation-and-gender-identity-data-collection-in-electronic-health-records-program/)

89 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-104**  
90 **be adopted.**

91  
92 **ITEM NO. 4: RESOLUTION S1-105: THE URGENCY OF MINORITY MEDICAL STUDENT**  
93 **SUPPORT**

94  
95 RESOLVED, That the American Academy of Family Physicians investigate how more  
96 comprehensive support of minorities enrolled in medical education programs affects the  
97 educational outcomes of medical students, and be it further

98  
99 RESOLVED, That the American Academy of Family Physicians investigate how more  
100 comprehensive support of minorities enrolled in medical education programs affects the  
101 mental wellness and burnout of medical students.

102  
103 The reference committee heard testimony from the author regarding challenges faced by  
104 minority medical students. Minority was broadly defined as students of ethnic and racial  
105 minorities, women, and LGBT students. Several students spoke in support of the resolution  
106 citing the disproportionate stress from discrimination while in medical school.

107  
108 The reference committee agreed that minority students have unique issues they face, affecting  
109 their emotional and mental wellbeing while in medical school. It was noted that the Association  
110 of American Medical Colleges may be more equipped to handle this type of resource  
111 development (with programs such as Diversity 3.0).The AAFP could investigate current  
112 research and make it available to students. The reference committee believed more resources  
113 should be put forth addressing issues faced by minority medical students.

114  
115 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
116 **No. S1-105 be adopted in lieu of Resolution No. S1-105 which reads as follows:**

117  
118 **RESOLVED That the American Academy of Family Physicians investigate how**  
119 **more comprehensive support of minorities enrolled in medical education**  
120 **programs affects the educational outcomes, mental wellness, and burnout of**  
121 **medical students.**

122  
123 **ITEM NO. 5: RESOLUTION S1-106: REDUCE FOOD WASTE AT THE AMERICAN**  
124 **ACADEMY OF FAMILY PHYSICIAN CONFERENCE EVENTS**

125  
126 RESOLVED, That the American Academy of Family Physician (AAFP) will investigate  
127 how much food is discarded at AAFP conferences, and be it further

128  
129 RESOLVED, That the American Academy of Family Physician collaborate with and  
130 encourage vendors and caterers to adopt less wasteful practices, and be it further

131  
132 RESOLVED, That the American Academy of Family Physician encourage vendors to  
133 donate all donatable food products that would otherwise be discarded in accordance  
134 with local regulations.

135  
136 **RESOLUTION S1-115: REPURPOSING FOOD WASTE**

137  
138 RESOLVED, That the American Academy of Family Physicians work towards having a  
139 zero food waste initiative at its conferences by 2020 or sooner, and be it further

140  
141 RESOLVED, That the American Academy of Family Physicians particularly focus this  
142 zero food waste initiative according to the Environmental Protection Agency’s Food  
143 Recovery Hierarchy focusing first on source reduction, feeding hungry people and  
144 feeding animals, and be it further  
145

146 RESOLVED, That the planning committee for the American Academy of Family  
147 Physicians National Conference of Family Medicine Residents and Medical Students  
148 include environmentally friendly efforts into its planning decisions, including repurposing  
149 food waste.  
150

151 Authors of the resolutions shared that millions of Americans are lacking adequate food. Since  
152 the AAFP supports healthy communities, it can play a role in providing a source of food to  
153 affected households by repurposing food waste from its conferences. The authors also indicated  
154 the Environmental Protection Agency has resources available for those interested in  
155 implementing zero food waste initiatives. One of the authors also indicated there are vendors  
156 that provide zero food waste services in the Kansas City area where the National Conference of  
157 Family Medicine Residents and Medical Students is held, such as Missouri Organic Recycling.  
158 The reference committee supported the idea of adopting best practices to reduce and repurpose  
159 food waste. They also acknowledge planning for AAFP events is a lengthy process and that  
160 there may be challenges outside the AAFP’s control with finding vendors that can readily  
161 support these types of food waste initiatives in the various host cities the AAFP uses for its  
162 meetings. The reference committee believed that AAFP staff should try to work with its vendors  
163 to reduce and repurpose food waste where possible.  
164

165 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
166 **No. S1-106 be adopted in lieu of Resolutions No. S1-106 and S1-115, which reads as**  
167 **follows:**  
168

169 **RESOLVED, That the American Academy of Family Physicians investigate ways to**  
170 **collaborate with vendors to adopt less wasteful practices, and be it further**  
171

172 **RESOLVED, That the American Academy of Family Physicians encourage vendors**  
173 **to donate all donatable food products that would otherwise be discarded in**  
174 **accordance with local regulations, and be it further**  
175

176 **RESOLVED, That the planning committee for the National Conference of Family**  
177 **Medicine Residents and Medical Students include environmentally friendly efforts**  
178 **into its planning decisions, including repurposing food waste.**  
179

180 **ITEM NO. 6: RESOLUTION S1-107: DISCONTINUATION OF DISCRIMINATING NATIVE**  
181 **AMERICAN IMAGERY**  
182

183 RESOLVED, That the American Academy of Family Physicians support discontinuation  
184 of disparaging Native American imagery in the form of “native” names and mascots of  
185 sport teams, schools, and athletic programs.  
186

187 The reference committee heard testimony in support and opposition of the resolution. Testimony  
188 in support noted that suicide rates within the Native American population are high due, in part,  
189 to a lack of positive imagery. Additional support noted the importance of realizing how negative  
190 imagery such as “native” names and mascots does impact the mental health of this patient

191 population as well as possibly creating implicit bias against Native American medical students  
192 and physicians. It was also mentioned that the American College of American Indians has a  
193 well-established policy on the discontinuation of disparaging Native American imagery.  
194 Testimony in opposition of the resolution agreed with the issue of negative imagery, but did not  
195 necessarily see the connection to the practice of family physicians.  
196

197 The reference committee supported the spirit of the resolution in that this is a significant social  
198 issue, but was unsure about the AAFP's ability to influence the names or mascots of sports  
199 teams, schools, or athletic programs and how the AAFP could get involved. The reference  
200 committee was also unclear about what organizations the resolution is asking the AAFP to  
201 support.  
202

203 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-107**  
204 **not be adopted.**

205  
206 **ITEM NO. 7: RESOLUTION S1-108: IMPROVING PATIENT EDUCATION OF LIMITED**  
207 **ENGLISH PROFICIENCY PATIENTS**  
208

209 RESOLVED, That the American Academy of Family Physicians add links such as  
210 ethnomed.org to its official website, and be it further  
211

212 RESOLVED, That the American Academy of Family Physicians provide continuing  
213 medical education at such events as the Family Medicine Experience and National  
214 Conference of Family Residents and Medical Students to educate physicians on  
215 providing culturally competent care, and be it further  
216

217 RESOLVED, That the American Academy of Family Physicians familydoctor.org website  
218 provide more patient information in more languages for physician and patient use.  
219

220 The reference committee heard testimony in favor of this resolution. There was support for the  
221 creation of additional resources for patients with limited English proficiency, given the barriers  
222 these patients experience in regard to medical information comprehension.  
223

224 The reference committee agreed immigration and language barriers have created a gap in  
225 healthcare and that family medicine is in a unique place to address this need. However, the  
226 reference committee was not in support of adding links to the AAFP website from ethnomed.org  
227 due to the existing patient education website, familymedicine.org. The reference committee  
228 believed there is a need for more cultural competency training at the National Conference of  
229 Family Medicine Residents and Medical Students and supported the addition of patient  
230 information in multiple languages on familydoctor.org.  
231

232 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
233 **No. S1-108 be adopted in lieu of Resolution No. S1-108, which reads as follows:**  
234

235 **RESOLVED, That the American Academy of Family Physicians explore providing**  
236 **more continuing medical education at such events as the Family Medicine**  
237 **Experience and National Conference of Family Residents and Medical Students**  
238 **that educate physicians on providing culturally competent care, and be it further**  
239

240 **RESOLVED, That the American Academy of Family Physicians [familydoctor.org](http://familydoctor.org)**  
241 **website provide more patient information in more languages for physician and**  
242 **patient use.**

244 **ITEM NO. 8: RESOLUTION S1-109: INVOLVING THE CENTER FOR GLOBAL HEALTH**  
245 **INITIATIVES IN THE COORDINATION AND PLANNING OF THE NATIONAL CONFERENCE**

246  
247 RESOLVED, That the American Academy of Family Physicians Center for Global Health  
248 Initiatives be involved in the planning and coordination of all global health related  
249 programming at the National Conference of Family Residents and Medical Students, and  
250 be it further

251  
252 RESOLVED, That the National Conference of Family Medicine Residents and Medical  
253 Students increase the number of global health related speakers and skills based  
254 workshops.

255  
256 The author of the resolution believes there is high interest in global health among students and  
257 that providing more global health sessions at the National Conference of Family Medicine  
258 Residents and Medical Students (National Conference) may result in an increased interest in  
259 family medicine. The author indicated there is student and resident representation in the Center  
260 for Global Health Initiatives and that the student representative can assist with planning  
261 sessions at National Conference. The reference committee also heard testimony provided by  
262 the student chair of National Conference that she would support a substitute resolution that  
263 would be more accommodating to the existing planning process for National Conference.  
264 Programming is based on the theme chosen by the planning committee. The reference  
265 committee acknowledged the enthusiasm for global health and its potential impact in drawing  
266 interest from medical students to National Conference and family medicine and believed  
267 consideration should be given to global health sessions at National Conference when  
268 appropriate.

269  
270 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
271 **No. S1-109 be adopted in lieu of Resolution No. S1-109, which reads as follows:**

272  
273 **RESOLVED, That the American Academy of Family Physicians consider involving**  
274 **the Center for Global Health Initiatives in the planning and coordination of global**  
275 **health related programming at the National Conference of Family Medicine of**  
276 **Residents and Medical Students, and be further**

277  
278 **RESOLVED, That the National Conference of Family Medicine of Residents and**  
279 **Medical Students consider increasing the number of global health related**  
280 **speakers and skills based workshops.**

281  
282 **ITEM NO. 9: RESOLUTION S1-110: INCREASING THE VISIBILITY OF GLOBAL HEALTH**  
283 **ON THE AMERICAN ACADEMY OF FAMILY PHYSICIANS WEBSITE**

284  
285 RESOLVED, That the American Academy of Family Physicians streamline its website to  
286 highlight and improve access to existing global health resources, and be it further

287  
288 RESOLVED, That the American Academy of Family Physicians coordinate website  
289 changes involving global health-related materials with the Center for Global Health  
290 Initiatives.



291  
292 The author of the resolution shared that 26% of family medicine residency programs offer global  
293 health training and that medical students are increasingly engaging in global health initiatives.  
294 The author stated that resources are available on the AAFP's website but are difficult to locate  
295 and that improving the accessibility of these resources could help engage more medical  
296 students in family medicine. The reference committee agreed it would be beneficial to enhance  
297 the accessibility of global health resources on the AAFP's website.  
298

299 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
300 **No. S1-110 be adopted in lieu of Resolution No. S1-110, which reads as follows:**

301  
302 **RESOLVED, That the American Academy of Family Physicians work with the**  
303 **Center for Global Health Initiatives to streamline aafp.org to highlight and improve**  
304 **access to existing global health resources.**  
305

306 **ITEM NO. 10: RESOLUTION S1-111: FEASIBILITY OF VIRTUAL RESOLUTION MEETINGS**

307  
308 RESOLVED, That the American Academy of Family Physicians investigate the use of  
309 virtual meetings (via video chat, social media, discussion forums, etc.) to provide a  
310 means for dialogue with residents and students in order to result in improved resolution  
311 development prior to the National Conference of Family Medicine Residents and Medical  
312 Students.  
313

314 The reference committee heard testimony in favor of the resolution. Students and residents  
315 would like a discussion forum that could be used in advance of the meeting to collaborate on  
316 resolutions given their importance for the meeting. Testimony noted that a forum such as this  
317 would potentially allow for higher quality resolutions and fewer resolutions on similar topics. The  
318 reference committee overwhelmingly was in support of the resolution and believed that this  
319 forum for students and residents together, not just leaders, could be housed within the AAFP's  
320 new community platform found at [www.connect.aafp.org](http://www.connect.aafp.org). The discussion forum would allow for  
321 documents to be shared within the forum library as well as an ongoing dialogue to be had  
322 throughout the year.  
323

324 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-111**  
325 **be adopted.**  
326

327 **ITEM NO. 11: RESOLUTION S1-112: SUPPORT FOR SEXUAL ORIENTATION AND**  
328 **GENDER EXPRESSION NONDISCRIMINATION**

329  
330 RESOLVED, That the American Academy of Family Physicians develop a policy in  
331 support of sexual orientation and gender expression nondiscrimination specifically with  
332 regard to employment, housing, access to public places, education, and any other areas  
333 where lesbian, gay, bisexual, and transgender (LGBT) discrimination occurs, and be it  
334 further  
335

336 RESOLVED, That the American Academy of Family Physicians actively encourage the  
337 United States Congress to pass the current proposed Equality Act in both the Senate  
338 and House of Representatives.  
339

340 The reference committee heard testimony in favor of the first resolved clause. Discrimination  
341 remains prevalent for lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals with

342 regard to public issues such as employment, housing, access to public places, education, etc.  
343 The reference committee learned that a similar resolution was recently adopted at the National  
344 Conference of Constituency Leaders (NCCL). In order to avoid duplication of work by the AAFP,  
345 and given the language included in NCCL Resolution No. 3007  
346 ([http://www.aafp.org/content/dam/AAFP/documents/events/alf\\_ncsc/business/2016NCCLSummaryofActions.docx](http://www.aafp.org/content/dam/AAFP/documents/events/alf_ncsc/business/2016NCCLSummaryofActions.docx)), the reference committee believes that the first resolved clause is being  
347 addressed by current policy.  
348

349  
350 The reference committee believes that it is within the AAFP's purview to support the Equality  
351 Act which seeks to revise the Civil Rights Act of 1964 to include sex, sexual orientation, and  
352 gender identity among the prohibited categories of discrimination or segregation in places of  
353 public accommodation given current policies on nondiscrimination (Health  
354 Equity, <http://www.aafp.org/about/policies/all/health-equity.html>; Discrimination,  
355 Patient, <http://www.aafp.org/about/policies/all/patient-discrimination.html>; Fairness in Federal  
356 Programs for All U.S. Citizens, <http://www.aafp.org/about/policies/all/federal-fairness.html>, Equal  
357 Opportunity, <http://www.aafp.org/about/policies/all/equal-opportunity.html>; and Social  
358 Determinants of Health, <http://www.aafp.org/about/policies/all/social-determinants.html>). The  
359 legislation is in direct support of the wellbeing of patients.  
360

361 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
362 **No. S1-112 be adopted in lieu of Resolution No. S1-112, which reads as follows:**

363  
364 **RESOLVED, That the American Academy of Family Physicians write a letter to the**  
365 **United States Congress advocating for the passage of the currently proposed**  
366 **Equality Act in both the Senate and House of Representatives.**  
367

368 **ITEM NO. 12: RESOLUTION S1-113: ESTABLISHING A RELATIONSHIP BETWEEN THE**  
369 **AMERICAN ACADEMY OF FAMILY PHYSICIANS AND THE AMERICAN PSYCHIATRIC**  
370 **ASSOCIATION**

371  
372 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate  
373 initiatives, discussions and projects by the American Psychiatric Association (APA) that  
374 can be referenced to establish a relationship with the APA to help support family  
375 physicians who work with patients with mental illness in their communities, strengthen  
376 the collaboration between health professionals in the medical home, and improve mental  
377 health care in the community.  
378

379 The author of the resolution provided testimony that given the prevalence of mental health  
380 cases in family medicine, the AAFP should pursue collaborating with the American Psychiatric  
381 Association (APA) similar to partnerships AAFP has with other organizations on shared  
382 interests. Testimony was provided by another individual in support of the resolution, adding that  
383 80% of her cases has a mental health component. The reference committee discussed various  
384 existing AAFP mental health policies such as the position paper on Mental Health Care Services  
385 by Family Physicians (<http://www.aafp.org/about/policies/all/mental-services.html>), clinical  
386 recommendations and guidelines (<http://www.aafp.org/patient-care/browse/topics.tag-mental-health.html>), including recommended curriculum guidelines for family medicine residents  
387 ([http://www.aafp.org/dam/AAFP/documents/medical\\_education\\_residency/program\\_directors/Reprint270\\_Mental.pdf](http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint270_Mental.pdf)). The reference committee also acknowledged the various articles on  
388 mental health published in *American Family Physician* such as the "APA Updates Guidelines on  
389 Psychiatric Evaluation in Adults" article in the July 1, 2016 issue  
390 (<http://www.aafp.org/afp/2016/0701/p62.html>). The reference committee agreed mental health is  
391  
392

393 an important clinical topic in family medicine and believed the AAFP has provided current and  
394 relevant resources on this topic in the context of family medicine, including work done by the  
395 APA. The reference committee believed this can continue to be achieved without a formal  
396 partnership with the APA similar to the AAFP's relationship with the American Congress of  
397 Obstetricians and Gynecologists and the American Academy of Pediatrics.  
398

399 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-113**  
400 **not be adopted.**

401  
402 **ITEM NO. 13: RESOLUTION S1-114: ADVOCACY FOR A FEDERAL BAN ON REPARATIVE**  
403 **THERAPY**

404  
405 RESOLVED, That the American Academy of Family Physicians actively encourage the  
406 United States Congress to place a federal ban on "reparative therapy" practiced by  
407 licensed professionals on minors and recognize this practice as harmful under federal  
408 law.  
409

410 The reference committee heard testimony in support of the resolution. While the AAFP opposes  
411 conversion therapy (<http://www.aafp.org/about/policies/all/reparative-therapy.html>), the authors  
412 wanted the AAFP to go further and encourage the United States Congress to take action on the  
413 issue since most legislation is currently state-based and not federal. The reference committee  
414 supported the concept of the resolution, but noted a significant difference between simply not  
415 supporting a policy and banning it entirely. They also noted the state versus federal legislation  
416 issue and the fact that there is no known current legislation within Congress on the topic.  
417

418 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-114**  
419 **not be adopted.**

420  
421 **ITEM NO. 14: RESOLUTION S1-116: PUBLIC FACILITY USE AND TRANSPHOBIA**

422  
423 RESOLVED, That the American Academy of Family Physicians endorse existing state  
424 and federal laws that protect people from discrimination based on gender expression  
425 and identity, and oppose laws that compromise the safety and health of transgender  
426 people by failing to provide this protection, and be it further  
427

428 RESOLVED, That the American Academy of Family Physicians actively support the  
429 ability of transgender people to use the public facilities of the gender with which they  
430 identify and actively oppose any legislation which would infringe upon that ability.  
431

432 There was no testimony heard on the resolution in favor or in opposition. The reference  
433 committee believed this to be a state-level issue. The reference committee was made aware of  
434 a similar resolution adopted recently at the National Conference of Constituency Leaders  
435 (NCCL), Resolution No. 3007  
436 ([http://www.aafp.org/content/dam/AAFP/documents/events/alf\\_ncsc/business/2016NCCLSumm](http://www.aafp.org/content/dam/AAFP/documents/events/alf_ncsc/business/2016NCCLSummaryofActions.docx)  
437 [aryofActions.docx](http://www.aafp.org/content/dam/AAFP/documents/events/alf_ncsc/business/2016NCCLSummaryofActions.docx)). Given the similarity of resolutions, the reference committee chose to  
438 substitute language from NCCL for this resolution.  
439

440 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
441 **No. S1-116 be adopted in lieu of Resolution No. S1-116, which reads as follows:**  
442

443 **RESOLVED, That the American Academy of Family Physicians endorse laws**  
444 **protecting people from discrimination based on gender expression and identity**  
445 **and oppose laws that compromise the safety and health of transgender people.**  
446

447 **ITEM NO. 15: RESOLUTION S1-117: ASKING GENDER IDENTITY AND THE CLINIC**  
448 **EXPERIENCE OF TRANSGENDER PATIENTS**  
449

450 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with  
451 partner organizations to develop best practices with regard to making clinics a safe place  
452 for transgender and gender non-binary patients and publish them on the AAFP's website  
453 (aafp.org), and be it further  
454

455 RESOLVED, That these best practices include asking the gender identity of all patients  
456 as a distinct entity from their sex assigned at birth in accordance with the most recent  
457 Health Resources and Services Administration (HRSA) policy, and be it further  
458

459 RESOLVED, That the American Academy of Family Physicians (AAFP) approach  
460 electronic health record vendors about including a designated space in their  
461 demographic sections to specifically ask patients' gender identity as distinct from their  
462 sex assigned at birth in the medical record.  
463

464 The reference committee heard testimony in favor of this resolution regarding transgender  
465 patients facing difficulties in the healthcare system. Examples of these difficulties include  
466 inappropriate gender pronoun use and challenges regarding asking and reporting the birth sex  
467 and gender identity of patients. The author cited a potential partner organization as Fenway  
468 Health.  
469

470 The reference committee agreed there are unnecessary burdens placed on transgender  
471 patients in the healthcare system and supported more resources to guide family physicians in  
472 the care of transgender patients. It was noted that the AAFP website has a resource page  
473 (<http://www.aafp.org/about/constituencies/resources/glbtt/transgender.html>) to provide resources  
474 for family physicians. The reference committee learned there are AAFP recommended core  
475 curriculum guidelines that residency programs use to educate residents on providing competent  
476 care to transgender patients.  
477

478 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-117**  
479 **not be adopted.**  
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490 **REAFFIRMATION CALENDAR**

491 The following item A is presented by the Reference Committee on the Reaffirmation Calendar.  
492 Testimony in the Reference Committee hearing and discussion by the Reference Committee in  
493 Executive Session concurred that the resolutions presented in Item A is current policy or are  
494 already addressed in current projects. At the request of the National Congress of Family  
495 Medicine Residents, any item may be taken off the Reaffirmation Calendar for an individual vote  
496 on that item. Otherwise, the Committee will request approval of the Reaffirmation Calendar in  
497 single vote.

498  
499 (A) Resolution S1-103 entitled "Support Of Lesbian, Gay, Bisexual, Transgender,  
500 Queer/Questioning Protection Laws (LGBTQ)," the resolved portion which reads as  
501 printed below:

502  
503 RESOLVED, That the American Academy of Family Physicians support and promote  
504 current and potential laws that defend equal housing, employment, and hospital  
505 rights to all patients.  
506

507 Discrimination remains prevalent for lesbian, gay, bisexual, transgender, and queer (LGBTQ)  
508 individuals with regard to public issues. The AAFP has several current policies in place  
509 regarding discrimination as it relates to patient rights, social determinants of health, and fairness  
510 in federal programs. See Health Equity, <http://www.aafp.org/about/policies/all/health-equity.html>;  
511 Discrimination, Patient, <http://www.aafp.org/about/policies/all/patient-discrimination.html>;  
512 Fairness in Federal Programs for All U.S. Citizens, [http://www.aafp.org/about/policies/all/federal-](http://www.aafp.org/about/policies/all/federal-fairness.html)  
513 [fairness.html](http://www.aafp.org/about/policies/all/federal-fairness.html), Equal Opportunity, <http://www.aafp.org/about/policies/all/equal-opportunity.html>;  
514 and Social Determinants of Health, [http://www.aafp.org/about/policies/all/social-](http://www.aafp.org/about/policies/all/social-determinants.html)  
515 [determinants.html](http://www.aafp.org/about/policies/all/social-determinants.html).

516  
517 **RECOMMENDATION: The Reference Committee recommends that Item A on the**  
518 **Reaffirmation Calendar be approved as current policy or as already being addressed in**  
519 **current projects.**

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

523  
524 Respectfully submitted,

525  
526  
527  
528 \_\_\_\_\_  
528 Kirsten Anderson, Chair

529  
530 Elizabeth McIntosh  
531 Jeremy Mosher  
532 Andrea Pittman  
533 Matthew Peters  
534 Morgan Rogers  
535 Cleopatra McGovern  
536 Ariel Hoffman