



Student 2 Consent Calendar

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

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

4 **Item 1:** Not Adopt Resolution No. S2-201 “Incorporating Health Policy Education Into Medical
5 Schools and Residency Programs (p. 1)
6

7 **Item 2:** Adopt Resolution No. S2-202 “Policy Recommendations on Men Who Have Had Sex With
8 Men (MSM) Blood Donation (p. 2)
9

10 **Item 3:** Adopt Substitute Resolution No. S2-204 “Investigating Supplemental Nutrition
11 Assistance Program Block Grants (p. 2-3)
12

13 **Item 4:** Adopt Resolution No. S2-205 “Increase in Supplemental Nutrition Assistance Program
14 (SNAP) Funding (p. 3)
15

16 **Item 5:** Adopt Resolution S2-206 “Climate Change Policy Adjustments (p. 3)
17

18 **Item 6:** Adopt Substitute Resolution No. S2-207 “Physician Suicide Prevention (p. 3-4)
19

20 **Item 7:** Not Adopt Resolution No. S2-209 “Supporting Common Sense Gun Legislation (p. 4)
21

22 **Item 8:** Adopt Substitute Resolution No. S2-210 “Improving Mental Health Care in the Primary
23 Care Setting (p. 4-5)
24

25 **Item 9:** Adopt Substitute Resolution No. S2-211 “No Child Lead Behind – Improving Awareness,
26 Detection and Prevention of Lead Contamination (p. 5-6)
27

28 **Item 10:** Adopt Resolution No. S2-212 “Climate Change Advocacy (p. 6-7)
29

30 **Item 11:** Adopt Substitute Resolution No. S2-213 “Addressing Misinformation and Access to
31 Health Services for Pregnant Women” (p. 7-8)
32

33 **Item 12:** Adopt Resolution No. S2-214 “Ending Direct Consumer Advertising” (p. 8)
34

35 **Item 13:** Adopt Resolution No. S2-215 “Improving Medical Care in Immigrant Detention” (p. 8-9)
36

37 **Item 14:** Not Adopt Resolution No. S2-217 “Revisiting the Creation of an Electronic Health
38 Record by the American Academy of Family Physicians” (p. 9-10)
39
40
41

42 **REAFFIRMATION CALENDAR:**

43

44 (A) Resolution No. S2-203 "Importance of Oral Health in Medical Practice" (p. 10)

45

46 (B) Resolution No. S2-208 "A Shot in the Dark: The Lack of Gun Violence Research is a
47 Public Health Issue" (p. 10-11)

48

49 (C) Resolution No. S2-216 "Improving Anal Cancer Care" (p. 11)



Student 2 Reference Committee Report

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

1 **The Student 2 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 S2-201: INCORPORATING HEALTH POLICY EDUCATION INTO**
7 **MEDICAL SCHOOLS AND RESIDENCY PROGRAMS**

8
9 RESOLVED, That the American Academy of Family Physicians (AAFP) explore a model
10 two-to-four week or longitudinal health policy curriculum that can be modified by
11 chapters based on local policies, and that medical schools and residency training
12 programs can use to teach students and residents, and be it further

13
14 RESOLVED, That the American Academy of Family Physicians (AAFP) ask the Liaison
15 Committee on Medical Education (LCME) and American Osteopathic Association (AOA)
16 Commission on Osteopathic College Accreditation (COCA) to consider using the AAFP's
17 model curriculum as part of their accreditation guidelines for medical schools, and be it
18 further

19
20 RESOLVED, That the American Academy of Family Physicians (AAFP) ask the
21 Accreditation Council for Graduate Medical Education (ACGME) to consider using the
22 AAFP's model curriculum as part of their accreditation guidelines for family medicine
23 residency programs.

24
25 The reference committee heard testimony from the author regarding the value of health policy
26 courses that were included in postgraduate work. Others expressed their support for the
27 inclusion of health policy in a medical student's education.

28
29 The reference committee agrees that health policy is an important issue for physicians and
30 medical students. However, the American Academy of Family Physicians (AAFP) does not
31 create medical school curricula, and as the resolved clauses in this resolution revolve around
32 the creation of a curriculum, it is outside the scope of the American Academy of Family
33 Physicians (AAFP). The reference committee commends the authors on the spirit of this
34 resolution and suggests that this may be an appropriate topic for future resolutions.

35
36 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-201**
37 **not be adopted.**
38

39 **ITEM NO. 2: RESOLUTION S2-202: POLICY RECOMMENDATIONS ON MEN WHO HAVE**
40 **HAD SEX WITH MEN (MSM) BLOOD DONATION**

41
42 RESOLVED, That the American Academy of Family Physicians (AAFP) develop policy
43 recommendations for blood donation by men who have had sex with other men (MSM)
44 by studying the risks and benefits of changing the Food and Drug Administration's (FDA)
45 current 12-month deferral policy on MSM blood donation and consider potential
46 alternative deferral options, such as the use of individual risk assessments, and be it
47 further

48
49 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate,
50 including providing timely comments prior to November 25, 2016 for the Food and Drug
51 Administration (FDA) to adopt blood-donation policies that protect the safety of blood
52 donation while avoiding discrimination towards presumed risk groups such as men who
53 have had sex with men.

54
55 The reference committee heard testimony regarding strong support for eliminating the lifetime
56 ban. The President of the American Medical Student Association (AMSA) expressed support of
57 the removal of ban by American Medical Student Association (AMSA). Testimony included
58 mention of the demands that have been placed on the blood supply due to the Zika virus,
59 especially in Florida.

60
61 The reference committee acknowledged that this is a timely issue as the Food and Drug
62 Administration (FDA) has opened a comment period on this issue concluding November 25,
63 2016.

64
65 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
66 **No. S2-202 be adopted in lieu of Resolution No. S2-202, which reads as follows:**

67
68 **RESOLVED, That the American Academy of Family Physicians (AAFP) advocate,**
69 **including providing timely comments prior to November 25, 2016, for the Food**
70 **and Drug Administration (FDA) to adopt blood-donation policies that protect the**
71 **safety of blood donation while avoiding discrimination towards presumed risk**
72 **groups such as men who have had sex with men.**

73
74 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-203**
75 **be reaffirmed.**

76
77 **ITEM NO. 3: RESOLUTION S2-204: INVESTIGATING SUPPLEMENTAL NUTRITION**
78 **ASSISTANCE PROGRAM (SNAP) BLOCK GRANTS**

79
80 RESOLVED, That the American Academy of Family Physicians (AAFP) research the
81 effects of block grants for Supplemental Nutrition Assistance Programs on patient health.

82
83 The reference committee heard testimony that described the speakers' experience with patients
84 receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) noting that
85 many families received less funding than families did in the 1990's.

86
87 The reference committee discussed the importance of this issue but expressed concern about
88 the second resolved clause being dependent on the first. Subsequently, if evidence is found that
89 block grants negatively impact patient health, future action and resolutions may be considered.

90 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
91 **S2-No. 204 be adopted.**

92
93 **ITEM NO. 4: RESOLUTION S2-205: INCREASE IN SUPPLEMENTAL NUTRITION**
94 **ASSISTANCE PROGRAM (SNAP) FUNDING**

95
96 RESOLVED, That the American Academy of Family Physicians (AAFP) lobby to
97 maintain current Supplemental Nutrition Assistance Program (SNAP) funding, and be it
98 further

99
100 RESOLVED, That the American Academy of Family Physicians (AAFP) lobby to
101 increase future Supplemental Nutrition Assistance Program (SNAP) funding.

102
103 The reference committee heard testimony that described the speakers' experience with patients
104 receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) noting that
105 many families received less funding than families did in the 1990's.

106
107 The reference committee commented that the funding decreases experienced by the
108 participants in this program are alarming. Maintaining the level of funding and working toward
109 future increases is essential.

110
111 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-205**
112 **be adopted.**

113
114 **ITEM NO. 5: RESOLUTION S2-206: CLIMATE CHANGE POLICY ADJUSTMENTS**

115
116 RESOLVED, That the American Academy of Family Physicians (AAFP) update their
117 climate change and air pollution policy to specifically include language about
118 "greenhouse emissions from human activities," i.e. "In recognition of the numerous and
119 serious health consequences resulting from pollution, greenhouse emissions from
120 human activities, climate change, and ozone layer depletion, the American Academy of
121 Family Physicians (AAFP) recommends strong action on all public and private levels to
122 limit and correct the pollution of our land, atmosphere and water."

123
124 The reference committee heard testimony that supported the enhancement of current American
125 Academy of Family Physicians (AAFP) policy, with additional more specific wording as outlined
126 in the resolution. The reference committee agreed with the resolution and recommends
127 adoption.

128
129 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-206**
130 **be adopted.**

131
132 **ITEM NO. 6: RESOLUTION S2-207: PHYSICIAN SUICIDE PREVENTION**

133
134 RESOLVED, That the American Academy of Family Physicians (AAFP) create an
135 evidence-based online toolkit for medical students, residents, and practicing physicians
136 for suicide prevention.

137
138 The reference committee heard testimony regarding the statistics involving physicians that
139 commit suicide. All providing testimony supported the utilization of evidence-based resources.

140 The reference committee agreed that this is an extremely important issue, and while related to
141 the Academy initiatives in the area of well-being and burnout, it would be advantageous to have
142 specific resources on the topic.

143
144 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
145 **No. S2-207, which reads as follows, be adopted in lieu of No. S2-207,**

146
147 **RESOLVED, That the American Academy of Family Physicians (AAFP) provide**
148 **evidence-based resources for medical students, residents, and practicing**
149 **physicians for suicide prevention.**

150
151 **ITEM NO. 7: RESOLUTION S2-209: SUPPORTING COMMON SENSE GUN LEGISLATION**

152
153 RESOLVED, That the American Academy of Family Physicians (AAFP) support gun
154 laws that demonstrably decrease morbidity and mortality associated with gun violence in
155 any of its forms, including but not limited to a receipt of a gun-waiting period and
156 allowance for removal of guns from houses during domestic violence complaints.

157
158 The reference committee heard testimony in support of the resolution citing statistics that 62
159 percent of deaths by firearms are suicides and that states with firearm purchase waiting periods
160 have experienced decreased numbers of suicides. Testimony was also given that restrictions on
161 federally-funded research need to be lifted. The reference committee agreed with the spirit of
162 the resolution in striving to support efforts to reduce gun-related violence; however, the
163 resolution was significantly broad in its wording and concerns were voiced within the executive
164 session that, as written, the resolution may not be actionable as the American Academy of
165 Family Physicians (AAFP) is not in a position to support individual state laws concerning gun
166 control.

167
168 **RECOMMENDATION: The reference committee recommends that Resolution No. 209 not**
169 **be adopted.**

170
171 **ITEM NO. 8: RESOLUTION S2-210: IMPROVING MENTAL HEALTH CARE IN THE**
172 **PRIMARY CARE SETTING**

173
174 RESOLVED, That the American Academy of Family Physicians (AAFP) provide a liaison
175 to the American Psychiatric Association (APA) to facilitate cohesion between mental
176 health and family medicine patient care, and be it further

177
178 RESOLVED, That the American Academy of Family Physicians (AAFP) website provide
179 links to the American Psychiatric Association (APA) for physician use in identifying
180 mental health disorders, and be it further

181
182 RESOLVED, That the American Academy of Family Physicians (AAFP) provide
183 continuing medical education at such events as Family Medicine Experience (FMX) and
184 the National Conference of Family Medicine Residents and Medical Students to improve
185 physician diagnosis of mental health disorders.

186
187 The reference committee heard testimony by the author in support of the resolution that family
188 physicians are in a position to initially detect mental health disorders in patients. Therefore,
189 family physicians require resources to better diagnose and treat mental health conditions, and
190 appropriately refer patients. The reference committee discussed the numerous current

191 American Academy of Family Physicians (AAFP) resources addressing mental health care. The
192 American Academy of Family Physicians (AAFP) and the American Psychiatric Association
193 (APA) have a liaison relationship on a staff to staff basis. Continuing medical education on
194 mental health is presented annually at FMX. The reference committee also discussed the
195 possibility of including more mental health care educational programming in the future at the
196 AAFP National Conference of Family Medicine Residents and Medical Students. Based on the
197 testimony and information provided, the reference committee recommended that a substitute
198 resolution be adopted.

199
200 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
201 **No. 210 be adopted in lieu of Resolution No. S2-210, which reads as follows:**

202
203 **RESOLVED, That the American Academy of Family Physicians (AAFP) explore**
204 **opportunities for collaboration and education regarding mental health care,**
205 **possibly including additional mental health programming at the National**
206 **Conference of Family Medicine Residents and Medical Students.**

207
208 **ITEM NO. 9: RESOLUTION S2-211: NO CHILD “LEAD” BEHIND – IMPROVING**
209 **AWARENESS, DETECTION AND PREVENTION OF LEAD CONTAMINATION**

210
211 RESOLVED, That the American Academy of Family Physicians (AAFP) support future
212 research collaborations with other epidemiological and public health organizations
213 regarding water sampling techniques and reporting protocols to better detect and how to
214 reduce human exposure to lead at the point of consumption, and be it further

215
216 RESOLVED, That the American Academy of Family Physicians (AAFP) support
217 innovative testing practices for water utilities and at risk populations, such as schools
218 and child care facilities, to accurately measure and reflect lead contamination levels in
219 water, incorporating Environmental Protection Agency (EPA) testing guidelines, and be it
220 further

221
222 RESOLVED, That the American Academy of Family Physicians (AAFP) support
223 improved open public access to testing data on water lead levels by requiring all public
224 water system testing results be posted on a publicly available website in an appropriate
225 and timely fashion, and be it further

226
227 RESOLVED, That the American Academy of Family Physicians (AAFP) support federal
228 legislation to reduce, and ultimately, remove lead from the country’s public and private
229 water infrastructure, especially focusing on low-income areas, which have the highest
230 burden of lead poisoning, and be it further

231
232 RESOLVED, That the American Academy of Family Physicians (AAFP) support efforts
233 by the Environmental Protection Agency (EPA) to examine compliance with the Safe
234 Drinking Water Act for appropriate water utilities and to exercise the EPA’s oversight and
235 enforcement authority to ensure public protection from lead contamination, and be it
236 further

237
238 RESOLVED, That the American Academy of Family Physicians (AAFP) support
239 research and collaboration with the Environmental Protection Agency (EPA) and other
240 public health stakeholders into the development of a standardized national reporting
241 procedure for blood levels of toxic metals.

242 The reference committee heard testimony in favor of the resolution. Testimony stated that lead
243 contamination in water continues to be a critical issue for the city of Flint, Michigan. In executive
244 session, it was also discussed that lead contamination is receiving increased attention in cities
245 across the United States. The American Academy of Family Physicians currently has no policy
246 in this regard, and the reference committee greatly appreciated the identification of this
247 important issue. Development of a position paper would allow identification of and research
248 about issues surrounding this topic and may be a more actionable request than those in the
249 original wording of the resolution. Based on the information and testimony provided, the
250 reference committee recommends adoption of a substitute resolution.

251
252 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
253 **No. 211 be adopted in lieu of Resolution No. 211, which reads as follows:**

254
255 **RESOLVED, That the American Academy of Family Physicians (AAFP) develop a**
256 **position paper as a tool for advocacy and action on the topic of lead poisoning**
257 **awareness, detection and prevention of lead contamination.**

258
259 **ITEM NO. 10: RESOLUTION S2-212: CLIMATE CHANGE ADVOCACY**

260
261 RESOLVED, That the American Academy of Family Physicians (AAFP) endorse U.S.
262 efforts to develop and implement national policies that facilitate U.S. compliance with the
263 2015 United Nations Framework Convention on Climate Change international
264 agreement reached by over 190 countries in Paris, and be it further

265
266 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend to
267 medical schools, National Board of Medical Examiners (NBME), the Liaison Committee
268 on Medical Education (LCME), the Accreditation Council for Graduate Medical Education
269 (ACGME), and the American Board of Family Medicine (ABFM) that medical education
270 curricula, core competencies and/or milestones should include the effects of climate
271 change on human health, including on the social determinants of health, and be it further

272
273 RESOLVED, That the American Academy of Family Physicians (AAFP) support local
274 and national climate change mitigation and adaptation strategies which seek to realize
275 the United States' Nationally Determined Contribution by (1) endorsing state and federal
276 legislation and regulations to curb greenhouse gas emissions and (2) collaborating with
277 other health professional and environmental organizations to promote ambitious national
278 and international action on climate change, and be it further

279
280 RESOLVED, That the American Academy of Family Physicians (AAFP) provide
281 education to its members on methods for achieving environmental sustainability of
282 medical workplaces (e.g. reducing energy use, increasing energy efficiency, etc.), and
283 be it further

284
285 RESOLVED, That the American Academy of Family Physicians (AAFP) express to
286 appropriate entities in writing its support for the prioritization of epidemiological,
287 translational, clinical and basic science research necessary for evidence-based global
288 climate change policy decisions related to health care and treatment.

289
290 The reference committee heard testimony in favor of the resolution supporting promotion by the
291 American Academy of Family Physicians of environmentally friendly practices in the practice
292 setting and increased education of members on the health effects of global climate change.

293 The reference committee discussed current activities by the American Academy of Family
294 Physicians (AAFP) including becoming a member of the National Medical Society's Consortium
295 on Climate Change and Health and current policy opposing practices in the public and private
296 sector that result in pollution. Due to the significant impact of climate change on public health,
297 the reference committee recommends adopting the resolution and referral to the appropriate
298 entities within the American Academy of Family Physicians for consideration and action.
299

300 **RECOMMENDATION: The reference committee recommends that Resolution No. S2- 212**
301 **be adopted.**
302

303 **ITEM NO. 11: RESOLUTION S2-213: AGAINST PUBLIC FUNDING OF CRISIS PREGNANCY**
304 **CENTERS**
305

306 RESOLVED, That the American Academy of Family Physicians (AAFP) oppose funding
307 of "crisis pregnancy centers" at the national level and other organizations that mislead
308 patients to further a political or religious agenda, or to delay them from getting adequate
309 reproductive care, and be it further encourage all healthcare providers including crisis
310 pregnancy centers to provide evidence-based accurate information to patients regarding
311 reproductive care, and be it further
312

313 RESOLVED, That the American Academy of Family Physicians (AAFP) oppose
314 legislation that requires women to attend crisis pregnancy centers prior to obtaining an
315 abortion or requires physicians to provide information about crisis pregnancy centers
316 oppose restrictions to access to care for pregnant women.
317

318 The reference committee heard testimony in support of the resolution in regard to issues of
319 misinformation being provided by some crisis pregnancy centers. Testimony was also given that
320 these centers serve impoverished areas where access to other centers may be hindered.
321 Further concern was raised on the use of the state monies to fund those centers providing
322 inaccurate medical information.
323

324 The reference committee discussed the testimony and previous action by the American
325 Academy of Family Physicians (AAFP) in response to 2011 Congress of Delegates Resolution
326 No. 502. That resolution resulted in a letter to the Department of Health and Human Services
327 (HHS) encouraging HHS to ensure accurate information being presented to pregnant women at
328 crisis centers and opposing funding for those centers who provided misleading information. The
329 AAFP has a current policy on reproductive decisions calling for adequate information on all
330 options be provided to pregnant women by family physicians with referral to available services
331 as appropriate. The reference committee discussed current legislation requiring pregnant
332 women to attend crisis pregnancy centers prior to pregnancy termination and the potential for
333 inducing hardship and limiting access to certain reproductive healthcare for some patients.
334

335 The reference committee also discussed the difficulty of determining whether crisis pregnancy
336 centers are providing inaccurate information and the possibility of villainizing those centers that
337 provide accurate, evidence-based care and provide resources such as adoption services, etc. It
338 was noted that these centers also have the potential to provide care for women who may not
339 have access to other resources within their communities to obtain various important health care
340 services. Concern was raised regarding the potential for crisis pregnancy centers to lose
341 funding for important services being provided to women and subsequently diminish access to
342 health care for these women.
343

344 There was extensive discussion on this resolution and differing opinions were held on moral and
345 ethical issues surrounding this topic amongst the members of the reference committee.
346 However, it was noted that there are two points made by the resolution that support principles
347 important to the American Academy of Family Physicians (AAFP), including (1) patients should
348 be provided accurate medical information regarding healthcare, and (2) patients should not
349 have access to health care unduly restricted. Therefore, the reference committee recommends
350 adoption of a substitute resolution.

351
352 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
353 **No. S2-213 with a new title “Addressing Misinformation and Access to Health Services**
354 **for Pregnant Women”, which reads as follows, be adopted in lieu of Resolution No. S2-**
355 **213.**

356
357 **RESOLVED, That the American Academy of Family Physicians (AAFP) encourage**
358 **all healthcare providers, including crisis pregnancy centers, to provide evidence-**
359 **based accurate information to patients regarding reproductive care, and be it**
360 **further**

361
362 **RESOLVED, That the American Academy of Family Physicians (AAFP) oppose**
363 **restrictions to access to care for pregnant women.**

364
365 **ITEM NO. 12: RESOLUTION S2-214: ENDING DIRECT CONSUMER ADVERTISING**

366
367 RESOLVED, The American Academy of Family Physicians (AAFP) change its policy to
368 support a ban on and/or limitations on direct-to-consumer advertising of prescription
369 drugs and medical devices, and be it further

370
371 RESOLVED, That the American Academy of Family Physicians (AAFP) reach out to the
372 American Medical Association (AMA) to coordinate on efforts to advocate in support of a
373 ban on and/or limitation on direct-to-consumer advertising.

374
375 The reference committee heard testimony in support of the resolution to amend current policy to
376 reflect a stronger stance against inappropriate direct to consumer advertising. This resolution
377 was also supported by the American Medical Student Association (AMSA).

378
379 The reference committee discussed the negative impact of direct to consumer advertising on
380 patients and the increased conflict of interests for physicians. The reference committee agreed
381 that the policy should be strengthened and recommends adoption of the resolution.

382
383 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-214**
384 **be adopted.**

385
386 **ITEM NO. 13: RESOLUTION S2-215: IMPROVING MEDICAL CARE IN IMMIGRANT**
387 **DETENTION**

388
389 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate
390 through appropriate channels for detained immigrants to receive healthcare to meet or
391 exceed National Commission on Correctional Health Care standards for prison and jail
392 healthcare, and be it further

393

394 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate
395 through appropriate channels to reduce immigrant detention by releasing people with
396 serious medical and mental health needs, particularly when individuals require higher-
397 level care, and be it further

398
399 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate
400 channels to shift current funding for detention to community based alternatives which will
401 allow people to seek medical attention and receive support from family, legal counsel
402 and community, and be it further

403
404 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to
405 remove supervision of medical care in immigrant detention centers from Immigration and
406 Customs Enforcement to maintain clinical independence, and be it further

407
408 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to
409 ensure that inspections of medical care at immigrant detention centers provide
410 meaningful oversight.

411
412 There reference committee heard supportive testimony for this resolution on the inadequate
413 care found in immigration detention centers and the impact of social determinants of health for
414 this population. The reference committee applaud the authors for highlighting this important
415 issue and recommend adopting it for referral to appropriate entities within the American
416 Academy (AAFP) for consideration and appropriate implementation.

417
418 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-215**
419 **be adopted.**

420
421 **ITEM NO. 14: RESOLUTION S2-217: REVISITING THE CREATION OF AN ELECTRONIC**
422 **HEALTH RECORD BY THE AMERICAN ACADEMY OF FAMILY PHYSICIANS**

423
424 RESOLVED, That the American Academy of Family Physicians (AAFP) create their own
425 electronic health record system, particularly developed for family physicians, and be it
426 further

427
428 RESOLVED, That the American Academy of Family Physicians (AAFP) develop and
429 publish person-centric guidelines of what should be included in an electronic health
430 record.

431
432 The reference committee heard testimony supporting the creation of an electronic health record
433 by the American Academy of Family Physicians (AAFP) to serve the needs of family physicians.
434 Opposing testimony was given citing the complexity of meeting interoperability standards and
435 that many family physicians are constrained by requirements for shared EHR platforms with
436 other specialties within a health system.

437
438 The reference committee discussed the feasibility and pending legislation for EHR requirements
439 and standards. Due to finite resources and complex implementation issues for a family medicine
440 specific health record platform, the reference committee recommends not adopting this
441 resolution.

442
443 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-217**
444 **not be adopted.**

445 **REAFFIRMATION CALENDAR**

446 The following items A through C are presented by the Reference Committee on the
447 Reaffirmation Calendar. Testimony in the Reference Committee hearing and discussion by the
448 Reference Committee in Executive Session concurred that the resolutions presented in Items A
449 through C are current policy or are already addressed in current projects. At the request of the
450 National Congress of Family Medicine Residents, any item may be taken off the Reaffirmation
451 Calendar for an individual vote on that item. Otherwise, the Committee will request approval of
452 the Reaffirmation Calendar in single vote.

453 **ITEM A: RESOLUTION S2-203: IMPORTANCE OF ORAL HEALTH IN MEDICAL PRACTICE**

454
455 RESOLVED, That the American Academy of Family Physicians (AAFP) recognize the
456 importance of managing oral health as part of overall patient care, and be it further
457

458 RESOLVED, That the American Academy of Family Physicians (AAFP) support efforts
459 to educate physicians on oral condition screening and management, as well as the
460 consequences of poor oral hygiene on overall health, and be it further
461

462 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage
463 closer collaboration of physicians with dental providers to provide comprehensive
464 medical care, and be it further
465

466 RESOLVED, That the American Academy of Family Physicians (AAFP) support efforts
467 to increase access to oral health services.
468

469 The reference committee heard testimony reinforcing that oral health is a significant part of
470 medical health that has been separated by logistics. It was emphasized that family physicians
471 see multiple patients and, therefore, potentially prevent burden of oral health issues.
472

473 The reference committee acknowledged the testimony received about this important issue. The
474 American Academy of Family Physicians (AAFP) is already involved in a variety of activities,
475 provides a number of resources on its website and has a Member Interest Group focusing on
476 this topic.
477

478 **ITEM B: RESOLUTION S2-208: A SHOT IN THE DARK: THE LACK OF GUN VIOLENCE**
479 **RESEARCH IS A PUBLIC HEALTH ISSUE**

480
481 RESOLVED, That the American Academy of Family Physicians (AAFP) continue to
482 partner with other health organizations and the Fam Med PAC to actively lobby for the
483 removal of restrictions on gun violence research.
484

485 The reference committee heard testimony regarding the political nature of the issue and strongly
486 supported the American Academy of Family Physician's (AAFP) opposition to the ban on gun
487 violence research.
488

489
490 **ITEM C: RESOLUTION S2-216: IMPROVING ANAL CANCER CARE**
491

492 RESOLVED, That the American Academy of Family Physicians (AAFP) educate its
493 members about anal cancer and the risks and benefits of screening, diagnosis, and
494 treatment, and be it further

495
496 RESOLVED, That the American Academy of Family Physicians (AAFP) develop clinical
497 practice guidelines for family physicians in the screening, diagnosis, and treatment of
498 anal cancer.

499
500 The reference committee heard testimony regarding the lack of available recommendations on
501 screening for anal cancer with anal pap-smears. The reference committee discussed the
502 importance of early cancer detection, and the recent action taken by the American Academy of
503 Family Physicians (AAFP) through nomination of this topic to the United States Preventive
504 Services Task Force (USPSTF) to develop screening recommendations in response to a
505 resolution from the National Conference of Constituency Leaders (NCCL). As current work is
506 already being done to address this issue, the reference committee recommends reaffirming the
507 resolution.

508
509 **RECOMMENDATION: The Reference Committee recommends that Items A through C**
510 **on the Reaffirmation Calendar be approved as current policy or as already being**
511 **addressed in current projects.**

512
513 **I wish to thank those who appeared before the reference committee to give testimony**
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516
517 Respectfully submitted,

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521 _____
522 Cordelia Whitlatch, MD

523 Katie Ogawa, M3
524 Clay Cooper, M4
525 John Heafner, M3
526 Sumana Setty, M4
527 Chandler Stister, M2
528 Christina Valerio, M4