



AAFP

# 2022 Consent Calendar for the Reference Committee on Health of the Public & Science

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National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

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

5  
6 **RECOMMENDATION: The Reference Committee on Health of the Public and Science**  
7 **recommends the following consent calendar for adoption:**

8  
9 **Item 1:** Adopt Substitute Resolution No. 3001: “Douglas Advocacy in Family Medicine” in lieu of  
10 Resolution No. 3001.

11  
12 **Item 2:** Adopt Resolution No. 3002: “Support In Lieu of Services as a Funding Mechanism to  
13 Address Social Determinants of Health”.

14  
15 **Item 3:** Adopt Resolution No. 3003: “Support Transgender Child and Adolescent Athletes”.

16  
17 **Item 4:** Adopt Resolution No. 3004: “Social Determinants of Health: Expanding Screening and  
18 Service Reimbursement”.

19  
20 **Item 5:** Adopt Resolution No. 3005: “Postpartum Morbidity and Mortality; Lowering the Rates of  
21 Depression and Cardiovascular Events”.

22  
23 **Item 6:** Adopt Resolution No. 3006: “Equity For Non-binary Service Members”.

24  
25 **Item 7:** Adopt Resolution No. 3007: “Filling Gaps in Mental Health Care for Children and  
26 Adolescents”.

27  
28 **Item 8:** Adopt Resolution No. 3008: “Eliminating Restrictions on Blood Donation by Sexual and  
29 Gender Minorities”.



# 2022 Report of the Reference Committee on Health of the Public & Science

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National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

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

5  
6 **ITEM NO. 1: RESOLUTION NO. 3001: Doulas Advocacy in Family Medicine**  
7

8 RESOLVED, That the Academy of Family Physicians advocate for the incorporation of  
9 doulas in perinatal course as a standard of care.

10  
11 The reference committee heard testimony in support of the resolution. Most of the testimony was in  
12 support of the resolution; however, some concerns were noted that state credentialing and  
13 licensure are not standardized for doulas. The reference committee discussed the variation in state  
14 regulations and lack of clarity in credentialing criteria for doulas. The reference committee also  
15 discussed a recent legislative backgrounder – a tool for decision-makers in states to inform  
16 legislative activities on trending health topics – from the AAFP Center for State Policy titled, Scope  
17 of Practice - Midwives and Doulas. The backgrounder states, “The AAFP understands the role that  
18 doulas can play in the continuous emotional and physical support of women during pregnancy and  
19 birth, but they are not trained healthcare professionals and thus should not provide medical care.”  
20

21 The reference committee agreed with the spirit of the resolution and the goal of reducing maternity  
22 morbidity, especially among African American and Hispanic populations. However, members  
23 remained concerned about the variation in state regulations and lack of clarity in credentialing  
24 criteria for doulas. The reference committee ultimately decided the most appropriate action was to  
25 recommend a substitute resolution which affirmed the value of doulas as non-medical  
26 professionals during the perinatal period.  
27

28 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
29 **3001, which reads as follows, be adopted in lieu of Resolution No. 3001:**  
30

31 **RESOLVED, That the American Academy of Family Physicians affirms the value of**  
32 **doulas as non-medical professionals during the perinatal period.**  
33

34  
35 **ITEM NO. 2: RESOLUTION No. 3002: Support In Lieu of Services as a Funding Mechanism to**  
36 **Address Social Determinants of Health**  
37

38 RESOLVED, That the American Academy of Family Physicians create a roadmap for state

1 chapters that may enable them to better collaborate with their state health departments to  
2 seek funding for and receive authority to allow Medicaid Managed Care companies to use In  
3 Lieu of Services funding mechanisms to aid in addressing social determinants of health and  
4 health equity.  
5

6 The reference committee heard testimony only in support of the resolution. Those testifying shared  
7 that family physicians understand the importance of addressing social determinants of health  
8 (SDOH) to achieve health equity, acknowledged the usefulness of AAFP's resources on the SDOH  
9 such as the SDOH Toolkit, and expressed concerns that family physicians are not being  
10 compensated for their time spent on addressing the social determinants impacting their patients'  
11 health. Additionally, testimony highlighted that some states have been successful in receiving CMS  
12 approval for payment of services addressing SDOH. The reference committee agreed with the  
13 resolution, acknowledging the importance of compensation for services to address the social  
14 determinants of health.  
15

16 **RECOMMENDATION: The reference committee recommends that Resolution No. 3002 be**  
17 **adopted**  
18

19 **ITEM NO. 3: RESOLUTION NO. 3003: Support Transgender Child and Adolescent Athletes**  
20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) write and publish a  
22 policy statement in support of full and equal participation in sports and athletic competitions  
23 for transgender and gender-diverse children and adolescents in their affirmed gender and in  
24 opposition of discriminatory laws that prohibit such participation.  
25

26 The reference committee heard mixed testimony on the resolution. Those testifying in support of  
27 the resolution cited compelling evidence for sports participation in reducing the significant  
28 disparities in mental health outcomes and risk of suicide among transgender children. Supporters  
29 also noted that the mental and emotional impact on transgender children caused by this  
30 discriminatory legislation is often far greater than the actual scope of the issue. Transgender  
31 people represent less than .5% of the U.S. population, and trans-athletes less than 1% of that.  
32 Supporters discussed previous statements and advocacy efforts by the AAFP and reaffirmed the  
33 role of family physicians in promoting the physical health and emotional growth of all patients.  
34

35 Those testifying in opposition to the resolution questioned the role of the AAFP in decisions  
36 governing athletics and whether sports participation by transgender children could lead to fewer  
37 opportunities for cisgender children. Those opposed also expressed concerns about the potential  
38 for an unfair competitive advantage among post-pubertal transgender athletes, despite testimony  
39 presented that no studies have shown transgender athletes consistently outperforming cisgender  
40 athletes in competition. The reference committee discussed the testimony and the potential for  
41 controversy in developing such a policy. They also discussed the latest edition of the  
42 preparticipation physical evaluation (PPE) monograph, which was developed by the American  
43 Academy of Family Physicians, American Academy of Pediatrics, American College of Sports  
44 Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports  
45 Medicine and the American Osteopathic Academy of Sports Medicine and includes a dedicated  
46 section on sports participation by transgender athletes. The reference committee ultimately  
47 decided the resolution should be adopted.  
48

49 **RECOMMENDATION: The reference committee recommends that Resolution No. 3003 be**  
50 **adopted**  
51  
52

1 **ITEM NO. 4: RESOLUTION NO. 3004: Social Determinants of Health: Expanding Screening**  
2 **and Service Reimbursement**  
3

4 RESOLVED, That the American Academy of Family Physicians supports and encourages  
5 universal screening for social determinants of health to include access to safe space for  
6 physical activity, and be it further  
7

8 RESOLVED, That the American Academy of Family Physicians advocates for  
9 comprehensive reimbursement for screening, evaluation, counseling, and treatment to  
10 address social determinants of health by physicians and team-based care members.  
11

12 The reference committee heard testimony only in support of the resolution. Those testifying stated  
13 that many people do not have access to safe space for physical activity. The testimony cited that  
14 Social Determinants of Health screening can identify barriers of care that may have an impact on  
15 the minority communities. Testimony noted that supporting screening for Social Determinants of  
16 Health may allow family physicians to get paid for what they are already doing within their practice.  
17 The reference committee noted that the AAFP is already in support of universal screening,  
18 therefore it is important to include the screening for safe space for physical activity within social  
19 determinants of health.  
20

21 **RECOMMENDATION: The reference committee recommends that Resolution No. 3004 be**  
22 **adopted**  
23  
24

25 **ITEM NO. 5: RESOLUTION NO. 3005: Postpartum Morbidity and Mortality; Lowering the**  
26 **Rates of Depression and Cardiovascular Events**  
27

28 RESOLVED, That the American Academy of Family Physicians support postpartum  
29 accredited continuing medical education (CME) for American Academy of Family Physician  
30 members and advocate for legislative initiatives to fund education for other healthcare  
31 providers, patients, and health systems regarding the increased risk of postpartum morbidity  
32 and mortality associated with depression and cardiovascular events especially in  
33 marginalized populations, and be it further  
34

35 RESOLVED, That the American Academy of Family Physicians support research regarding  
36 why the United States (U.S) has the highest maternal mortality rate of any industrialized  
37 nation.  
38

39 The reference committee heard testimony in support of the resolution. Those testifying discussed  
40 the importance of educating family physicians on the signs, symptoms, and treatments for  
41 postpartum depression. Testimony noted that many signs of postpartum depression are often  
42 ignored, and standardized practice may decrease the risk among patients. There was testimony  
43 highlighting that many postpartum patients do not see a Primary Care Physician (PCP) in a  
44 reasonable amount of time, and they may have limited trust within the medical community. It was  
45 noted that providing care is not only essential to postpartum patients, but it is an opportunity to also  
46 care for the children. The testimony also outlined that cardiovascular disease has doubled and  
47 mortality rates have increased sufficiently among African Americans. The reference committee  
48 noted that cardiovascular disease is the leading cause of death in pregnancy and during the  
49 postpartum period. Bringing awareness about postpartum depression and cardiovascular disease  
50 are extremely important.  
51

1 **RECOMMENDATION: The reference committee recommends that Resolution No. 3005 be**  
2 **adopted**

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5 **ITEM NO. 6: RESOLUTION NO. 3006: Equity for Non-binary Service Members**

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7 RESOLVED, That the American Academy of Family Physicians issue a statement in support  
8 of including non-binary identity options for service members in their service and medical  
9 record, and be it further

10  
11 RESOLVED, That the American Academy of Family Physicians support the education of  
12 uniformed family physicians to provide comprehensive multi-disciplinary care to non-binary,  
13 gender-diverse patients within the United States (U.S.) military and expand access to gender-  
14 affirming care through in-person and telehealth options.

15  
16 The reference committee heard testimony only in support of the resolution. Those providing  
17 testimony acknowledged that the U.S. military is representative of the national population and that  
18 military service is not dependent on gender and gender identity. Despite this, medical and service  
19 members do not generally acknowledge non-binary service members. Physicians who serve in the  
20 military do not have the data or the resources to advocate for this population either. Additionally,  
21 AAFP has supported efforts in the past to expand access to care to all service members. The  
22 reference committee discussed the testimony and agreed with the resolution.

23  
24 **RECOMMENDATION: The reference committee recommends that Resolution No. 3006 be**  
25 **adopted**

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28 **ITEM NO. 7: RESOLUTION NO. 3007: Filling Gaps in Mental Health Care for Children and**  
29 **Adolescents**

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31 RESOLVED, That the American Academy of Family Physicians financially support and  
32 advocate for the development of a pediatric psychiatric toolkit of resources and best  
33 practices for family physicians, and be it further

34  
35 RESOLVED, That the American Academy of Family Physicians financially support the  
36 development of a training curriculum for family medicine residencies to increase education in  
37 the area of child psychiatry and develop continuing medical education resources that provide  
38 additional education in child psychiatry for current practicing family physicians.

39  
40 The reference committee heard overwhelming testimony in support of the resolution. Those  
41 testifying shared many personal and professional experiences with the lack of critical mental health  
42 resources for children and adolescents and the long-term impact on their patients. Many of those  
43 testifying noted that the problem was likely to grow even more pronounced as the delayed effects  
44 of the COVID-19 pandemic become apparent. The reference committee discussed the testimony  
45 and was in strong support of the resolution.

46  
47 **RECOMMENDATION: The reference committee recommends that Resolution No. 3007 be**  
48 **adopted**

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51 **ITEM NO. 8: RESOLUTION NO. 3008: Eliminating Restrictions on Blood Donation by Sexual**  
52 **and Gender Minorities**

1  
2 RESOLVED, That the American Academy of Family Physicians advocate to remove the  
3 three-month deferral period restricting the ability of sexual and gender minority people to  
4 donate blood products.  
5

6 The reference committee heard testimony in support of the resolution. Testimony focused on the  
7 HIV/AIDS crisis as the original justification for blood donor bans and time-based deferrals for blood  
8 donation and the need to update current recommendations for the current environment. It was  
9 noted that no increased risk to the national blood supply was observed following recent reductions  
10 in time-based deferral periods in the U.S. and other countries during the COVID-19 pandemic.  
11 Testimony also noted that, although a recent policy on Blood Donation had been approved, more  
12 specific advocacy was needed. The reference committee agreed that the resolution was relevant to  
13 family physicians and consistent with existing policy.  
14

15 **RECOMMENDATION: The reference committee recommends that Resolution No. 3008 be**  
16 **adopted**  
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21 Respectfully Submitted,  
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Joanna Turner Bisgrove, MD, FAAFP – Chair  
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28 Erika Roshanravan, MD FAAFP – IMG  
29 Veronica Poffel, MD – Minority  
30 Angela Gerguis, MD – Women  
31 Hang Chau-Glending, DO – New Physicians  
32 Susan Osborne, DO – LGBTQ+  
33 Richard Uribe, MD, MPH (Observer)