



# 2021 Consent Calendar for the Reference Committee on Health of the Public & Science

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## National Conference of Constituency Leaders

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: "Improving Awareness of Sex and Gender Disparities  
10 in Primary Literature and Guideline-Based Medicine" in lieu of Resolution No. 3001. **EXTRACTED.**  
11 **Substitute adopted as amended on the floor.**

12

13 **Item 2:** Adopt Substitute Resolution No. 3002: "Protecting and Encouraging Civic Health  
14 Discussions Initiated by Family Medicine Physician." in lieu of Resolution No. 3002.

15

16 **Item 3:** Adopt Resolution No. 3003: "Advocating for Informed Consent for Drug Screening in  
17 Pregnancy."

18

19 **Item 4:** Adopt Substitute Resolution No. 3004: "Breastfeeding and Lactation Support in the  
20 Workplace" in lieu of Resolution No. 3004.

21

22 **Item 5:** Adopt Resolution No. 3005: "Improving Health Literacy to Meet Public Health Challenges in  
23 an Era of Misinformation."

24

25 **Item 6:** Adopt Resolution No. 3006: "Optimizing the Online Supplemental Nutrition Assistance  
26 Program to Advance Health Equity."

27

28 **Item 7:** Adopt Substitute Resolution No. 3007: "Sexually Transmitted Infection Screening for  
29 Gender Diverse Patients" in lieu of Resolution No. 3007.

30

31 **Item 8:** Adopt Substitute Resolution No. 3008: "AAFP to Support Gender Diverse Athletes'  
32 Participation in Team Sports" in lieu of Resolution No. 3008.

33

34 **Item 9:** Adopt Resolution No. 3009: "Recognition of Emerging Sexual Minorities."

35

36 **Item 10:** Adopt Substitute Resolution No. 3010: "Incentivize IMGs to Work in Primary Care in  
37 Underserved Communities" in lieu of Resolution No. 3010.



# 2021 Report of the Reference Committee on Health of the Public & Science

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## National Conference of Constituency Leaders

1 The Reference Committee on Health of the Public & 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. Any item or  
4 items may be extracted for debate.

5  
6 **ITEM NO. 1: RESOLUTION NO. 3001: IMPROVING AWARENESS OF SEX AND GENDER**  
7 **DISPARITIES IN PRIMARY LITERATURE AND GUIDELINE-BASED MEDICINE**

8  
9 RESOLVED, That the American Academy of Family Physicians raise awareness about the  
10 sex and gender data gap and provide educational tools for medical schools and residencies  
11 to integrate sex- and gender-based medicine topics in the curriculum, and be it further

12  
13 RESOLVED, That the American Academy of Family Physicians send letters to major  
14 biomedical journal editors strongly recommending the use of the Sex and Gender Equity in  
15 Research (SAGER) guidelines to encourage a more systematic approach to the reporting of  
16 the sex and gender results in research across disciplines, and be it further

17  
18 RESOLVED, That the American Academy of Family Physicians send letters to other major  
19 medical societies encouraging them to annotate “possible sex and gender data disparities  
20 may exist” in guidelines where sex and gender data was not assessed, and consider  
21 providing recommendations for how to apply this to clinical practice, and be it further

22  
23 RESOLVED, That by 2023, the American Academy of Family Physicians require peer-  
24 reviewed articles published in American Family Physician and FP Essentials to annotate  
25 “possible sex and gender disparities may exist” on Strength of Recommendation Taxonomy  
26 (SORT) guidelines where the supporting evidence/articles/ guidelines do not use Sex and  
27 Gender Equity in Research (SAGER) guidelines for reporting sex and gender information.

28  
29 The reference committee heard testimony in support of the resolution. Those testifying clarified that  
30 the specific use of terminology like “men” and “women” in the resolution is meant to mirror what is  
31 commonly used in research, while recognizing that it does not capture the true breadth of gender  
32 identity. They also testified that the spirit of the resolution is intended to be inclusive of all gender  
33 identities, with the goal of greater transparency in who is represented in medical research and how  
34 that data is used and reported. The testimony indicated that a preference toward gender neutrality  
35 in medical literature, while well-intentioned, would likely lead to bias in favor of biological males,  
36 which are already overrepresented in the primary data.

37  
38 Although they supported its intent, the reference committee discussed the lack of clarity and  
39 specificity within the first resolved clause, particularly the use of the phrase “raise awareness.” The

1 reference committee also expressed concerns about the use of "require" in the final resolved  
2 clause, given the editorial independence of publications like *American Family Physician (AFP)* and  
3 *FP Essentials*. The reference committee determined the most appropriate action was to  
4 recommend a substitute resolution that removes the first resolved clause and revises the final  
5 resolved clause to "request" peer-reviewed articles in *AFP* and *FP Essentials* include annotations  
6 identifying where SAGER guidelines are not met by 2023.

7  
8 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
9 **3001 which reads as follows be adopted in lieu of Resolution No. 3001: EXTRACTED.**  
10 **Substitute adopted as amended on the floor.**

11  
12 **RESOLVED, That the American Academy of Family Physicians send letters to major**  
13 **biomedical journal editors strongly recommending the use of the Sex and Gender**  
14 **Equity in Research (SAGER) guidelines to encourage a more systematic approach to**  
15 **the reporting of the sex and gender results in research across disciplines, and be**  
16 **it further**

17  
18 **RESOLVED, That the American Academy of Family Physicians send letters to other**  
19 **major medical societies encouraging them to annotate "possible sex and**  
20 **gender data disparities may exist" in guidelines where sex and gender data was not**  
21 **assessed, and consider providing recommendations for how to apply this to clinical**  
22 **practice, and be it further**

23  
24 **RESOLVED, That the American Academy of Family Physicians request, by**  
25 **2023, peer-reviewed articles published in *American Family Physician* and *FP***  
26 ***Essentials* to annotate "possible sex and gender disparities may exist" on Strength**  
27 **of Recommendation Taxonomy (SORT) guidelines where the supporting**  
28 **evidence/articles/ guidelines do not use Sex and Gender Equity in**  
29 **Research (SAGER) guidelines for reporting sex and gender information.**

30  
31 **RESOLVED, That the American Academy of Family Physician raise awareness about**  
32 **the sex and gender data gap via the creation of a position paper on the topic and**  
33 **provide educational tools for medical schools and residencies to integrate sex- and**  
34 **gender-based medicine topics in the curriculum, which may include focused KSA**  
35 **questions or a curriculum toolkit.**

36  
37  
38 **ITEM NO. 2: RESOLUTION No. 3002: PROTECTING AND ENCOURAGING CIVIC HEALTH**  
39 **DISCUSSIONS INITIATED BY FAMILY MEDICINE PHYSICIAN**

40  
41 RESOLVED, That the American Academy of Family Physicians encourage family physicians  
42 to have conversations about civic health with patients during healthcare encounters, and be  
43 it further

44  
45 RESOLVED, That the American Academy of Family Physicians oppose any legislation or  
46 policies that prohibit physicians from having conversations about civic health during  
47 healthcare encounters, and be it further

48  
49 RESOLVED, That the American Academy of Family Physicians make pre-existing toolkits  
50 from outside organizations readily available on the AAFP website for members to utilize when  
51 encouraging patient involvement in civic health through voting.

1 The reference committee heard testimony in support of the resolution. Those testifying provided an  
2 additional definition of civic health that includes individual engagement and communities' capacity  
3 to work together. Testimony provided support for the concept of civic health/civic engagement as a  
4 social determinant of health and discussed the important role of civic participation in the  
5 development of healthy communities. The reference committee discussed whether the intent of the  
6 resolution was focused on the role of physicians in voter registration or if it should be considered  
7 more broadly. They also discussed the need for more intentional use of the word "non-partisan" to  
8 describe conversations about civic health between patients and physicians. The reference  
9 committee determined the most appropriate action was to recommend a substitute resolution  
10 which revises the first and second resolved clauses to specify that conversations during healthcare  
11 encounters should be "non-partisan."

12  
13 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
14 **3002 which reads as follows be adopted in lieu of Resolution No. 3002:**

15  
16 **RESOLVED, That the American Academy of Family Physicians encourage family**  
17 **physicians to have non-partisan conversations about civic health with patients**  
18 **during healthcare encounters, and be it further**

19  
20 **RESOLVED, That the American Academy of Family Physicians oppose any**  
21 **legislation or policies that prohibit physicians from having non-**  
22 **partisan conversations about civic health during healthcare encounters, and be**  
23 **it further**

24  
25 **RESOLVED, That the American Academy of Family Physicians make pre-existing**  
26 **toolkits from outside organizations readily available on the AAFP website for**  
27 **members to utilize when encouraging patient involvement in civic health through**  
28 **voting.**

29  
30  
31 **ITEM NO. 3: RESOLUTION NO. 3003: ADVOCATING FOR INFORMED CONSENT FOR DRUG**  
32 **SCREENING IN PREGNANCY**

33  
34 RESOLVED, That the American Academy of Family Physicians (AAFP) publicly oppose the  
35 routine practice of drug testing in pregnant and postpartum people without explicit informed  
36 consent, using avenues such as independent statements and advocacy to the American  
37 Medical Association via the AAFP's delegation.

38 The reference committee heard testimony in support of the resolution. Those testifying stated that  
39 drug testing is performed when patients present for labor and delivery either for all patients or  
40 based on suspicion and that this is done without informed consent. Testimony cited studies that  
41 Black women and newborns were more likely to be tested for substance use without a  
42 corresponding increase in positive results highlighting implicit bias in the screening process.  
43 Additionally, testimony highlighted that urine drug screens can serve as entry point into the  
44 correctional system and child services. It was noted that other organizations like the American  
45 College of Obstetricians and Gynecologists (ACOG) have opposed drug screening in pregnant  
46 patients without informed consent. There was testimony highlighting the need for drug screens to  
47 appropriately manage patients in emergency situations, but it was noted that there are processes  
48 in place for such cases. The reference committee discussed the importance of informed consent,  
49 in particular, in addressing bias and potential health disparities. The reference committee noted the  
50 "Substance Use" policy has a section opposing the criminalization of substance use by pregnant  
51 women and this policy could be expanded to oppose routine drug testing without informed consent.  
52

1  
2 **RECOMMENDATION: The reference committee recommends that Resolution No. 3003 be**  
3 **adopted.**

4  
5  
6  
7 **ITEM NO. 4: RESOLUTION NO. 3004: BREASTFEEDING AND LACTATION SUPPORT IN THE**  
8 **WORKPLACE**

9  
10 RESOLVED, That the American Academy of Family Physicians advocate for protected non-  
11 clinical time throughout the workday to allow lactating physicians to pump in an area that  
12 meets the federal guidelines of privacy, comfort, and sanitation and that area is not utilized  
13 for clinical or direct patient care, and be it further

14  
15 RESOLVED, That the American Academy of Family Physicians develop a policy  
16 recommending adequate pumping time accommodations of 20 - 30 minutes breaks every  
17 two to three hours within a working period accounting for pumping times, set up and cleaning  
18 after pumping and follows physiologic nursing patterns, and be it further

19  
20 RESOLVED, That the American Academy of Family Physicians lobby to change to the Fair  
21 Labor Standards Act section 7 exemption to include nursing accommodations for all  
22 physicians.

23  
24 The reference committee heard testimony in support of the resolution. Those testifying cited  
25 barriers to safe and effective pumping. It was reported that many facilities do not provide protected  
26 time nor non-clinical areas for the expression of breastmilk. The testimony included current AAFP  
27 policy promoting protected time and physical accommodations for medical trainees. Additionally,  
28 the AAFP policy, "Breastfeeding," recommends that babies are exclusively breastfed for the first six  
29 months. Those testifying highlighted that those physicians who are not salaried may be further  
30 impacted if the protected time was not also compensated. The reference committee discussed  
31 these issues and agreed that support for breastfeeding and lactating physicians in practice was  
32 important and in line with current work including updates to the AAFP's position paper,  
33 "Breastfeeding, Family Physicians Supporting." However, they noted that more specific advocacy  
34 on this issue was warranted. Members acknowledged that compensation in addition to protected  
35 non-clinical time should be added and recommended a substitute resolution to include this  
36 language in the first resolved clause.

37  
38 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
39 **3004 which reads as follows be adopted in lieu of Resolution No. 3004.**

40  
41 **RESOLVED, That the American Academy of Family Physicians advocate for protected**  
42 **and compensated non-clinical time throughout the workday to allow lactating**  
43 **physicians to pump in an area that meets the federal guidelines of privacy, comfort,**  
44 **and sanitation and that area is not utilized for clinical or direct patient care, and be it**  
45 **further**

46  
47 **RESOLVED, That the American Academy of Family Physicians develop a policy**  
48 **recommending adequate pumping time accommodations of 20 - 30 minutes breaks**  
49 **every two to three hours within a working period accounting for pumping times, set**  
50 **up and cleaning after pumping and follows physiologic nursing patterns, and be it**  
51 **further**

1           **RESOLVED, That the American Academy of Family Physicians lobby to change to the**  
2           **Fair Labor Standards Act section 7 exemption to include nursing accommodations for**  
3           **all physicians.**

4

5

6           **ITEM NO. 5: RESOLUTION NO. 3005: IMPROVING HEALTH LITERACY TO MEET PUBLIC**  
7           **HEALTH CHALLENGES IN AN ERA OF MISINFORMATION**

8

9           RESOLVED, That the American Academy of Family Physicians expand its current Health  
10          Literacy policy to emphasize the vital role of health literacy in addressing public health  
11          challenges and combating misinformation, as well as recognize that the concept of health  
12          literacy is adaptable to address modern public health challenges, and be it further

13

14         RESOLVED, That the American Academy of Family Physicians work towards advancing  
15          medical training education of health literacy as it relates to medical misinformation by  
16          encouraging its integration into medical school and family medicine residency curriculum, as  
17          well as provide advocacy tools to medical students interested in family medicine, and be it  
18          further

19

20         RESOLVED, That the American Academy of Family Physicians determine the strategies and  
21          resources that best support family physicians in combating misinformation which may  
22          include, but is not limited to, communication strategies at all levels of influence and  
23          recommend trusted medical resources across different platforms that provide easy-to-  
24          understand health information.

25

26         The reference committee heard testimony in support of the resolution. Those testifying cited the  
27          overwhelming amount of misinformation presented by both mainstream media as well as social  
28          media during the COVID-19 pandemic. Health literacy is a key component for informed consent  
29          which is central to family medicine. It was noted that members rely on the AAFP for accurate and  
30          evidence-based information to help patients make the best possible choices regarding their care.  
31          Testimony also highlighted the importance of the role of the family physician in collaboration with  
32          community leaders to effectively address medical misinformation. The reference committee agreed  
33          with the resolution, acknowledging the role of family medicine in advancing health literacy to  
34          address social determinants of health and the impact of misinformation on public health.

35

36         **RECOMMENDATION: The reference committee recommends that Resolution No. 3005 be**  
37         **adopted.**

38

39

40         **ITEM NO. 6: RESOLUTION NO. 3006: OPTIMIZING THE ONLINE SUPPLEMENTAL**  
41         **NUTRITION ASSISTANCE PROGRAM TO ADVANCE HEALTH EQUITY**

42

43         RESOLVED, That the American Academy of Family Physicians advocate for consumer  
44          protections in the use of online Supplemental Nutrition Assistance Program (SNAP) policies,  
45          including support for oversight hearings for the SNAP online purchasing program; and be it  
46          further

47

48         RESOLVED, That the American Academy of Family Physicians update their policy  
49          statements on healthy nutrition to include best practices in digital advertising and marketing  
50          practices promoting healthy options.

1 The reference committee heard testimony citing that online shopping dramatically increased during  
2 the COVID-19 pandemic. Prior to the COVID-19 pandemic, individuals participating in the  
3 Supplemental Nutrition Assistance Program (SNAP) were unable to use these benefits online. The  
4 U.S. government established a pilot program to facilitate online purchases for SNAP recipients,  
5 however, it was noted that a consumer protection agency identified troubling patterns in which  
6 retailers were tracking purchases and promoting foods that were less nutritionally dense to SNAP  
7 recipients. AAFP's policy, "Healthy Foods," supports access to healthy and nutritious food and  
8 programs like SNAP. Those who testified highlighted a need for digital protections for SNAP  
9 recipients and asked for advocacy against potentially harmful online marketing practices. The  
10 reference committee reviewed the testimony and agreed that SNAP is a crucial program for the  
11 health of parents and children. They noted that this is a priority area for family medicine advocacy  
12 and that the policy could be expanded to include best practices in online shopping for healthy  
13 foods.

14  
15 **RECOMMENDATION: The reference committee recommends that Resolution No. 3006 be**  
16 **adopted.**

17  
18  
19 **ITEM NO. 7: RESOLUTION NO. 3007: SEXUALLY TRANSMITTED INFECTION SCREENING**  
20 **FOR GENDER DIVERSE PATIENTS**

21  
22 RESOLVED, That the American Academy of Family Physicians advocate for the  
23 development of guidelines for sexually transmitted infection screening that are gender-neutral  
24 and based on the body parts involved without reference to the gender of the person  
25 possessing the body parts, and be it further

26  
27 RESOLVED, That the American Academy of Family Physicians work with the editors of  
28 *American Family Physician* to produce an article specifically addressing sexually transmitted  
29 infection screening in gender and sexual minorities, and be it further

30  
31 RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm its  
32 commitment to using gender-neutral language in all AAFP-supported or produced patient-  
33 oriented materials.

34  
35 The reference committee heard testimony in support of the resolution. Those providing testimony  
36 acknowledged that several resources existed from the AAFP related to screening for sexually  
37 transmitted infections, including for LGBTQ+ patients. However, additional resources were needed  
38 to better meet the needs of gender diverse patients. The reference committee agreed with the spirit  
39 of the resolution but noted that *American Family Physician* (AFP) is an independent entity with an  
40 editorial board that determines its content. However, the topic could be suggested for the journal's  
41 consideration. The reference committee recommended a substitute resolution. The resolution  
42 revises the second resolved clause to "request" an article in *AFP* specifically addressing sexually  
43 transmitted infection screening in gender and sexual minorities

44  
45 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
46 **3007 which reads as follows be adopted in lieu of Resolution No. 3007:**

47  
48 **RESOLVED, That the American Academy of Family Physicians advocate for the**  
49 **development of guidelines for sexually transmitted infection screening that are**  
50 **gender-neutral and based on the body parts involved without reference to the gender**  
51 **of the person possessing the body parts, and be it further**

1           **RESOLVED, That the American Academy of Family Physicians request that American**  
2           **Family Physician produce an article specifically addressing sexually transmitted**  
3           **infection screening in gender and sexual minorities, and be it further**  
4

5           **RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm its**  
6           **commitment to using gender-neutral language in all AAFP-supported or produced**  
7           **patient-oriented materials.**

10           **ITEM NO. 8: RESOLUTION NO. 3008: AAFP TO SUPPORT GENDER DIVERSE ATHLETES'**  
11           **PARTICIPATION IN TEAM SPORTS**

13           RESOLVED, That the American Academy of Family Physicians and its state chapters actively  
14           oppose discriminatory laws that prohibit gender diverse and transgender people from  
15           participating in their affirmed gender in sports and athletic competitions, and be it further  
16

17           RESOLVED, That the American Academy of Family Physicians create a tool kit for programs  
18           which would like assistance in adapting current team policies to new gender diverse and  
19           transgender participants.

21           The reference committee heard testimony in support of the resolution. Testimony discussed recent  
22           legislation introduced in 35 state legislatures aimed at preventing transgender and gender-non-  
23           conforming athletes from participating in sports. Testimony was also given on the emotional and  
24           psychological harm experienced by transgender individuals whose gender and pronouns were not  
25           affirmed – particularly transgender youth and adolescents. Some testifying did express concerns  
26           about the wording in the first resolved clause, which implied the AAFP could set policy and  
27           legislative agendas for state chapters.

29           The reference committee echoed the concerns expressed during testimony about the wording of  
30           the first resolved clause, given the independence of chapters. The reference committee decided  
31           the most appropriate action was to recommend a substitute resolution which revises the first  
32           resolved clause clarifying the AAFP's role in opposing this legislation on the national level and  
33           creates a second resolved clause for the AAFP to provide model legislation for consideration by  
34           state chapters.

37           **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
38           **3008 which reads as follows be adopted in lieu of Resolution No. 3008:**

40           **RESOLVED, That the American Academy of Family Physicians actively oppose**  
41           **discriminatory laws that prohibit gender diverse and transgender people from**  
42           **participating in their affirmed gender in sports and athletic competitions, and be**  
43           **it further**

45           **RESOLVED, That the American Academy of Family Physicians provide model**  
46           **legislation for consideration by state chapters to advocate for gender diverse and**  
47           **transgender people to participate in their affirmed gender in sports and athletic**  
48           **competitions, and be it further**

50           **RESOLVED, That the American Academy of Family Physicians create a tool kit for**  
51           **programs and chapters which would like assistance in adapting current team**  
52           **policies to new gender diverse and transgender participants.**

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2  
3  
4  
5 **ITEM NO. 9: RESOLUTION NO. 3009: RECOGNITION OF EMERGING SEXUAL MINORITIES**

6  
7 RESOLVED, That the American Academy of Family Physicians advocate to eliminate  
8 health disparities and discrimination in emerging sexual minorities, and be it further

9  
10 RESOLVED, That the American Academy of Family Physicians support the development and  
11 dissemination of educational materials to train family physicians to provide evidence-based  
12 care that affirms the sexual health needs of all patients, including emerging gender and  
13 sexual minorities.

14  
15 The reference committee heard testimony in support of the resolution. Those who testified cited the  
16 importance of recognizing appropriate terminology to prevent stigma and bias for sexual minorities.  
17 Testimony cited health disparities prevalent in these populations with increased rates of suicide,  
18 depression, HIV, and obesity due to high levels of stress resulting from discrimination and the need  
19 to hide their identity. It was acknowledged that discrimination was prevalent in the medical  
20 profession. Testimony also showcased the importance of accepting and advocating for patients  
21 who may have different family structures. The reference committee recognized the importance of  
22 this topic to family physicians and the need for the AAFP to continue to expand its resources.

23  
24 **RECOMMENDATION: The reference committee recommends that Resolution No. 3009 be**  
**adopted.**

25  
26  
27  
28 **ITEM NO. 10: RESOLUTION NO. 3010: INCENTIVIZE IMGs TO WORK IN PRIMARY CARE IN**  
**UNDERSERVED COMMUNITIES**

29  
30  
31 RESOLVED, That the American Academy of Family Physicians endeavor to create and  
32 support the creation of grants to incentivize IMGs to work in primary care in underserved  
33 communities.

34  
35 The reference committee heard testimony in support of the resolution. Testimony emphasized the  
36 important role of international medical graduates in filling physician gaps in many rural and  
37 underserved areas. The reference committee agreed with the spirit of the resolution but  
38 acknowledged that the AAFP may not have the capacity to create grants. However, the committee  
39 agreed that the AAFP can urge other entities and agencies to encourage IMGs to work in primary  
40 care. This advocacy would be aligned with the strategic objectives of the AAFP to grow the family  
41 medicine work force. The reference committee determined a substitute resolution should replace  
42 the phrases of "create" and "support" with "encouragement" for the creation of grants.

43  
44 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
**3010 which reads as follows be adopted in lieu of Resolution No. 3010:**

45  
46  
47 **RESOLVED, That the American Academy of Family Physicians encourage other**  
**entities and agencies to create grants to incentivize IMGs to work in primary care in**  
**underserved communities.**

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

1 Respectfully Submitted,  
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4  
5  
6 

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Carrie Pierce, MD – CHAIR  
7  
8 Sara Baird, MD – Women  
9 Eleanor Lisa Lavadie-Gomez, MD, FAACFP – Minority  
10 Melissa Hidde, MD – LGBT  
11 Amy Lachewitz, MD – IMG  
12 Cybill Oragwu, MD – New Physicians