



AAFP

2014 Consent Calendar for the Reference Committee on Health of the Public and Science

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 The Reference Committee on Health of the Public and Science recommends the following
2 consent calendar for adoption (page numbers indicate page in reference committee
3 report):
4

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

8 **Item 1:** Adopt Substitute Resolution No. 3003 “Universal Affordable High Quality Preschool
9 Education” in lieu of Resolution No. 3003 (pp. 1-2).
10

11 **Item 2:** Adopt Resolution No. 3004 “Locally Grown Foods in Schools” (p. 2).
12

13 **Item 3:** Adopt Substitute Resolution No. 3001 “Education Concerning Social Determinants
14 Affecting Health” in lieu of Resolution No. 3001 (pp. 2-3).
15

16 **Item 4:** Adopt Resolution No. 3006 “Support Modification of the Ban on Men Who Have Sex
17 with Men Blood & Organ Donation” (p. 3).
18

19 **Item 5:** Adopt and Refer to Board of Directors Resolution No. 3009 “Medicaid and Medicare
20 Coverage for United States Preventative Services Task Force and Advisory Committee on
21 Immunization Practices Recommended Services” (pp. 3-4).
22

23 **Item 6:** Adopt Substitute Resolution No. 3007 “Health Impact of Gentrification on Minority
24 Communities” in lieu of Resolution No. 3007 (p. 4).
25

26 **Item 7:** Adopt Resolution No. 3008 “Raising the Minimum Wage” (p. 5).
27

28 **Item 8:** Adopt Substitute Resolution No. 3002 “Promote Emergency Contraception (EC) That Is
29 Effective Regardless of Body Mass Index (BMI)” in lieu of Resolution No. 3002 (pp. 5-6).
30

31 **Item 9:** Not Adopt Resolution No. 3005 “Supporting the Development of Education Materials
32 Regarding the Recreational Use of Marijuana Based on Scientific Evidence” (p. 6).
33

34 **Item 10:** Not Adopt Resolution No. 3010 “Promoting Annual Wellness Visits for Women: You’re
35 More than Just a Cervix” (pp. 6-7).



2014 Report of the Reference Committee on Health of the Public & Science

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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

ITEM NO. 1: RESOLUTION NO. 3003: UNIVERSAL AFFORDABLE HIGH QUALITY PRESCHOOL EDUCATION

RESOLVED, That the American Academy of Family Physicians support policies that establish, promote and improve funding for universal affordable high-quality preschool education for all children in the United States, and be it further

RESOLVED, That the American Academy of Family Physicians support state chapters efforts to establish and promote universal affordable high quality preschool education for all children in the United States, and be it further

RESOLVED, That the American Academy of Family Physicians send a letter to the United States Department of Education explaining the importance of the effects of universal preschool education on the health of children and communities.

The reference committee heard testimony in support of the resolution indicating that high quality education to all American children is effective in reducing health disparities. The executive committee discussed the literature on health disparities and how disparities affect those in the urban core and vulnerable populations. The American Academy of Pediatrics has a policy on universal preschool education. The executive committee asked that the AAFP's policy entitled, "Social Determinants of Health", be updated to reflect the inclusion of universal preschool education for all children in the United States or create a new policy that encourages universal preschool education.

Moreover, it was requested the AAFP write a letter to the United States Department of Education validating the importance of preschool education. AAFP chapters would be able to use this letter as a template to write to state legislatures about universal preschool education.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3003, which reads as follows, be adopted in lieu of Resolution No. 3003:

RESOLVED, That American Academy of Family Physicians create a policy that supports the establishment, promotion, and improvement of funding for universal affordable high-quality preschool education for all children in the United States, and be it further

1 **RESOLVED, That the American Academy of Family Physicians support the efforts**
2 **of state chapters to establish and promote universal affordable high quality**
3 **preschool education for all children in the United States, and be it further**

4
5 **RESOLVED, That the American Academy of Family Physicians send a letter to the**
6 **United States Department of Education explaining the importance of the effects of**
7 **universal preschool education on the health of children and communities.**

8
9 **ITEM NO. 2: RESOLUTION NO. 3004: LOCALLY GROWN FOODS IN SCHOOLS**

10
11 RESOLVED, That the American Academy of Family Physicians School Nutrition Policy
12 be amended to include that the AAFP advocate for the promotion of locally grown foods
13 in schools.

14
15 The reference committee heard testimony that supported efforts to include information about the
16 positive health effects experienced by school children who consume locally grown food that can
17 be used in school lunch programs. It was also reported that children involved in tending to
18 school gardens make healthier food choices. This, in turn, helps reduce the obesity rate by
19 providing healthy alternatives to vending machines that contain unhealthy snacks and soda.
20 Children who consume healthy food also have better focus in school.

21
22 The reference committee recommends adoption of the resolution based on the association that
23 consumption of healthy food improves the physical and psychosocial health of children. The
24 AAFP will add language to the current policy entitled, "School Nutrition", to read as follows:

25
26 The AAFP believes that sound nutrition is a cornerstone of health and should be
27 reflected in all dietary offerings in schools, (e.g., food service, meals, vending, outside
28 contractors, etc.). Items of little or no nutritional value should be replaced with healthy
29 alternatives, **including locally produced foods.**

30
31 **RECOMMENDATION: The reference committee recommends that Resolution No. 3004 be**
32 **adopted.**

33
34 **ITEM NO. 3: RESOLUTION NO. 3001: EDUCATION CONCERNING SOCIAL**
35 **DETERMINANTS AFFECTING HEALTH**

36
37 RESOLVED, That the American Academy of Family Physicians Commission on
38 Education explore options to better educate the membership on the social determinants
39 affecting health status such as education, income, housing, racial and ethnic inequities,
40 transportation, and environment.

41
42 The reference committee heard favorable testimony on how health is affected based on social
43 determinants of health. Many family physicians may not be aware of the research on how social
44 determinants affect patient health or why some patients lack the motivation to improve their
45 health. The Commission on Education is being asked to explore the options available to
46 educate AAFP members, such as a monograph or continuing medical education.

47
48 The executive committee decided that the Commission on Education was not necessarily the
49 appropriate venue through which resources would be developed for members.
50

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

3
4 **RESOLVED, That the American Academy of Family Physicians explore options to**
5 **better educate the membership on the social determinants affecting health status,**
6 **such as education, income, housing, racial and ethnic inequities, transportation,**
7 **and environment.**

8
9 **ITEM NO. 4: RESOLUTION NO. 3006: SUPPORT MODIFICATION OF THE BAN ON MEN**
10 **WHO HAVE SEX WITH MEN BLOOD & ORGAN DONATION**

11
12 RESOLVED, That the American Academy of Family Physicians write a letter to the
13 Federal Drug Administration and the Health & Human Services Advisory Committee on
14 Blood and Tissue Safety and Availability supporting the modification of the lifetime
15 deferral for men who have sex with men in regards to the donation of human cells,
16 blood, tissues, organs and cellular- and tissue-based products.

17
18 The reference committee heard testimony in support of the resolution. It was mentioned that
19 there is an increased need for human blood and organs and there is a decreased in the
20 availability of both. The Food and Drug Administration and American Medical Association
21 indicated that a lifetime ban be amended and current policy is discriminatory against men who
22 have sex with men.

23
24 The executive committee discussed that the decision to ban men who have had sex with men
25 as organ and blood donors should be based on evidence-based guidelines. The
26 recommendations from the American Association of Blood Banks, the American Red Cross,
27 America's Blood Centers, The Council on Science and Public Health, and the Council on Ethical
28 and Judicial Affairs agree that blood and organ donations from men who have sex with men
29 should be reconsidered. Based on the recommendation from the aforementioned organizations,
30 the executive committee decided that the AAFP should write a letter to the Federal Drug
31 Administration and Health and Human Services Advisory Committee on Blood and Tissue
32 Safety and Availability to modify the lifetime ban on blood and organ donation by men who have
33 sex with men.

34
35 **RECOMMENDATION: The reference committee recommends that Resolution 3006 be**
36 **adopted.**

37
38 **ITEM NO. 5: RESOLUTION NO. 3009: MEDICAID AND MEDICARE COVERAGE FOR**
39 **UNITED STATES PREVENTATIVE SERVICES TASK FORCE AND ADVISORY COMMITTEE**
40 **ON IMMUNIZATION PRACTICES RECOMMENDED SERVICES**

41
42 RESOLVED, That a resolution be brought to the American Academy of Family
43 Physicians (AAFP) Congress of Delegates that the AAFP advocate for the Centers for
44 Medicare & Medicaid Services to fully cover all United States Preventative Services
45 Task Force and Advisory Committee on Immunization Practices
46 recommended preventative services, and be it further

47
48 RESOLVED, That a resolution be brought to the American Academy of Family
49 Physicians (AAFP) Congress of Delegates that the AAFP advocate for the Centers for
50 Medicare & Medicaid Services to fully cover the cost of United States Preventative

1 Services Task Force and Advisory Committee on Immunization Practices recommended
2 preventative services.

3
4 The reference committee heard testimony in favor of the resolution. Testimony included support
5 for full coverage of vaccinations because patients may lose trust in physicians who recommend
6 services that may not be covered or a paid benefit. The United States Preventive Services Task
7 Force (USPSTF) recommends immunizations as part of recommended services that patients
8 should have.

9
10 The executive committee determined that this is an important patient advocacy issue as well as
11 a payment issue for family physicians. Services based on and recommended by the USPSTF
12 and the Advisory Committee on Immunization Practices may not be in sync with what is
13 recommended by the AAFP. The executive committee is asking which preventive services
14 should be covered versus what Medicare and the Patient Protection and Affordability Care Act
15 (PPACA) indicates should be covered as part of recommended services.

16
17 **RECOMMENDATION: The reference committee recommends that Resolution No. 3009 be**
18 **adopted and referred to the American Academy of Family Physicians Board of Directors.**

19
20 **ITEM NO. 6: RESOLUTION NO. 3007: HEALTH IMPACT OF GENTRIFICATION ON**
21 **MINORITY COMMUNITIES**

22
23 RESOLVED, That the American Academy of Family Physicians, in recognizing that
24 gentrification affects the health of minority communities, will devote funds to conduct
25 research via such entities such as the Graham Center to investigate how the process of
26 gentrification impacts the health outcomes of minority populations, and be it further

27
28 RESOLVED, That the American Academy of Family Physicians, will then translate
29 research findings regarding the health impact of gentrification into policies that will
30 improve the health of displaced minority communities.

31
32 The reference committee heard favorable testimony supporting the resolution because
33 gentrification changes vulnerable populations' accessibility to affordable housing, food, and
34 health care. As more affluent people move from suburbs to the urban or inner city, the cost
35 of housing and other necessities are increasing in price. There is also concern that there may be
36 reduced access to food and health care and displacement by vulnerable populations residing in
37 the area. It was mentioned that funds should be devoted to research the issue.

38
39 The executive committee determined research should be done to determine how gentrification
40 impacts the health of vulnerable populations that reside in the urban core. As new development
41 occurs, the price of housing and other necessities increases, so that those with limited
42 resources have a difficult time making ends meet. Based on the outcome of research, the AAFP
43 will be asked to create a policy to address gentrification.

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

47
48 **RESOLVED, That the American Academy of Family Physicians request that the**
49 **Robert Graham Center: Policy Studies in Family Medicine and Primary Care and**
50 **other research entities investigate how the process of gentrification impacts the**
51 **health outcomes of minority populations.**

1 **ITEM NO. 7: RESOLUTION NO. 3008: RAISING THE MINIMUM WAGE**

2
3 RESOLVED, That the American Academy of Family Physicians release a public
4 statement in support of raising the federal minimum wage to keep up with inflation, in
5 order to help reduce health disparities, and be it further
6

7 RESOLVED, That the American Academy of Family Physicians lobby Congress to pass
8 legislation to raise the federal minimum wage to keep up with inflation, in order to help
9 reduce disparities in health.
10

11 The reference committee heard testimony in support of the resolution. Poverty is one of the
12 major social determinants of health, and the AAFP is being asked to support the increase in
13 minimum wage.
14

15 The executive committee decided that this is a timely issue with recent discussions at the state
16 and national levels on changes in the minimum wage law. The executive committee expressed
17 its support for the resolution and believes an increase in minimum wage will improve financial
18 and economic opportunities for those persons currently receiving the minimum wage.
19

20 **RECOMMENDATION: The reference committee recommends that Resolution No. 3008 be**
21 **adopted.**
22

23 **ITEM NO. 8: RESOLUTION NO. 3002: PROMOTE EMERGENCY CONTRACEPTION (EC)**
24 **THAT IS EFFECTIVE REGARDLESS OF BODY MASS INDEX (BMI)**
25

26 RESOLVED, That the American Academy of Family Physicians (AAFP) promote copper
27 IUDs on their web site as the most effective method for emergency contraception and
28 ulipristal acetate as the most effective method of oral emergency contraception, and be it
29 further
30

31 RESOLVED, That the American Academy of Family Physicians (AAFP) request the U.S.
32 Food and Drug Administration include labeling that levonorgestrel is ineffective at a body
33 mass index (BMI) >25 and ulipristal acetate is ineffective for emergency contraception at
34 a BMI >35.
35

36 The reference committee heard favorable testimony for the resolution. It was reported that even
37 with the use of contraceptives, unintended pregnancies occur. Patients and physicians may not
38 be aware that an increase in body mass index (BMI) can decrease the efficacy of levonorgestrel
39 when BMI is greater than 25. There was testimony that a copper IUD prevents implantation and
40 may be considered an abortifacient, but there was other testimony that this form of emergency
41 contraception is not an abortifacient and is considered an IUD spermicide.
42

43 The executive committee modified the resolution since an evidence review needs to be done
44 prior to placing information on the AAFP website. It was suggested that the information about
45 copper IUDs as an effective method of emergency contraception be communicated as a guest
46 editorial in *American Family Physician (AFP)* or a letter be sent to the editor of *AFP* asking for
47 an update to the article entitled, "An Update on Emergency Contraception" (article published
48 April 2014). The update should include information on copper IUDs for emergency
49 contraception.
50

1 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
2 **No. 3002, which reads as follows, be adopted in lieu of Resolution No. 3002:**

3
4 **RESOLVED, That the American Academy of Family Physicians request the United**
5 **States Food and Drug Administration include labeling that oral levonorgestrel is**
6 **less efficacious at a body mass index (BMI) >25 and ulipristal acetate is ineffective**
7 **for emergency contraception at a BMI >35.**

8
9 **ITEM NO. 9: RESOLUTION NO. 3005: SUPPORTING THE DEVELOPMENT OF EDUCATION**
10 **MATERIALS REGARDING THE RECREATIONAL USE OF MARIJUANA BASED ON**
11 **SCIENTIFIC EVIDENCE**

12
13 RESOLVED, That the American Academy of Family Physicians (AAFP) develop patient-
14 centered educational materials regarding the use of recreational marijuana based on
15 scientific evidence.

16
17 The reference committee heard supportive testimony for the resolution. Patients ask family
18 physicians about the recreational use of marijuana, alone or with other drugs. There is no
19 information available on how to advise patients appropriately.

20
21 The executive committee discussed the existing research and evidence about the use of
22 recreational marijuana. The AAFP has strict guidelines regarding the development of patient
23 educational materials. The creation of patient education on marijuana may be perceived as tacit
24 approval to use marijuana. It was thought that recreational use of marijuana would be in the
25 forefront if more states adopted laws allowing recreational use. The issue has created dialogue
26 about physician education on the topic. It was recommended that before patient education is
27 developed, physicians need to be educated on the topic first. Research on the use of
28 recreational marijuana needs to be conducted so education can be provided to members.

29
30 **RECOMMENDATION: The reference committee recommends that Resolution No. 3005 not**
31 **be adopted.**

32
33 **ITEM NO. 10: RESOLUTION NO. 3010: PROMOTING ANNUAL WELLNESS VISITS FOR**
34 **WOMEN: YOU'RE MORE THAN JUST A CERVIX**

35
36 RESOLVED, That the American Academy of Family Physicians (AAFP) work to promote
37 patient education regarding benefits of an annual wellness visit for women, including
38 counseling on a healthy lifestyle and minimizing risk factors, age-appropriate screening,
39 vaccinations, and maintenance of relationship with a physician; regardless of their need
40 for cervical cancer screening.

41
42 The reference committee heard testimony in support of and against the resolution. The
43 frequency of cervical cancer screening has decreased leading women to not schedule well
44 woman visits as frequently. The well woman visit is important and includes more than an exam
45 or pap smear. Patients also need sexual health care to discuss risk factors and other issues
46 associated with overall health.

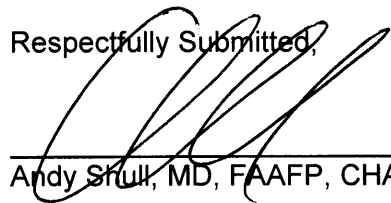
47
48 There was opposing testimony, as well, indicating there was insufficient evidence to support
49 general health visits and that these visits do not support better health outcomes. Not all patients
50 need to have a physical examination each year and may increase health care costs.

1 The executive committee decided not to adopt the resolution based on insufficient evidence
2 supporting routine wellness visits and could be contrary to improving health and even cause
3 harm (General Health Checks in Adult for Reducing Morbidity and Mortality from Disease,
4 Cochrane 2012).

5
6 **RECOMMENDATION: The reference committee recommends that Resolution No. 3010 not**
7 **be adopted.**

8
9 **I wish to thank those who appeared before the reference committee to give testimony**
10 **and the reference committee members for their invaluable assistance. I also wish to**
11 **commend the AAFP staff for their help in the preparation of this report.**

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13
14 Respectfully Submitted,



17
18 Andy Shull, MD, FAAFP, CHAIR

19
20 Melody Jordahl-lafrato, MD – GLBT
21 Sarah Lamanuzzi, MD, FAAFP – Women
22 Caithness Rodriguez, MD – IMG
23 Brent Smith, MD – New Physicians
24 Venis Wilder, MD – Minority
25 Maria deArman, MD (Observer) – Minority