



Student 2 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2023 – Kansas City, MO

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

Item 1: Not Adopt Resolution No. S2-201 “Physician Referrals and Right of Conscience”
EXTRACTED. NOT ADOPTED.

Item 2: Not Adopt Resolution No. S2-202 “Increasing Access to Preventive Cancer Screening”
EXTRACTED. ADOPTED AS AMENDED ON THE FLOOR.

Item 3: Not Adopt Resolution No. S2-203 “Protecting Diversity, Equity, Inclusion, and Justice Curricula in Undergraduate Medical Education”

Item 4: Adopt Substitute Resolution No. S2-204 “No-Cost Coverage of Preventive Health Services” in Lieu of No. S2-204

Item 5: Adopt Substitute Resolution No. S2-205 “Comprehensive Reproductive Healthcare Education” in Lieu of No. S2-205

Item 6: Adopt Substitute Resolution No. S2-206 “An Engaged Approach to Preventative Health Care for Physician Laborers” in Lieu of Resolution No. S2-206 **EXTRACTED. ADOPTED AS AMENDED ON THE FLOOR.**

Item 7: Not Adopt Resolution No. S2-207 “Response to Affirmative Action for Students Underrepresented in Medicine”



Student 2 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2023

The Student 2 Reference Committee 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. S2-201: Physician Referrals and Right of Conscience

RESOLVED, That the American Academy of Family Physicians edit its policy on "Reproductive Decisions, Training in" to align with the American Medical Association Code of Ethics Opinion 1.1.7 to clarify that a physician can decline to refer for a service to which they conscientiously object without compromising a patient's ability to inform themselves regarding access to desired services.

The reference committee heard testimony both in support of and opposed to this resolution. Those testifying in support, including the authors, indicated that this resolution would align AAFP policy with the American Medical Association's (AMA) Code of Ethics while supporting the physician-patient relationship. Those testifying in opposition noted that this resolution, as written, could present barriers to care because insurance companies may require a physician referral before providing coverage and they expressed concerns that this resolution could potentially restrict access to abortion services. Additionally, an amendment was suggested to add clarity to an inconsistency between a whereas clause and a resolved clause. One of the authors testified that they agreed with adding this amended language. The reference committee learned that the AAFP Board of Directors is actively reviewing and discussing physician right of conscience. The reference committee also reviewed the specific American Medical Association language referenced in the proposed amendment: "When a deeply held, well-considered personal belief leads a physician also to decline to refer, the physician should offer impartial guidance to patients about how to inform themselves regarding access to desired services." The reference committee recognized the importance of this issue but were concerned about the lack of specificity in the AMA language related to the guidance that would be provided. They also noted that without physician referrals, patients might not be able to access needed care due to a lack of access to the Internet or a lack of health literacy. The reference committee were also concerned that without a referral, patients may have to pay out of pocket or default to going to the emergency room as a faster solution to locate a physician. The proposed amendment was reviewed, but ultimately the committee had concerns that there was not enough specific direction provided about what guidance patients would receive and the potential that, without a physician referral, patients would receive suboptimal care or no care.

RECOMMENDATION: The reference committee recommends that Resolution No. S2-201 not be adopted. EXTRACTED. NOT ADOPTED.

ITEM NO. 2: RESOLUTION NO. S2-202: Increasing Access to Preventive Cancer Screening

RESOLVED, That the American Academy of Family Physicians develop resources and guidelines to educate and encourage its members to provide shared-decision based affordable preventive cancer screenings making for heritable cancer gene screening for both insured and uninsured patients, and be it further

RESOLVED, That given that the patients most in need of heritable cancer genetic screenings are young adults who are either privately insured or uninsured, the American Academy of Family Physicians pursue partnership with other stakeholder organizations, including insurance companies, to provide chapters with the proper tools to advocate for state policies regarding genetic cancer screening and appropriate associated care as it pertains to equitable access to genetic cancer screening and counseling for all.

The committee heard limited testimony in support of this resolution from the author, who indicated that while the Affordable Care Act required coverage, it was limited to only BRCA 1 and 2 mutations, and a patient's out-of-pocket expenses were high and sometimes unknown. The reference committee was supportive of the spirit of the resolution but felt that the scope of the resolved clauses (which were inclusive of all heritable cancer genes) was very broad with potentially limited evidence for screening. The committee was concerned that the resolved clause wording did not match the whereas clauses or the testimony and was not specific enough to implement. Additionally, the reference committee was unsure whether states could influence federal legislation.

RECOMMENDATION: The reference committee recommends that Resolution No. S2-202 not be adopted. EXTRACTED. ADOPTED AS AMENDED ON THE FLOOR.

ITEM NO. 3: RESOLUTION NO. S2-203: Protecting Diversity, Equity, Inclusion, and Justice Curricula in Undergraduate Medical Education

RESOLVED, That the American Academy of Family Physicians lobby for protections of justice, equity, diversity, and inclusion (JEDI) curricula in undergraduate medical education, and be it further

RESOLVED, That the American Academy of Family Physicians request clarification from the Association of American Medical Colleges regarding justice, equity, diversity, and inclusion (JEDI) requirements for medical school accreditation.

The reference committee heard limited testimony in support of this resolution. Testimony focused on how crucial it is that family physicians have opportunities to learn about diverse groups of people in order to better provide safe spaces for all patient populations. The reference committee agreed with the spirit of the resolution and the importance of justice, equity, diversity, and inclusion (JEDI) curricula. However, the reference committee were unsure whether "undergraduate medical education" in the first resolved clause referred to pre-medical students in university or medical students prior to residency training and whether external partnerships

with other groups that focused on JEDI curricula could better accomplish the goals of this resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. S2-203 not be adopted.

ITEM NO. 4: RESOLUTION NO. S2-204: No-Cost Coverage of Preventive Health Services

RESOLVED, That the American Academy of Family Physicians supports no-cost coverage of the United States Preventive Services Task Force A and B recommendations, and be it further

RESOLVED, That the American Academy of Family Physicians supports state chapters in efforts to codify Affordable Care Act language on preventive service coverage.

The reference committee heard testimony from the author in support of this resolution. Testimony focused on how the United States District Court ruling in Braidwood Management v Becerra removed the United States Preventive Services Task Force A and B recommendations from the Affordable Care Act (ACA), which would now present financial barriers to care for patients. The reference committee agreed with the spirit of the resolution noting that preventive health services were fundamental to family medicine and efforts to make these services accessible to patients was already consistent with current American Academy of Family Physicians (AAFP) policy and the field of family medicine. The reference committee was supportive of the second resolved clause and felt the AAFP could take further action.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S2-204: be adopted in lieu of Resolution No. S2-204 which reads as follows:

RESOLVED, That the American Academy of Family Physicians supports state chapters in efforts to codify Affordable Care Act language on preventive service coverage.

ITEM NO. 5: RESOLUTION NO. S2-205: Comprehensive Reproductive Healthcare Education

RESOLVED, That the American Academy of Family Physicians support the delivery of education about all five types of evidence-based fertility awareness-based methods to residency training programs, and be it further

RESOLVED, That the American Academy of Family Physicians provide education about all five types of evidence-based fertility awareness-based methods through their women's health continuing medical education (CME) programs, and be it further

RESOLVED, That the American Academy of Family Physicians include a link to educational resources about each of the five fertility awareness-based methods on Familydoctor.org.

The reference committee heard testimony from the authors in support of this resolution. The authors indicated that fertility awareness-based methods (FABMs) are effective, safe, affordable, and non-invasive and teach couples how to work with their bodies. Another author cited that the American College of Obstetricians and Gynecologists hosts an FAQ on their

website about natural family planning options and that many physicians simply do not have training on these methods. The reference committee heard a point of clarification that many of the five methods are described on FamilyDoctor.org. The reference committee felt that the American Academy of Family Physicians was already supportive of the methods to the level of specificity consistent with other guidance to residency programs, as described in the first resolved clause, but that the final two resolved clauses were not fully implemented according to the wording in the resolutions. The committee amended the resolved clause to specifically list the five FABMs.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S2-205: be adopted in lieu of Resolution No. S2-205 which reads as follows:

RESOLVED, That the American Academy of Family Physicians provide education about cervical mucus methods, sympto-thermal methods, sympto-hormonal methods, standard days methods and the lactational amenorrhea method of awareness-based fertility through their women's health continuing medical education (CME) programs, and be it further

RESOLVED, That the American Academy of Family Physicians include a link to educational resources about cervical mucus methods, sympto-thermal methods, sympto-hormonal methods, standard days methods and the lactational amenorrhea method of awareness-based fertility on Familydoctor.org.

ITEM NO. 6: RESOLUTION NO. S2-206: An Engaged Approach to Preventative Health Care for Physical Laborers

RESOLVED, That the American Academy of Family Physicians work with relevant stakeholders (workers, worker leaders, Occupational Safety and Health Administration (OSHA), union leaders) to investigate and clarify long-term health risks to manual labor workers and how to prevent them, and be it further

RESOLVED, That the American Academy of Family Physicians outline general guidelines and best practices for members to address specific health risks of manual laborers through site-specific community engagement and partnership with local worker and union leaders.

The committee heard testimony exclusively in support of the resolution from the authors. One author cited the lack of occupational physicians. Another author cited the fact that while many have benefits and access to care they do not take advantage of it. Another author mentioned the need for site-specific engagement and moving health beyond the clinic. The committee learned that the American Academy of Family Physicians did not have any policy, information, or resources for the care of manual labor workers. The committee was supportive of the first resolved clause and agreed that it was an important patient population to consider. They supported the spirit of the second resolved clause but felt that the scope was too broad and that considering site-specific engagement would be a complex challenge for the AAFP to address, and would be more appropriate for state and regional chapters and individual physicians.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S2-206: be adopted in lieu of Resolution No. S2-206 which reads as follows:

RESOLVED, That the American Academy of Family Physicians work with relevant stakeholders (workers, worker leaders, Occupational Safety and Health Administration (OSHA), union leaders) to investigate and clarify long-term health risks to manual labor workers and how to prevent them. **EXTRACTED. ADOPTED AS AMENDED ON THE FLOOR.**

ITEM NO. 7: RESOLUTION NO. S2-207: Response to Affirmative Action for Students Underrepresented in Medicine

RESOLVED, That the American Academy of Family Physicians promote collaboration across local chapters for innovative and creative incentives as a response to this national legislative change, which may further impact the workforce diversity pipeline, and thus additional innovative and creative incentives must be adopted into pipeline programming, and be it further.

RESOLVED, That the American Academy of Family Physicians encourage local chapters to focus their efforts beyond recruitment only, through equity and inclusion initiatives to increased retention of underrepresented minority students thus making a future in family medicine one that is more desirable and sustainable and be it further.

RESOLVED, That the American Academy of Family Physicians write a letter in opposition to the Supreme Court decision “STUDENTS FOR FAIR ADMISSIONS, INC. v. PRESIDENT AND FELLOWS OF HARVARD COLLEGE” to ban affirmative action in higher education.

The reference committee heard limited testimony in support of the resolution, with the author speaking about the AAFP’s devotion to diversity and inclusion practices. She shared that African Americans represent 10% of medical students but they represent 12% of the United States population and there still is a representation gap. The author also mentioned that after California ended affirmative action there was a 40% drop in enrollment of Black and Latino students in UCLA and UC Berkeley. She also urged the AAFP to continue its strong support of affirmative action. The reference committee discussed the importance of the issue and the response of the organization toward the Supreme Court ruling. The committee learned that the statement made by the AAFP president against the ruling becomes AAFP policy. They agreed that the AAFP’s current policy was consistent with the first two resolved clauses. The committee also learned that AAFP submitted an amicus brief in the Supreme Court case mentioned in the third resolved clause prior to the decision. Since Supreme Court decision had already been made, the reference committee noted that a letter would not have a material impact after the decision was made and the committee was unsure of the recipient of the letter.

RECOMMENDATION: The reference committee recommends that Resolution No. S2-207 not be adopted.

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

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236 Respectfully submitted,

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239 _____
240 Olivia Dhaliwal, Chair

241 Shehani Jayawickra
242 Ashley Mai
243 Pavit Suri
244 Kevin Mun
245 Mikaya Ambarian
246 Michael Persinger