



Student 3 Consent Calendar

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

- 1 **RECOMMENDATION: The Student 3 Reference Committee recommends the following**
2 **consent calendar for adoption:**
3
4 **Item 1:** Adopt Substitute Resolution No. S3-302 on “Sharing Information about Patient Dangers
5 Associated with Fake Clinics” in lieu of Resolution No. S3-301 and Resolution No. S3-302
6
7 **Item 2:** Not Adopt Resolution No. S3-303 on “Creating Family Medicine Physician Positions in
8 the Developmental and Behavioral Pediatrics Fellowship”
9
10 **Item 3:** Not Adopt Resolution S3-304 on “Improve the Health of Our Communities and
11 Strengthen the Relationships Between Family Medicine Physicians/Residents/Students and
12 Community Members”
13
14 **Item 4:** Reaffirm Resolution No. S3-305 on “Empowering States to Advocate for Physician-Led
15 Healthcare Teams” **EXTRACTED. DIVIDED THE QUESTION: RESOLVED CLAUSES #1 AND**
16 **#2 – REAFFIRMED; RESOLVED CLAUSE #3 – ADOPTED AS AMENDED ON THE FLOOR.**
17
18 **Item 5:** Not Adopt Resolution No. S3-306 on “Supporting Climate Smart and Patient-Oriented
19 Inhaler Use”



Student 3 Reference Committee Report

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

1 **The Student 3 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: Crisis Pregnancy Centers**

7
8 **Resolution No. S3-301: entitled, "Sharing Information about Patient Dangers Associated with**
9 **Fake Clinics," the resolved portions are printed below:**

10
11 RESOLVED, That the American Academy of Family Physicians (AAFP) produce
12 educational materials and resources educating patients about the medical risks of crisis
13 pregnancy centers, and make these resources available on the AAFP site, and be it
14 further

15
16 RESOLVED, That the American Academy of Family Physicians produce educational
17 materials and resources for physicians and clinicians to educate themselves about crisis
18 pregnancy centers, including an updated educational article in *American Family*
19 *Physician (AFP)* about crisis pregnancy centers.

20
21 **Resolution No. S3-302 entitled, "Defining Crisis Pregnancy Centers (CPCs)," the resolved**
22 **portion is printed below:**

23
24 RESOLVED, That the American Academy of Family Physicians (AAFP) adopt the
25 American College of Obstetricians and Gynecologists (ACOG) definition of crisis
26 pregnancy centers (CPCs), which is as follows: "a term used to refer to certain facilities
27 that represent themselves as legitimate reproductive health care clinics providing care
28 for pregnant people but actually aim to dissuade people from accessing certain types of
29 reproductive health care, including abortion care and even contraceptive options" and
30 "staff members at these unregulated and often nonmedical facilities have no legal
31 obligation to provide pregnant people with accurate information and are not subject to
32 HIPAA or required by law to maintain client confidentiality" and "many CPCs are
33 affiliated with national organizations that provide funding, support, and training to
34 advance a broadscale antiabortion agenda."

35
36 The reference committee heard testimony for and against the resolutions. Testimony in support
37 of the resolutions reflected concerns about the quality and variability of care provided in these
38 centers, and the disparities in care for patients most likely to access these centers. Concerns

39 were expressed about the motivation of these centers to dissuade patients from considering or
40 accessing the full spectrum of reproductive care options. Testimony in opposition to the
41 resolutions expressed concerns that the language used by the American College of
42 Obstetricians and Gynecologists referenced does not acknowledge that some of these centers
43 are licensed and have high standards of care. Testimony both in support of and opposing the
44 resolutions included wanting a deeper understanding of licensed and unlicensed CPCs and the
45 varying levels of medical care, qualifications of providers, and the services provided. The
46 reference committee discussed the challenge of providing accurate and accessible information
47 to members and their patients without first having a consistent definition of crisis pregnancy
48 centers. The reference committee also acknowledged that *American Family Physician*
49 (*AFP*) is operated with editorial independence from the AAFP, and its content cannot be
50 dictated.

51
52 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
53 **No. S3-302 which reads as follows be adopted in lieu of Resolution No. S3-301 and**
54 **Resolution No. S3-302:**

55
56 **RESOLVED, That the American Academy of Family Physicians develop new policy**
57 **that defines crisis pregnancy centers, and be it further**

58
59 **RESOLVED, That the American Academy of Family Physicians ensure information**
60 **is accessible to members and patients to help them understand the variation in**
61 **regulation and services of crisis pregnancy centers.**

62
63 **ITEM NO. 2: RESOLUTION NO. S3-303: Creating Family Medicine Physician Positions in**
64 **the Developmental and Behavioral Pediatrics Fellowship**

65
66 RESOLVED, That the American Academy of Family Physicians encourage collaboration
67 with the American Academy of Pediatrics to create spots for family medicine physicians
68 in the Developmental and Behavioral Pediatrics Fellowship.

69
70 The reference committee heard no testimony on the resolution. The reference committee
71 discussed the scope of family physicians, which includes behavioral and developmental health
72 of children, and the likely interests of family physicians to develop deep skills in this area. The
73 reference committee also discussed the importance of the primary care focus of family medicine
74 and that it is vital for family medicine to maintain a high rate of residency graduates practicing
75 primary care, not make a move toward higher rates of subspecialization. The reference
76 committee also acknowledged that pediatric subspecialty fellowships are accredited by the
77 Accreditation Council for Graduate Medical Education with fellows certified by the American
78 Board of Pediatrics, not the American Academy of Pediatrics as stated in the resolved, and
79 eligibility requirements for pediatric subspecialties are not likely to be impacted by AAFP efforts.

80
81 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-303**
82 **not be adopted.**

83
84 **ITEM NO. 3: RESOLUTION No. S3-304: Improve the Health of Our Communities and**
85 **Strengthen the Relationships Between Family Medicine Physicians/Residents/Students**
86 **and Community Members**

87
88 RESOLVED, That the American Academy of Family Physicians actively encourages
89 family physicians, residents, and medical students to join Walk with a Doc/Walk with a

90 Future Doc and create chapters throughout the United States to empower patient
91 behavioral lifestyle changes, and be it further

92
93 RESOLVED, That the American Academy of Family Physicians develops a partnership
94 with Walk with a Doc to encourage chapter creation, participation in the program, and
95 promotion of healthy lifestyle changes amongst patient populations throughout the
96 United States.

97
98 The reference committee heard testimony in support of the resolution and reflecting positive
99 experiences of students who have participated in Walk With a Doc and Walk With a Future Doc
100 programs through their family medicine interest groups and medical schools. Testimony also
101 referenced recent efforts to elevate the impact of loneliness on health, and the importance of
102 social connections to address this. Testimony also reflected the importance of a holistic
103 approach to health, which is a tenet of family medicine. The reference committee discussed the
104 Walk With a Doc organization and reviewed some of the AAFP's past support of the
105 organization through elevating stories of members and family medicine interest groups that
106 participate in their communities. Though the reference committee determined the organization
107 seems to have a positive mission and impact, the reference committee discussed potential risks
108 with pursuing a partnership, including creating an ongoing need to ensure the organization's
109 materials and resources align with the AAFP and family medicine, and concerns about creating
110 a precedent for all organizations with health education and physical activity missions. The
111 reference committee believed that partnerships with organizations like these are most often best
112 developed and maintained at a more local level, and that the AAFP has already and will
113 continue to promote and elevate successful stories of members and chapters that engage this
114 organization and others like it.

115
116 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-304**
117 **not be adopted.**

118
119 **ITEM NO. 4: RESOLUTION NO. S3-305: Empowering States to Advocate for Physician-**
120 **Led Health care Teams**

121
122 RESOLVED, That the American Academy of Family Physicians draft and publish a
123 statement through its official channels advocating for physician-led health care teams,
124 and opposing the independent practice of non-physicians, and be it further

125 **REAFFIRMED**

126
127 RESOLVED, That the American Academy of Family Physicians make available
128 resources and encourage its chapters to monitor and advocate against the expansion of
129 independent practice of non-physician health care professionals. **REAFFIRMED**

130
131 **RESOLVED, That the American Academy of Family Physicians will advocate for the**
132 **expansion of existing rural family medicine residencies, and the creation of new rural**
133 **family medicine residencies. ADOPTED AS AMENDED ON THE FLOOR.**

134
135
136
137 The reference committee heard mixed testimony on this resolution. The testimony included
138 personal stories of observing patient care from other health professionals, concerns about the
139 difference in training compared with medical training, and the continued expansion of nurse
140 practitioner programs designed to, but ultimately do not, fix the primary care shortage in rural

141 areas. Those opposed to the resolution believed this would create additional and undue
142 interdisciplinary tension and questioned whether there is substantial data to determine the exact
143 training and experience necessary for independent practice in select settings and situations.
144 The reference committee discussed current AAFP policy addressing scope of practice, nurse
145 practitioners, and team-based care, which already reflect support for physician-led health care
146 teams and opposition to independent practice of nurse practitioners. Additionally, the reference
147 committee discussed the advocacy work the AAFP currently does on local, state, and national
148 levels and learned that in addition to the resources publicly available through the AAFP website,
149 there are also resources exclusively available to chapters to advocate to protect the family
150 medicine scope of practice and role leading health care teams.

151
152 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-305**
153 **be reaffirmed as current policy.** EXTRACTED. DIVIDED THE QUESTION: RESOLVED
154 CLAUSES #1 AND #2 – REAFFIRMED; RESOLVED CLAUSE #3 – ADOPTED AS
155 AMENDED ON THE FLOOR.
156

157 **ITEM NO. 5: RESOLUTION No. S3-306: Supporting Climate Smart and Patient-Oriented**
158 **Inhaler Use**

159
160 RESOLVED, That the American Academy of Family Physicians support investigation
161 into the climate impacts of metered dose inhalers, and be it further

162
163 RESOLVED, That the American Academy of Family Physicians promote the education
164 about and use of alternatives to metered dose inhalers that are equally efficacious and
165 cost effective.
166

167 The reference committee heard testimony in support of the resolution from the author.
168 Testimony reflected the negative health implications of climate change especially for patients
169 with respiratory diseases, and the desire to ensure patients receive the best possible care
170 without harm to the environment. The reference committee reviewed a letter the AAFP
171 submitted to the Committee on Ways and Means of the U.S. House of Representatives in
172 December 2022 responding to an inquiry regarding work to address the impacts of the health
173 care industry on climate and, specifically, the environmental impact of pressurized metered
174 dose inhalers. The letter outlines the AAFP's recognition of environmental impacts on health
175 and its commitment to assisting family physicians to recognize and understand the impact of the
176 environment on patient and population health, as well as the critical importance of safe,
177 effective, accessible, and affordable health care including treatments for patients who need
178 inhalers. There are concerns, however, that dry powder inhalers are more expensive and less
179 accessible to patients, and that the prevalence of asthma is greater in some populations with
180 lower income levels, more likely to be uninsured or underinsured. The reference committee
181 appreciated that current AAFP policy on these issues already equips the organization to engage
182 on this topic through federal advocacy efforts such as the December letter. The reference
183 committee also acknowledged that a resolution on this topic has been submitted to the 2023
184 AAFP Congress of Delegates which will be held in October 2023 and determined that the full
185 membership of the AAFP reflected in that body would be best suited to address this issue.
186

187 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-306:**
188 **not be adopted.**
189

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

193
194 Respectfully submitted,

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197
198 _____
198 Taree Chadwick, Chair

199
200 Muriel Lavalee
201 Sarah Toates
202 Julia McNamara
203 Kinsey Vear
204 Sarah Costello
205 Miryeya Cisneros