



## Student 3 Consent Calendar

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National Conference of Family Medicine Residents and Medical Students  
July 27-29, 2017 - Kansas City, MO

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1 **RECOMMENDATION: The Student 3 Reference Committee recommends the**  
2 **following consent calendar for adoption:**  
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4 **Item 1:** Adopt Substitute Resolution No. S3-301 in lieu of Resolution No. S3-301  
5 “Support of Teen Pregnancy Prevention Research” and Resolution No. S3-302  
6 “Preserve Funding for Teen Pregnancy Prevention Programs” (pp. 1-2)  
7

8 **Item 2:** Not Adopt Resolution No. S3-304 “Establish an Accessible Online Minority  
9 Mentorship Program” (pp. 2-3)  
10

11 **Item 3:** Not Adopt Resolution No. S3-307 “Expanding Technology Utilization in the  
12 Primary Care Environment” (pp. 3-4)  
13

14 **Item 4:** Adopt Substitute Resolution No. S3-308 “Decreasing Cost and Increasing  
15 Environmental Sustainability” (p. 4)  
16

17 **Item 5:** Not Adopt Resolution No. S3-309 “Include the Papaya Workshop for Uterine  
18 Aspirations in the AAFP National Conference of Family Medicine Residents and  
19 Students” (pp. 4-5)  
20

21 **REAFFIRMATION CALENDAR:**

22 (A) Resolution No. S3-303 “Public Service Loan Forgiveness Program Support” (p. 6)

23 (B) Resolution No. S3-305 “Support Reproductive Health Education” (pp. 6-7)

24 (C) Resolution No. S3-306 “Request for Increasing Emphasis on End-of-Life Care  
25 Planning” (p. 7-8)

26 (D) Resolution No. S3-310 “Medical Student and Resident Advocacy Related to the  
27 AMA RUC Committee” (p. 8)



# Student 3 Reference Committee Report

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National Conference of Family Medicine Residents and Medical Students  
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1 **The Student 3 Reference Committee has considered each of the items referred to**  
2 **it and submits the following report. The committee's recommendations will be**  
3 **submitted as a consent calendar and voted on in one vote. Any item or items may**  
4 **be extracted for debate.**

5  
6 **ITEM NO. 1: RESOLUTION S3-301: SUPPORT OF TEEN PREGNANCY**  
7 **PREVENTION RESEARCH**

8  
9 RESOLVED, That the American Academy of Family Physicians reaffirm its  
10 support for comprehensive sexual education and research for teen pregnancy  
11 preventions, and be it further

12  
13 RESOLVED, That the American Academy of Family Physicians write a letter to  
14 the United States Department of Health and Human Services urging them to  
15 continue funding for research and development of innovative pregnancy  
16 prevention programming.

17  
18 **RESOLUTION S3-302: PRESERVE FUNDING FOR TEEN PREGNANCY**  
19 **PREVENTION PROGRAMS**

20  
21 RESOLVED, That the American Academy of Family Physicians release a  
22 statement opposing the Department of Health and Human Services proposed  
23 budget cuts to the Teen Pregnancy Prevention Program grantees in 2018 fiscal  
24 year, and, be it further

25  
26 RESOLVED, That the American Academy of Family Physicians send a letter to  
27 the Department of Health and Human Services Secretary urging him to rescind  
28 the proposed budget cuts for the 2018 fiscal year to the Teen Pregnancy  
29 Prevention Program grantees.

30  
31 The reference committee heard testimony from the authors and other members  
32 regarding the important role that community-based programs play in preventing  
33 unplanned teen pregnancies. Testimony also captured the connection between  
34 unwanted teen pregnancies and poor health outcomes among both the parents and  
35 children involved, as well as other social factors such as lower educational

36 advancement. There was specific concern that this issue is especially affected in the  
37 current political climate. Authors of the resolution cited concerns about recent actions by  
38 the current United States administration to encourage Congress to reduce funding for  
39 programs that aim to reduce unwanted pregnancies among teenagers that use  
40 strategies other than abstinence education, and for the US Department of Health and  
41 Human Services to redirect resources in this area. Both authors and others reflected  
42 personal patient experiences with teen parents and noted that academic health centers  
43 provide care for many of these patients. The authors also testified that they would be  
44 supportive of joining these two resolutions. The reference committee agreed with the  
45 goals of these resolutions and felt that it is important for the AAFP, representing family  
46 physicians who care for these patients on the front line and champion preventive care,  
47 to use its influence to affect these issues at a federal level. The committee suggested  
48 modification of the resolutions to allow the AAFP Government Relations Division to  
49 reach the appropriate government entities using the most effective modalities.

50  
51 **RECOMMENDATION: The reference committee recommends that**  
52 **Substitute Resolution No. S3-301 be adopted in lieu of Resolution No. S3-301 and**  
53 **Resolution No. S3-302, which reads as follows:**

54  
55 **RESOLVED, That the American Academy of Family Physicians**  
56 **communicate to the appropriate government entities including, but not**  
57 **limited to, Congress and the United States Department of Health and**  
58 **Human Services, opposition to budget cuts to the Teen Pregnancy**  
59 **Prevention Program.**

60  
61 **ITEM NO. 2: RESOLUTION S3-304: ESTABLISH AN ACCESSIBLE ONLINE**  
62 **MINORITY MENTORSHIP PROGRAM**

63  
64 RESOLVED, That the American Academy of Family Physicians establish an  
65 accessible online program for mentors who have a goal of supporting minority  
66 students and residents, and be it further

67  
68 RESOLVED, That in creating the mentorship program, the American Academy of  
69 Family Physicians consider using mentor identifiers such as ethnic background,  
70 practice setting, clinical interests, gender identity, sexual orientation and religion,  
71 and be it further

72  
73 RESOLVED, That the American Academy of Family Physicians promote the  
74 mentorship program as a benefit of membership.

75  
76 The reference committee did not hear testimony on this resolution. The reference  
77 committee agreed with the spirit of the resolution and what they interpreted to be the  
78 intention of the authors to create opportunities for students from backgrounds  
79 underrepresented in medicine to connect with others they identify with, especially those  
80 who may be more advanced in their careers and may be able to offer guidance in  
81 addition to camaraderie. The committee felt that the AAFP offers many benefits with the

82 same aim, including the Minority Special Interest Discussion at the AAFP National  
83 Conference of Family Medicine Residents and Medical Students; the online  
84 communities for AAFP Member Constituencies which include women, minorities, new  
85 physicians, international medical graduates, and lesbian, gay, bisexual, and  
86 transgender groupings; and the National Congress of Constituency Leaders which  
87 provides a vehicle for policy and program development led by these constituencies. The  
88 reference committee was concerned about the resource intensiveness of a project such  
89 as this one, as databases require both initial development and significant, intentional  
90 maintenance to remain current and relevant. The committee was also concerned about  
91 sensitivities in identifying members by factors such as gender identity, sexual  
92 orientation, and religion in a public forum such as an online community. The  
93 committee's primary concern is that the database proposed would not achieve what the  
94 spirit of the resolution called for, which is more meaningful connections and stronger  
95 support for members who may feel isolated and underpowered.

96

97 **RECOMMENDATION: The reference committee recommends that Resolution No.**  
98 **S3-304 not be adopted.**

99

100 **ITEM NO. 3: RESOLUTION S3-307: EXPANDING TECHNOLOGY UTILIZATION IN**  
101 **THE PRIMARY CARE ENVIRONMENT**

102

103 RESOLVED, That the American Academy of Family Physicians continue to  
104 support and expand the presence of technology integration and implementation  
105 discussion at workshops and talks at the National Conference, and be it further

106

107 RESOLVED, That the American Academy of Family Physicians advocate to state  
108 and federal governments for health policies supportive of the implementation of  
109 technology in patient management, including but not limited to, advocacy for  
110 reimbursement for telemedicine visits, and be it further

111

112 RESOLVED, That the American Academy of Family Physicians provide support  
113 for interested students and residents seeking to expand their skill in medical  
114 technology development, quality measurement, and implementation by posting  
115 current opportunities in a tech digest section of *American Family Physician*.

116

117 The reference committee heard testimony in favor of the resolution, with two students  
118 speaking on the ever-growing use of technology in the primary care office and its impact  
119 on the delivery of care. Because health technology is constantly undergoing change, it  
120 is essential for the AAFP to ensure that members receive updates on advancements as  
121 they become available and provide education on effective implementation. The  
122 reference committee reflected on the potential for technology to improve patient  
123 experience and satisfaction, cost-effectiveness, and health outcomes. Most of the  
124 resolution was consistent with current AAFP positions and actions on health information  
125 and technology, for example, through providing programming at National Conference on  
126 the subject of technology integration in primary care offices. However, the development  
127 of a new technology-focused department in *American Family Physician*, which is a

128 clinically focused and editorially independent publication, was not found to be an  
129 actionable proposal, nor one that would achieve the aim of the resolution.

130  
131 **RECOMMENDATION: The reference committee recommends that Resolution No.**  
132 **S3-307 not be adopted.**

133  
134 **ITEM NO. 4: RESOLUTION S3-308: DECREASING COST AND INCREASING**  
135 **ENVIRONMENTAL SUSTAINABILITY OF THE NATIONAL CONFERENCE**

136  
137 RESOLVED, That the American Academy of Family Physicians' National  
138 Conference Planning Committee consider doing away with gift bags and  
139 transitioning documents, promotional information, and other paper-based printing  
140 to electronic forms.

141  
142 The reference committee heard testimony in favor of the resolution, during which  
143 students proposed that the AAFP "lead the charge" for reducing negative environmental  
144 impacts and financial costs associated with National Conference by increasing the  
145 number of resources available electronically rather than on paper. The reference  
146 committee felt that considering the environmental impact of National Conference  
147 resources and handouts was an important task. The committee also felt that the printed  
148 promotional products, particularly those delivered in registration bags, are not effective  
149 at reaching student attendees. However, the committee recognized that allowing  
150 companies to advertise on AAFP National Conference resources and handouts,  
151 including various paper products, is an important driver of revenue for the conference.

152  
153 **RECOMMENDATION: THE REFERENCE COMMITTEE RECOMMENDS THAT**  
154 **SUBSTITUTE RESOLUTION NO. S3-308 BE ADOPTED IN LIEU OF RESOLUTION**  
155 **NO. S3-308, WHICH READS AS FOLLOWS:**

156  
157 **RESOLVED, That the American Academy of Family Physicians (AAFP)**  
158 **explore opportunities to maintain and increase revenue for the AAFP**  
159 **National Conference of Family Medicine Residents and Medical Students**  
160 **using options that also reduce the need for paper production and more**  
161 **effectively influence attendees.**

162  
163 **ITEM NO. 5: RESOLUTION S3-309: INCLUDE THE PAPAYA WORKSHOP FOR**  
164 **UTERINE ASPIRATION IN THE AAFP NATIONAL CONFERENCE OF FAMILY**  
165 **MEDICINE RESIDENTS AND STUDENTS**

166  
167 RESOLVED, That the American Academy of Family Physicians support an  
168 annual Papaya Workshop for Uterine Aspiration at the National Conference of  
169 Family Medicine Residents and Medical Students, and be it further

170  
171 RESOLVED, That the delegates of the American Academy of Family Physicians  
172 (AAFP) Resident and Student Congress present a resolution to the AAFP COD

173 to include a Papaya Workshop for training in Uterine Aspiration in the residents  
174 and students conference curriculum.

175  
176 The reference committee heard substantial testimony in favor of this resolution. Authors  
177 expressed an intent to use the resolution process to advocate for the inclusion of this  
178 specific clinical skills workshop because their submissions through the established  
179 process for proposals for National Conference programming have not been  
180 accepted. Authors felt the Papaya Workshop for Uterine Aspiration held off site from  
181 the AAFP National Conference would be better attended if it was accepted as official  
182 National Conference programming.

183  
184 One member voiced a concern that the absence of this workshop from National  
185 Conference may suggest a lack of support or promotion of reproductive education by  
186 the AAFP. Many students testified to a desire to include this type of workshop in  
187 National Conference programming because such an opportunity is difficult to find in  
188 medical school training and may be limited within the current political climate. Students  
189 emphasized the importance of family physician training in this area as family doctors  
190 have strong continuity of care with their patients and often provide the greatest  
191 availability of medical services in rural communities.

192  
193 The reference committee, although supportive of medical student and resident  
194 education across the scope of reproductive health procedures performed by family  
195 physicians, felt that it was important to maintain the integrity and authority of the AAFP's  
196 National Conference Workshop Proposal submission process. This process is open to  
197 all medical students, residents, and faculty, and allows for the consideration of proposed  
198 workshops based on their relevancy to six focus areas: career planning, clinical skills,  
199 health policy and advocacy, leadership development, practice management, and  
200 research. This process also allows for resident and student members of the AAFP's  
201 Subcommittee on National Conference Planning to carefully consider the strength of  
202 each proposal and take into consideration data on interest and demand for workshop  
203 topics. The reference committee encourages the authors and all students interested in  
204 this workshop to express that interest through the National Conference post-event  
205 attendee survey.

206  
207 **RECOMMENDATION: The reference committee recommends that Resolution No.**  
208 **28 S3-309 not be adopted.**

## 209 210 **REAFFIRMATION CALENDAR**

211 The following items A through D are presented by the Reference Committee on the  
212 Reaffirmation Calendar. Testimony in the Reference Committee hearing and discussion  
213 by the Reference Committee in Executive Session concurred that the resolutions  
214 presented in Items A through D are current policy or are already addressed in current  
215 projects. At the request of the National Congress of Family Medicine Residents, any

216 item may be taken off the Reaffirmation Calendar for an individual vote on that item.  
217 Otherwise, the Committee will request approval of the Reaffirmation Calendar in single  
218 vote.

219  
220 (A) Resolution S3-303 – Public Service Loan Forgiveness Program Support

221  
222 RESOLVED, That the American Academy of Family Physicians advocate to the  
223 Department of Education and United States Congress in support of the  
224 continuation and expansion of the Public Service Loan Forgiveness Program,  
225 and be it further

226  
227 RESOLVED, That the American Academy of Family Physicians oppose the  
228 passage of H.R. 2725, the "Student Loan Lower Interest Rate and Lower Monthly  
229 Repayment Refinancing Act of 2017."

230  
231 The reference committee heard testimony from the author reflecting the benefits of the  
232 Public Service Loan Forgiveness program as an option for family physicians who work  
233 in qualifying not-for-profit health systems to have aid repaying their loans, reducing their  
234 personal debt burden. Another member testified in support of the resolution citing a  
235 connection between primary care specialty choice and perceived affordability of a  
236 career in primary care. The reference committee discussed the importance of  
237 supporting any efforts to reduce student loan debt and help family physicians with their  
238 financial wellbeing. The committee recognized that the AAFP has numerous policy  
239 statements that focus on and relate to student debt that reflect the organization's  
240 support for efforts that assist in reducing the debt burden. The committee also reviewed  
241 testimony given by president John Meigs, MD, to the Senate Appropriations  
242 Subcommittee on Labor, Health and Human Services, & Education on May 31, 2017,  
243 that specifically urged the subcommittee to continue the Public Service Loan  
244 Forgiveness Program.

245  
246 (B) Resolution S3-305 – Support Reproductive Health Education

247  
248 RESOLVED, That the American Academy of Family Physicians advocate on  
249 behalf of family physicians who perform and teach contraception, options  
250 counseling for unintended pregnancy, miscarriage management, and abortion  
251 care, many of whom are subjected to legislation or hospital restrictions that may  
252 limit scope of practice or training opportunities, and be it further

253  
254 RESOLVED, That planners of the American Academy of Family Physicians  
255 National Conference of Family Medicine Residents and Medical Students support  
256 and encourage inclusion of reproductive health topics such as contraception,  
257 abortion, miscarriage, and options counseling for unintended pregnancy, as well  
258 as procedural topics like intrauterine device insertion and implant insertion at the  
259 National Conference of Family Medicine Residents and Medical Students.  
260

261 The reference committee heard testimony in favor of the resolution. Four students,  
262 including the author, advocated for the AAFP to take an active role in supporting  
263 reproductive health care education. It was noted that the current political climate makes  
264 speaking out as an organization an especially pressing activity. Members shared  
265 pointed observations gleaned from their personal experiences providing men and  
266 women with reproductive health care. Rural clinics were cited as being especially  
267 vulnerable to legislation that attempts to limit family physicians' scope of practice  
268 through restrictions on reproductive health care. Recent output of legislation requires  
269 that teachers be embraced by a supportive medical community that encourages them in  
270 achieving their mission to educate future family physicians. The reference committee  
271 echoes the firm support for extensive and accessible reproductive health education  
272 shared in testimony. Because of the AAFP's unyielding commitment to protecting scope  
273 of practice, it has publicly opposed all proposed and otherwise enacted non-evidence-  
274 based limits on the care that family physicians can provide their patients, as captured in  
275 current policy. Additionally, programming such as workshops held on reproductive  
276 health topics at the 2017 National Conference and previous events supports medical  
277 students learning how to provide effective reproductive health care. The open  
278 submission process for selecting programs encourages the continual presence of these  
279 programs.

280

281 (C) Resolution S3-306 – Request for Increasing Emphasis on End-Of-Life Care  
282 Planning

283

284 RESOLVED, That the American Academy of Family Physicians explore and  
285 incorporate education on end-of-life care into programming at the AAFP National  
286 Conference for Family Medicine Residents and Medical Students or other  
287 appropriate educational venues.

288

289 The reference committee heard testimony in favor of the resolution, including from an  
290 author, who explained that many medical students, and even many currently practicing  
291 physicians, feel unprepared to provide end-of-life care planning to their patients and  
292 would benefit from further education. Testimony was also heard from members from  
293 three other states, reflecting a wide interest among the student constituency. Testimony  
294 also highlighted the importance of end-of-life care planning to the future physicians of  
295 an aging U.S. population. The reference committee strongly agreed that education in  
296 this area is important to medical students, especially those entering family medicine, but  
297 felt that this proposal is already encompassed within the AAFP's goals to reflect the  
298 breadth of family medicine within its National Conference programming. To ensure a  
299 wide scope of programming at National Conference, there is an annual open call for  
300 program proposals where, for example, end-of-life educational sessions could be  
301 proposed. The reference committee felt that the most effective and appropriate means  
302 of ensuring that is offered at future conferences is through this established submission  
303 process. The process includes an open call-for-proposals process that is accessible to  
304 all medical students, residents, faculty, and others. Proposals submitted in this manner  
305 are considered based on their relevancy within six areas of focus--career planning,  
306 clinical skills, health policy and advocacy, leadership development, practice

307 management, and research--and are vetted by the AAFP Commission on Education  
308 Subcommittee on National Conference Planning made up of AAFP student, resident,  
309 and active physician members.

310  
311 (D) Resolution S3-310 – Medical Student and Residency Advocacy Related to the  
312 AMA RUC Committee

313  
314 RESOLVED, That the student and resident branches of the AAFP actively lobby  
315 the AMA to increase the representation of family physicians on AMA's RUC, and  
316 be it further

317  
318 RESOLVED, That the student and resident branches of the AAFP create a sub-  
319 committee or special designated member dedicated to RUC reform.

320  
321 The reference committee heard testimony in favor of the resolution from two students.  
322 An author testified that students are largely unaware of the considerable role that the  
323 American Medical Association Specialty Society Relative Value Scale Update  
324 Committee (RUC) has in determining physician pay through its recommendations to the  
325 Centers for Medicare and Medicaid Services (CMS), noting that CMS accepts nearly all  
326 reimbursement schedule recommendations that are made by RUC. The reference  
327 committee shared the author's concern that the AAFP has only one permanent seat on  
328 the RUC, with most committee seats belonging to subspecialist organizations. This  
329 representation model has led to an unbalanced payment system that disproportionately  
330 rewards subspecialist care, widening an already alarming pay gap. However, the  
331 reference committee felt that the AAFP is already using appropriate means to influence  
332 the RUC, and acknowledged that those efforts are largely unrewarded. Regarding  
333 student and resident influence on the RUC, the committee acknowledged that the  
334 committee is served exclusively by physicians who have long been established in  
335 practice. Because of this, students are unlikely to find information about how they can  
336 affect decision-making on payment reform within this body. The reference committee  
337 felt that the student and resident members on the American Academy of Family  
338 Physicians (AAFP) Commission on Quality and Practice, which deals with issues  
339 related to physician payment and the RUC and advises the AAFP-appointed RUC  
340 member on decision making and receives updates from him or her on RUC  
341 proceedings, have the opportunity to share information with their constituencies and  
342 increase student awareness and understanding. Additionally, the reference committee  
343 discussed that in 2010, the AAFP wrote to the RUC Board Chair requesting that  
344 additional seats be created for family physicians. This appeal for more adequate  
345 representation of primary care was not fully received by RUC, and another letter is  
346 unlikely to prompt further action.

347  
348 **RECOMMENDATION: The Reference Committee recommends that Items A**  
349 **through D on the Reaffirmation Calendar be approved as current policy or as**  
350 **already being addressed in current projects.**

351

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

356  
357 Respectfully submitted,

358  
359  
360 \_\_\_\_\_  
361 Laura Ruhl

362  
363 Erin Clark  
364 Allen Rodriguez  
365 Margaret Smith  
366 Olivia Bolen  
367 Rozanna Fang  
368 C. C. Linder