



## Student 1 Consent Calendar

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National Conference of Family Medicine Residents and Medical Students  
August 2-4, 2018 – Kansas City, MO

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1    **RECOMMENDATION: The Student 1 Reference Committee recommends the following**  
2    **consent calendar for adoption:**

3    **Item 1:** Adopt Resolution No. S1-101 “Coverage for Vitamin D Supplementation for Newborns”

4    **Item 2:** Adopt Substitute Resolution No. S1-102 “Incorporating Pipeline Outreach Programs into  
5    Family Medicine Interest Group Activities” in lieu of Resolution No. S1-102

6    **Item 3:** Not Adopt Resolution No. S1-103 “Guidance for First-and Second-Year Medical  
7    Students”

8    **Item 4:** Adopt Resolution No. S1-104 “Oppose Unnecessary Requirements on Clinicians that  
9    Perform Abortions”

10   **Item 5:** Adopt Resolution No. S1-105 “The ‘Public Charge Rule’ Draft – Threat to Immigrant  
11   Health”

12   **Item 6:** Reaffirm Resolution No. S1-106 “Natural Disaster Contingency Plan”

13   **Item 7:** Adopt Resolution No. S1-107 “Create a Toolkit for Identifying Human Trafficking Victims  
14   for Physicians”

15   **Item 8:** Not Adopt Resolution No. S1-108 “Achieving Universal Health Care as a Basic Human  
16   Rights”

17   **Item 9:** Reaffirm Resolution No. S1-109 “Improving Obstetric Hospital Privileges for Family  
18   Physicians”



# Student 1 Reference Committee Report

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National Conference of Family Medicine Residents and Medical Students  
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1 **The Student 1 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: RESOLUTION NO. S1-101: COVERAGE FOR VITAMIN D SUPPLEMENTATION**  
7 **FOR NEWBORNS**

8

9       RESOLVED, That the American Academy of Family Physicians advocate for the  
10      inclusion of vitamin D supplementation for newborns in the list of Medicaid covered  
11      preventive supplements.

12

13      The reference committee heard testimony in support of the resolution by the author. Vitamin D  
14      supplementation for newborns is commonly recommended as vitamin D levels in breast milk are  
15      not sufficient for all infants. While Medicaid programs in some states cover the cost of  
16      supplements like Vitamin D, costs may be prohibitive for disadvantaged populations in states  
17      without coverage. Therefore, the reference committee recommended the resolution be adopted.

18

19 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-101**  
20 **be adopted.**

21

22 **ITEM NO. 2: RESOLUTION NO. S1-102: INCORPORATING PIPELINE OUTREACH**  
23 **PROGRAMS INTO FAMILY MEDICINE INTEREST GROUP ACTIVITIES**

24

25       RESOLVED, That the American Academy of Family Physicians provide support and  
26      standard guidelines for all Family Medicine Interest Groups to institute a pipeline  
27      program that increases awareness and interest in health care careers for the  
28      underserved youth in their communities.

29

30      The reference committee heard testimony in support of the resolution by the author. Family medicine  
31      interest groups are independently managed and not subject to standardized practices, however, the  
32      AAFP could provide resources to encourage pipeline programs to attract underserved youth to  
33      health care careers. The AAFP's The EveryONE Project has identified workforce diversity as a  
34      priority area and could share resources with family medicine interest groups. The reference  
35      committee discussed that while the AAFP does not dictate rules and regulations to FMIG programs,  
36      it would be feasible to provide resources and support for implementation of pipeline programs.  
37      Therefore, the reference committee recommended that the language concerning standard guidelines  
38      be replaced with the "support and resources" in the substitute resolution.

39 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
40 **No. S1-102 be adopted in lieu of Resolution No. S1-102, which reads as follows:**

42 **RESOLVED, That the American Academy of Family Physicians provide support**  
43 **and resources for Family Medicine Interest Groups to institute pipeline programs**  
44 **that increase awareness and interest in health care careers for the underserved**  
45 **youth in their communities.**

47 **ITEM NO. 3: RESOLUTION NO. S1-103: GUIDANCE FOR FIRST- AND SECOND-YEAR**  
48 **MEDICAL STUDENTS**

50 RESOLVED, That the American Academy of Family Physicians provide a recommended  
51 schedule for the first two years of medical school, as well as advice on goals to set for  
52 the purpose of increasing exposure to family medicine and increasing medical students'  
53 success by listing recommended milestones in areas including academics, United States  
54 Medical Licensing Examination STEP 1, volunteering, leadership, research,  
55 experiences, and mentoring.

57 The reference committee heard testimony in opposition to the resolution. The curriculum for the  
58 first two years is pre-clinical and varies widely among medical schools, and the resolution  
59 lacked a specific focus. As the resolution was unclear and lacking specificity, the reference  
60 committee recommended it not be adopted.

62 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-103**  
63 **not be adopted.**

65 **ITEM NO. 4: RESOLUTION NO. S1-104: OPPOSE UNNECESSARY REQUIREMENTS ON**  
66 **CLINICIANS THAT PERFORM ABORTIONS**

68 RESOLVED, That the American Academy of Family Physicians encourage chapters to  
69 oppose state and national level legislation that imposes non-evidence based  
70 requirements on abortion providers which infringe on their practice, and be it further

72 RESOLVED, That the American Academy of Family Physicians encourage chapters to  
73 oppose legislation that requires abortion providers to provide incorrect or non-evidence  
74 based information to patients.

76 The reference committee heard testimony in favor of the resolution by the co-authors and  
77 others. Many state laws place barriers on access to abortions, for example, 18-hour waiting  
78 periods that cause financial burdens on women who travel long distances to clinics. Laws that  
79 restrict abortions may also impede women from receiving birth control and prenatal care. The  
80 laws also affect family physicians who practice at such clinics. The AAFP's evidence-based  
81 focus is in direct opposition to legislation that requires providers to provide incorrect or non-  
82 evidence-based information.

84 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-104**  
85 **be adopted.**

89 **ITEM NO. 5: RESOLUTION NO. S1-105: THE "PUBLIC CHARGE RULE" DRAFT - THREAT**  
90 **TO IMMIGRANT HEALTH**

92 RESOLVED, That the American Academy of Family Physicians communicate to the  
93 Department of Homeland Security its opposition to the inclusion of health, housing, and  
94 nutrition services in the definition of a Public Charge.

95  
96 The reference committee heard testimony in support of the resolution requesting the AAFP  
97 oppose the use of health care, housing, and food assistance services in determination of  
98 admissibility for legal immigrants. The reference committee reviewed that the "Public Charge  
99 Rule" is a criterion for inadmissibility for immigration, defined as an individual who is likely to  
100 become financially dependent on the government via cash assistance for income maintenance.  
101 The committee discussed the potential impact of the changes to the public charge rule, in  
102 particular on access to health care and adequate nutrition for immigrating families and agreed  
103 this was an important area for advocacy by the AAFP.  
104

105 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-105**  
106 **be adopted.**

107 **ITEM NO. 6: RESOLUTION NO. S1-106: NATURAL DISASTER CONTINGENCY PLAN**

110 RESOLVED, That the American Academy of Family Physicians (AAFP) help create a  
111 natural disaster contingency plan that involves the logistics of the continuation of primary  
112 care services during, before and after a natural disaster in consortium with each AAFP  
113 constituent chapter.

114  
115 The reference committee heard testimony in support of the resolution requesting resources for  
116 natural disaster preparedness and resiliency to avoid disruption of care. The reference  
117 committee reviewed current AAFP resources which include guides and checklists for disaster  
118 preparedness for individuals, communities, and physician practices. These resources were  
119 deemed to address the resolved clauses; therefore, the committee recommended the resolution  
120 be reaffirmed.  
121

122 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-106**  
123 **be reaffirmed as current policy.**

124 **ITEM NO. 7: RESOLUTION NO. S1-107: CREATE A TOOLKIT FOR IDENTIFYING HUMAN**  
**TRAFFICKING VICTIMS FOR PHYSICIANS**

128 RESOLVED, That the American Academy of Family Physicians develop a toolkit for  
129 human-trafficking screening, including warning signs and resources for the patient, to be  
130 used within clinical settings, and, be it further

132 RESOLVED, That the American Academy of Family Physicians develop Train-the-  
133 Trainer programs on human trafficking geared toward physicians, allowing them to better  
134 utilize assistance from community organizations and train other physicians.

135  
136 The reference committee heard testimony in support of the resolution requesting a toolkit and  
137 training resources for screening for human trafficking. The reference committee reviewed  
138 current AAFP policy acknowledging human trafficking as a serious problem and that family  
139 physicians play a vital role in identifying and treating victims of human trafficking. The policy

140 provides links to additional resources, but there is not a family physician specific toolkit currently  
141 available. The reference committee agreed with the resolution and recommended adopting it as  
142 written.

143  
144 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-107**  
145 **be adopted.**

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147 **ITEM NO. 8: RESOLUTION NO. S1-108: ACHIEVING UNIVERSAL HEALTH CARE AS A**  
148 **BASIC HUMAN RIGHT**

149  
150 RESOLVED, That the American Academy of Family Physicians recommend a single-  
151 payer system in the form of medicare-for-all as a viable means to achieve the AAFP's  
152 goal of universal health care as a basic human right, and further

153  
154 RESOLVED, That the American Academy of Family Physicians' recommendation of  
155 their choice of a single-payer system be made available to the public.

156  
157 The reference committee heard testimony in support of the resolution. The reference committee  
158 reviewed a corrected resolution in addition to current AAFP policy which supports universal  
159 health care for all. Additionally, the committee reviewed a report from the Board of Directors  
160 investigating the impact of a single payer system, and a resolution submitted to the 2018  
161 Congress of Delegates. The committee agreed with the spirit of the corrected resolution and  
162 current policy supporting universal health care coverage. The reference committee  
163 recommended not adopting the resolution and to wait for action to be taken on the resolution  
164 submitted to the Congress of Delegates.

165  
166 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-108**  
167 **not be adopted.**

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169 **ITEM NO. 9: RESOLUTION NO. S1-109: IMPROVING OBSTETRIC HOSPITAL PRIVILEGES**  
170 **FOR FAMILY PHYSICIANS**

171  
172 RESOLVED, That the American Academy of Family Physicians advocate for improving  
173 hospital privileges for family physicians in providing obstetrical care, and be it further

174  
175 RESOLVED, That the American Academy of Family Physicians advocate for keeping  
176 maternity wards open in rural and underserved areas.

177  
178 The reference committee heard testimony in support of the resolution asking the AAFP to  
179 advocate for hospital obstetric privileges and access to maternity care in rural areas. Testimony  
180 highlighted concerns over recent closings of maternity wards in rural areas leading to decreased  
181 access to care for patients. The reference committee discussed that the majority of obstetric  
182 care in rural areas is performed by family physicians, and the importance for advocacy for rural  
183 health and access to care. The reference committee reviewed current AAFP policies and  
184 determined that the resolved clauses are already addressed in the policy, "Maternal/Child Care  
185 (Obstetric/Perinatal Care)". Therefore, the reference committee recommended that the  
186 resolution be reaffirmed.

187  
188 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-109**  
189 **be reaffirmed as current policy.**

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

194  
195 Respectfully submitted,

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199  
200 Chandler Stisher, Chair

201  
202 Joe Kolba  
203 Michelle Do  
204 Paige Ely  
205 Justin Fu  
206 Saya Yusa  
207 Fiorella Castillo, MSPH (Observer)