

Summary of Actions of the 2019 National Congress of Student Members

July 25-27, 2019 – Kansas City, MO

Note: Resolutions adopted by the National Congress of Family Medicine Residents are not AAFP policy. Based on recommendations from the AAFP Commission on Education, NCFMR resolutions are referred by the AAFP Board Chair to the appropriate Academy entity. This group then reviews the resolution and determines if further action is appropriate and if policy should be developed relating to the topic of the resolution. *same or similar resolution adopted by the resident congress, National Conference of Constituency Leaders or Congress of Delegates

Res. No.	Subject	Referral	Action
S1-101*	<p>Denounce Race-Based Medicine</p> <p>RESOLVED, That the American Academy of Family Physicians adopt a policy that speaks against the use of race as a proxy for biology or genetics in management guidelines, and that identifies race as a social construct, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support members in critically evaluating their use of race in research and clinical practice, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support research to investigate indicators alternative to race to stratify medical risk factors for disease states.</p>	Commission on Health of the Public and Science	<p>Agree with Modification</p> <p>The commission wrote a new policy statement on race-based medicine that will be considered by the board of directors at its July 2020 meeting.</p>
S1-102	<p>Including Knowledge of Food Insecurity Programs in Medical Training</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the creation of a training protocol within residency programs whereby all family medicine residents can gain knowledge of the specific programs that combat food insecurity within the communities that they practice so the information can be passed along to patients to improve their overall health.</p>	Commission on Education	<p>Agree with Modification</p> <p>RESOLVED, That the American Academy of Family Physicians revise the AAFP Curriculum Guideline on Nutrition to include gaining knowledge of the types of programs that combat food insecurity within the communities that family medicine residents practice.</p>

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S1-103	Addressing Adverse Childhood Events RESOLVED, That the American Academy of Family Physicians actively encourage the United States Congress to support the Resilience Investment, Support, and Expansion from Trauma Act (RISE from Trauma Act).	EVP for consideration of action	Agree The AAFP will send a letter of support for the RISE from Trauma Act.
S1-104	Medicare Part D Coverage of Vitamin K RESOLVED, That the American Academy of Family Physicians actively encourage the United States Congress to support Medicare Part D funding for Vitamin K for patients on Warfarin when medically indicated.	Commission on Federal and State Policy (formerly Commission on Governmental Advocacy)	Accept for Information AAFP does not lobby on narrow condition-specific products or services.
S1-105	Support for the Equality Act RESOLVED, That the American Academy of Family Physicians write a letter of support to the United States Senate in favor of passing the Equality Act.	EVP for consideration of action	Accept for Information The legislation is consistent with current AAFP policy; the AAFP will monitor the legislative activities to identify opportunities to signal our support for these policies.
S1-106	Resident and Medical Student Education on Health Insurance RESOLVED, That the American Academy of Family Physicians create a toolkit or other resource to educate medical students and residents about basic health insurance frameworks and other issues in relation to patient access.	Commission on Quality and Practice	Accept for Information The commission accepted the resolution for information. Basic health insurance information can be found on multiple websites along with YouTube videos. The Centers for Medicare & Medicaid Services (CMS) website provides information on Medicare coverage and Healthcare.gov explains health coverage rights

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		<p>and protections under the Affordable Care Act.</p> <p>In addition to external resources the AAFP develops policies and principles on a variety of health insurance topics, including Physician Payment, Tiered and Narrowed Physician Networks, Pay-for-Performance, Value-Based Insurance Design, and Transparency. The AAFP currently offers a number of resources on patient access, including the FPM topic collection; AAFP TIPS: Continuity of Care; and medical home information on access.</p>	
S1-107*	<p>Gender Pronouns</p> <p>RESOLVED, That the American Academy of Family Physicians facilitate all individuals identify their own pronouns of address to be visible on registrant badges for AAFP meetings and, be it further</p> <p>RESOLVED, That pronouns be an option (added field on badges, sign-in sheets, or registration interfaces) on the American Academy of Family Physicians electronic and written material.</p>	EVP for consideration of action	Accept for Information
S1-108*	<p>Health Care Policy, Health Care Economics, and Health Care Systems CME Educational Category</p> <p>RESOLVED, That the American Academy to Family Physicians add the continuing medical education category: "Health Care Policy, Health Care Economics, and Health Care Systems" to help facilitate the development of online</p>	Commission on Continuing Professional Development	<p>Accept for Information</p> <p>The same resolve was brought before the 2019 Congress of Delegates (Res</p>

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	educational materials and continuing medical education lectures at National Conference of Constituency Leaders, National Conference of Family Medicine Residents and Medical Students, Family Medical Experience, and other educational platforms for 2020 and beyond.		214) and was adopted. Thus, AAFP staff will make the appropriate changes designated by membership. Due to fact that the decision by congress of delegates supersedes the decision of the NC resolution this NC resolution was accepted for information.
S1-109	<p>Achieving Universal Health Care as a Basic Human Right</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) recommend a single payer system in the form of H.R.1384 Medicare for All Act of 2019 as a viable means to achieve the AAFP's goal of universal health care as a basic human right, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommendation of their choice of a single payer system be made available to the public.</p>	Accept for Information	
S1-110	<p>Creation of an Advocacy & Health Policy Milestone in Medical Student Education</p> <p>RESOLVED, That the American Academy of Family Physicians partner with the Liaison Committee on Medical Education (LCME) and Commission on Osteopathic College Accreditation (COCA) to require medical schools to provide education on health advocacy and health policy to address social determinants of health on local, state and federal level with specific milestones for standardization to include but not limited to:</p> <ul style="list-style-type: none"> *Provide an overview of social determinants of health *Prepare oral testimony and training on how to talk to a legislator *Write an opinion editorial. 	Commission on Education	Accept for Information
S2-201	<p>Mental Health Disclosure on Health Care Credentialing and Licensing Applications</p> <p>RESOLVED, That the American Academy of Family Physicians provide physicians and physicians-in-training information on the wording of the mental health disclosure questions on credentialing and board licensing applications, legal interpretation of these questions, and</p>	<p>1st Resolved Clause-- Commission on Education</p> <p>4th Resolved Clause--</p>	<p><u>1st resolved clause to COE--</u></p> <p>Accept for Information</p> <p>Mental health</p>

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	<p>overview of likely next steps if one were to disclose mental health illness/treatment, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians endorses the American Medical Association policy H-275.970 that encourages state licensing boards to limit mental health disclosure questions to current functional impairment, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for change in the wording of state medical board physician license application questions to align with the American Medical Association policy H-275.970 on mental health disclosure and limit questions to current function by supporting state chapters in reaching out to their state medical boards, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for change in the wording of credentialing application questions to align with the American Medical Association policy H-275.970 on mental health disclosure and limit questions to current function by supporting legislation that mandates credentialing questions to align with the Americans with Disabilities Act, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with other national health care provider organizations to advocate for licensing and credentialing application questions to be limited to current functional impairment for all health care providers including those such as nursing assistants, nurses, and pharmacists.</p>	<p>Commission on Governmental Advocacy</p> <p><u>2nd, 3rd, and 5th Resolved Clauses—</u> Commission on Continuing Professional Development</p>	<p>disclosure questions vary greatly from state to state. There is a great variety of mental health questions. The sheer number of variations of mental health questions preclude the AAFP from effectively communicating with physicians the wording for all locations. The AAFP will not provide legal interpretation and likely steps for a mental health illness/treatment. Generic legal interpretations are not good for the AAFP or the physicians getting them. Each case has too many variables.</p> <p>4th Resolved Clause to CGA— Accept for Information</p> <p>AAFP is already engaged in this area.</p> <p><u>2nd, 3rd, and 5th Resolved Clauses to COCFP--</u> In February 2019, the AAFP notified state chapters, via Chex Mix, of the Federation of State Medical</p>
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			Board's (FMSB) report: Physician Wellness and Burnout. The FMSB report includes recommended language for state medical boards regarding applicants' current medical or mental impairment, similar to the AMA's policy. The AAFP state chapters are well positioned to identify any issues with regards to their state's medical board(s) application and how it addresses past or current physician mental impairment.
S2-202	Medicaid Funded Nutritional Counseling for Obese Individuals	Not Adopted	
S2-203	Mental Health Resources for Members	Not Adopted	
S2-204	Diverse Definitions of Wellness	Not Adopted	
S2-205	<p>AAFP Member Health</p> <p>RESOLVED, That the American Academy of Family Physicians update the member value statement be updated to reflect the organization's commitment to the health and wellness of members using explicit language which is inclusive of mental and physical health, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians member value statement read, "The American Academy of Family Physicians provides value to its members by advancing the specialty of family medicine, strengthening members' collective voice, promoting member wellness, and providing solutions to enhance the patient care members provide.</p>	Accept for Information	

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S2-206	<p>Clinical Clerkship Duty Hour Limits</p> <p>RESOLVED, That the American Academy of Family Physicians advocate to the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation for protected breaks during shifts longer than eight hours for medical students with a minimum of a 30-minute uninterrupted lunch break, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate to the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation that medical students be required to have one day off in seven and required to have at least eight hours off between shifts, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate to the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation to research medical student work hours.</p>	Commission on Education	<p>Accept for Information</p> <p>In considering how to address the important topic of student work hours and how they contribute to medical student burnout, the SRSI agreed that more specific work hours standards should be in place. Statistics show that medical students enter training with a better mental health status than when they graduate. How much students work is one factor that is critical to wellness. While resident hours are strictly monitored and limited, students have far fewer, if any, protections. The ACGME duty hour requirements for residents have been well-studied, and many schools already follow those standards in their own policies for students. The SRSI felt that it would not be a stretch to request that LCME and COCA require that schools follow the same or similar standards. However, the</p>
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			<p>AAFP does not currently have its own policy on medical student work hours, and therefore, its direction on making an ask of another organization on this topic less clear.</p> <p>It may be that the AAFP would wish to request measures beyond those outlined in the resolution. SRSI asks the AAFP to continue to consider this topic, and has formed a working group to develop policy on student work hours.</p>
S2-207	<p>Minority Medical Student Success and Retention</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with minority medical organizations to promote the retention and success of minority and underrepresented medical students.</p>	Reaffirmed	
S2-208	<p>Removing Barriers From Osteopathic Medical Students for Residency</p> <p>RESOLVED, That the American Academy of Family Physicians support and promote equal evaluation of osteopathic and allopathic undergraduate candidates for residency based on the merits of the application and the needs of the program rather than the type of medical school attended.</p>	Commission on Education	<p>Consistent with current policy on Resident and Student Education, Discrimination In</p> <p>The policy doesn't mention type of medical school but the list is not considered, nor stated to be comprehensive.</p>
S2-209	<p>Continuity of Care in Undergraduate Medical Education</p> <p>Substitute:</p> <p>RESOLVED, That the American Academy of Family Physicians lobby the Liaison Committee on Medical Education to strengthen standards to</p>	Commission on Education	<p>Accept for Information</p> <p>SRSI members shared their personal</p>

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	<p>encourage continuity of care clinical training in a primary care setting for accreditation of United States medical schools.</p>	<p>experiences as students and as faculty obtaining and coordinating family medicine clerkships. They noted the burden of a preceptor shortage, exacerbated by an expansion of health care professions trainees vying for community preceptors. Continuity is a cornerstone of family medicine and primary care, yet continuity of care exposure is not required by medical school accreditors. Although continuity experiences may increase student interest in family medicine, evidence is limited and</p> <p>mixed, and continuity requirements may conversely limit students' ability to participate in a rural or community clerkships because continuity scheduling often requires students to be near other clerkship sites that they are participating in alongside a continuity experience. SRSI considered asking LCME</p>
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			<p>and COCA to require primary care experiences, rather than stipulate stronger continuity requirements, however, the LCME has historically not been open to promoting any specific specialty or field of medicine. AAFP policies already advocate strongly for longitudinal and early family medicine experiences. These guiding organizational policies, the lack of robust evidence around whether or not continuity experiences drive students to pursue family medicine, and the likely unsuccessful outcome of this appeal to the LCME or COCA led SRSI to its recommendation.</p>
S3-301	<p>Recognition of Commercial Sex Work as Legitimate Employment and Support for Decriminalization to Improve the Overall Health of Sex Workers</p> <p>RESOLVED, That the American Academy of Family Physicians explore the development of policy regarding decriminalization of commercial sex work as a means to improve overall sex worker health and patient-provider communication, improve workplace safety, decrease sexually transmitted infections, and facilitate efforts to combat human trafficking, and be it further</p> <p>RESOLVED, That the American Academy of</p>	<p>Commission on Health of the Public and Science</p>	<p>Accept for Information</p> <p>The AAFP's existing policy statement on Human Trafficking acknowledges that human trafficking is a serious problem affecting vulnerable individuals and</p>

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	<p>Family Physicians support research on the long-term health impacts, including mental health, of decriminalization of the sex trade.</p>		<p>affirms that trained health professionals – including family physicians – are uniquely positioned to identify individuals at risk, and to aid in the identification even prevention of human trafficking. Several resources specific to identification and screening for victims of human trafficking are made available within the existing policy. Members agreed there were several resources available, including an August 2019 <i>AFP</i> editorial on recognizing and assisting victims of human trafficking in family practice. There is work planned internally to update existing AAFP resources to help combat human trafficking, but a timeline has not been determined.</p>	
S3-303	Opposing Restrictions on Federal and State Funding for Abortion Services	Not Adopted		
S3-304	Expanding Knowledge of Barriers to PrEP Uptake in States without Medicaid Expansion	Not Adopted		
S3-305	<p>Transparency in Residency Program Expectations and Conscience Protection Policies</p> <p>RESOLVED, That the American Academy of Family Physicians explore developing policy</p>	Commission on Education	Agree with recommendation to the Board	

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	<p>recommending that residency programs list procedural expectations and program policy on conscientious objection in an easily accessible way to residency applicants.</p>	<p>No central location for information of this sort. Individual programs will give such information on their websites but that is uncommon. Residency Directory is online and in mobile app.</p> <p>Content of directory is entirely dependent on what program wants to add. AAFP does no vetting of content and does not require any information regarding conscience protection policies.</p> <p>Database is not searchable by such characteristics.</p> <p>Strolling Thru the Match gives students guidance on how to find information. That is simply asking the right people at the programs the right questions.</p> <p>Various Curriculum Guidelines suggest procedural expectations but they are only suggestions.</p> <p>There is no AAFP policy</p>
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			regarding transparency with residency programs.
S3-306*	<p>Affirming the Safety and Legality of Abortion</p> <p>RESOLVED, That the American Academy of Family Physicians affirm the legality of Roe v. Wade in the form of a policy statement, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians partner with the American College of Obstetricians and Gynecologists in developing position papers to defend access to safe and legal abortion across the United States, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians declare abortion explicitly, as an essential component of comprehensive reproductive healthcare</p>	Accept for Information	
S3-307	<p>Confidentiality and Access to Gender Affirming Care for Adolescents</p> <p>RESOLVED, That the American Academy of Family Physicians amend their Adolescent Health Care, Confidentiality policy to include that when caring for an adolescent patient, physicians should deliver confidential health services in situations involving gender related care, including gender identity exploration, medical transition related care, referrals to mental health services and other gender affirming services, to consenting adolescents.</p>	Commission on Health of the Public and Science	<p>Agree</p> <p>The commission recommended edits to the policy statement that were approved by the board of directors at its April 2020 meeting.</p>