



Resident 1 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 25-27, 2019 – Kansas City, MO

RECOMMENDATION: The Resident 1 Reference Committee recommends the following consent calendar for adoption:

Item 1: Reaffirm Resolution No. R1-401, Oppose Criminalization of Physicians Providing Abortion Care

Item 2: Adopt Substitute Resolution No. R1-402, Increasing Family-Centeredness at AAFP Meetings

Item 3: Reaffirm Resolution No. R1-403, Opposing Restrictions on Federal and State Funding for Abortion Services

Item 4: Reaffirm Resolution No. R1-404, Affirming the Safety and Legality of Abortion

Item 5: Reaffirm Resolution No. R1-405, National Vaccination Registry

Item 6: Not adopt Resolution No R1-406, Prescribing Methadone for Opioid Use Disorder in the Primary Care Setting

Item 7: Reaffirm Resolution No. R1-407, Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period

Item 8: Not Adopt Resolution No. R1-408, Advocacy for Removal of Buprenorphine Prescription Restrictions

Item 9: Not Adopt Resolution No. R1-409, Ensure Affordable Access to Medical Treatments Developed on University Campuses

Item 10: Substitute Adopt Resolution No. R1-410, Denounce Race-based Medicine



Resident 1 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
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The Resident 1 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. R1-401: OPPOSE CRIMINALIZATION OF PHYSICIANS PROVIDING ABORTION CARE

RESOLVED, That the American Academy of Family Physicians publicly oppose any law or proposed law which would criminalize physicians for providing abortion care.

Testimony was heard in support of the resolution. Speakers acknowledged existing AAFP policy on this topic but expressed concern over recent legislative initiatives that may impact family physicians providing abortion services. The reference committee agreed with the spirit of the resolution and noted that there is existing AAFP policy, "Criminalization of the Medical Practice" and a recent statement from the AAFP stating "Our organizations are firmly opposed to efforts in state legislatures across the United States that inappropriately interfere with the patient-physician relationship, unnecessarily regulate the evidence-based practice of medicine and, in some cases, even criminalize physicians who deliver safe, legal and necessary medical care." This statement was issued by the "Group of 6" which includes the AAFP, the American Osteopathic Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians and the American Psychiatric Association.

RECOMMENDATION: The reference committee recommends that Resolution No. R1-401 be reaffirmed as current policy.

ITEM NO. 2: RESOLUTION NO. R1-402: INCREASING FAMILY-CENTEREDNESS AT AAFP MEETINGS

RESOLVED, That the American Academy of Family Physicians (AAFP) provide free or subsidized on-site child care services at AAFP Family Medicine Experience and Congress of Delegates; and be it further

RESOLVED, That the American Academy of Family Physicians work with the hotels that host our continuing medical education meetings to provide a lactation lounge with basic

services including privacy, running water, and refrigerated milk storage, and is not in a restroom, and be it further

RESOLVED, That the American Academy of Family Physicians adjust its recommendations regarding children at AAFP meetings from “Out of consideration for others, please do not bring children to CME events” to “AAFP supports families. Please use your best judgment regarding bringing children to CME events,” and be it further

RESOLVED, That American Academy of Family Physicians provide an on-site play area for children and their caregivers at AAFP Family Medicine Experience and Congress of Delegates, and be it further

RESOLVED, That the American Academy of Family Physicians provide a lactation lounge at the AAFP COD and FMX conference with basic services including privacy, running water, refrigerated milk storage, and opportunities to donate excess breast milk, and that is not located in a restroom.

The reference committee heard testimony in support of the resolution. Speakers remarked that AAFP meetings would be more inclusive if they provided family-friendly facilities and/or childcare options. The reference committee acknowledged that the AAFP has provided mothers’ lounges at AAFP meetings for a number of years, including at the National Conference.

RECOMMENDATION: The reference committee recommends that Substitute Resolution NO. R1-402 be adopted in lieu of Resolution No. 402, which reads as follows:

RESOLVED, That the American Academy of Family Physicians consider providing onsite options for child care services at AAFP events, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) adjust its recommendations regarding children at AAFP meetings to state “Out of consideration for others, please use your best judgment regarding bringing children to continuing medical education events.”

ITEM NO. 3: RESOLUTION NO. R1-403: OPPOSING RESTRICTIONS ON FEDERAL AND STATE FUNDING FOR ABORTION SERVICES

RESOLVED, That the American Academy of Family Physicians (AAFP) endorse the principle that women receiving health care paid by health plans funded by state or federal governments should be provided with access to the full range of reproductive options regarding pregnancy, and be it further

RESOLVED, That the American Academy of Family Physicians partner with American College of Obstetricians and Gynecologists to develop position papers to defend federal and state funding sources that protect access to safe and legal abortions across the United States; and be it further

RESOLVED, That the American Academy of Family Physicians engage in advocacy efforts to overturn the Hyde Amendment and other restrictions on federal and state funding for abortions.

Testimony was heard in support of the resolution. Speakers noted that lack of funding for healthcare centers that provide abortion services may result in increased disparities, complications, and costly procedures that could ultimately lead to poor health outcomes. In particular, speakers noted that the “Hyde Amendment” drastically affects patients for federally qualified health centers (FQHCs) which provide valuable services for vulnerable populations. Additionally, it was suggested that a policy opposing these restrictions may be useful for AAFP advocacy efforts. Testimony was heard from speakers who agreed with the spirit of the resolution but supported the AAFP maintaining a neutral stance on this issue as the membership have diverse beliefs. The reference committee appreciated the testimony that was provided but noted that the AAFP has current policies, “Reproductive and Maternity Health Services” and “Coverage for Reproductive Decisions” that support access to reproductive health services and calls for coverage of those services by state or federal funded health plans.

RECOMMENDATION: The reference committee recommends that Resolution No. R1-403 be reaffirmed as current policy or as already being addressed in current projects.

ITEM NO. 4: RESOLUTION NO. R1-404: AFFIRMING THE SAFETY AND LEGALITY OF ABORTION

RESOLVED, That the American Academy of Family Physicians affirm the legality of Roe v. Wade in the form of a policy statement, and, and be it further

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, and be it further

RESOLVED, That the American Academy of Family Physicians support the right of family physicians to provide medication abortions with mifepristone and aspiration abortions in their practices.

Testimony in support of the resolution was provided highlighting that there have been recent threats to the provision of services like abortion, which is a service that is utilized by a significant number of women in the U.S. Speakers noted that many family physicians provide this service, and it is important for them and their patients that they feel safe to do so. Speakers requested that the AAFP provide a stronger stance on the safety and legality of abortion to match those from other organizations. Testimony was also heard from speakers who agreed with the spirit of the resolution but supported the AAFP maintaining a neutral stance on this issue since the membership has diverse beliefs. The reference committee noted that the AAFP has several current policies addressing reproductive health services like abortion. The policies, “Reproductive Decisions, “Reproductive and Maternity Health Services”, and “Coverage for Reproductive Decisions” that support access to reproductive health services and calls for coverage of those services by state or federal funded health plans. Additionally, the AAFP policy, “Criminalization of the Medical Practice” opposes the criminalization of medical procedures and treatment that are exercised in good faith.

RECOMMENDATION: The reference committee recommends that Resolution No. R1-404 be reaffirmed as current policy.

ITEM NO. 5: RESOLUTION NO. R1-405: NATIONAL VACCINATION REGISTRY

137 RESOLVED, That the American Academy of Family Physicians establish a policy in
138 support of a national vaccination registry for patients of all ages that follows an opt-out
139 model with mandatory reporting from all entities that administer vaccinations.
140

141 There was testimony in support of this resolution. The reference committee noted that was a
142 resolution from the 2018 Congress of Delegates which was referred to the Board of Directors
143 and subsequently, to the Commission on Health of the Public and Science. The commission
144 recommended that the resolution be implemented by AAFP's continued efforts to increase use
145 of the CDC's Immunization Information Systems IIS nationwide. This recommendation was
146 approved by the Board of Directors in March 2019.
147

148 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-405**
149 **be reaffirmed as current policy.**
150

151 **ITEM NO. 6: RESOLUTION NO. R1-406: PRESCRIBING METHADONE FOR OPIOID USE**
152 **DISORDER IN THE PRIMARY CARE SETTING**
153

154 RESOLVED, That the American Academy of Family Physicians advocate for methadone
155 maintenance treatment within primary care clinics without a required separate federal
156 license.
157

158 Testimony was heard in support of the resolution. Speakers acknowledged that the opioid crisis
159 is still an important issue for family physicians, particularly those in rural areas. It was noted that
160 methadone is used for treatment of patients with opioid use disorders who may not tolerate
161 buprenorphine. However, there are barriers to access to methadone clinics in many rural areas.
162 The reference committee reviewed the resolution and current AAFP activities and policies
163 regarding opioid use disorders and medication-assisted treatment. The AAFP supports the use
164 and availability of methadone and buprenorphine for treatment of opioid use disorders as noted
165 in the policy, "Substance Use Disorders" and the position paper, "Chronic Pain Management
166 and Opioid Misuse: A Public Health Concern". The reference committee also discussed that
167 prescribing methadone for maintenance requires a different clinic setup and workflow compared
168 to prescribing methadone for pain, and the potential for unintended consequences and potential
169 for overdoses that may arise with deregulation of methadone prescribing.
170

171 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-406**
172 **not be adopted.**
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174 **ITEM NO. 7: RESOLUTION NO. 407: SUPPORT PLACEMENT AND COVERAGE OF LONG-**
175 **ACTING REVERSIBLE CONTRACEPTIVES (LARC) IN THE EARLY POSTPARTUM PERIOD**
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177 RESOLVED, That the American Academy of Family Physicians support a policy that
178 Long-Acting Reversible Contraceptive methods be a recommended option for
179 postpartum women prior to hospital discharge, and be it further
180

181 RESOLVED, That the American Academy of Family Physicians support a policy
182 assuring coverage of Long-Acting Reversible Contraceptive devices and placement prior
183 to hospital discharge, separate from the global fee, for all women who select these
184 methods, and be it further

185 RESOLVED, That the National Conference of Family Medicine Residents and Medical
186 Students submit a resolution asking the American Academy of Family Physicians

Congress of Delegates to support a policy that Long-Acting Reversible Contraceptive methods be a recommended option for postpartum women prior to hospital discharge, and be it further

RESOLVED, That the National Conference of Family Medicine Residents and Medical Students submit a resolution asking the American Academy of Family Physicians Congress of Delegates to support a policy assuring coverage of Long-Acting Reversible Contraceptive devices and placement, separate from the global fee, prior to hospital discharge for all women who select these methods.

The author testified on behalf of this resolution citing better outcomes with placement of Long-Acting Reversible Contraceptives (LARC). It was noted that placement of LARC following birth before discharge is an essential service since many women don't have access and/or coverage for follow-up care and services. The reference committee discussed current AAFP policies, "Long-Acting Reversible Contraceptives" and "Coverage, Patient Education, and Counseling for Family Planning, Contraceptive Methods, and Sterilization Procedures" that were determined to sufficiently address this resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. R1-407 be reaffirmed as current policy.

ITEM NO. 8: RESOLUTION NO. R1-408: ADVOCACY FOR REMOVAL OF BUPRENORPHINE PRESCRIPTION RESTRICTIONS

RESOLVED, That the American Academy of Family Physicians support legislation recommending the deregulation of buprenorphine administration in office-based outpatient medication-assisted therapy, and be it further

RESOLVED, That the American Academy of Family Physicians amend current policy to include the deregulation of buprenorphine as a possible mechanism to encourage medication-assisted therapy in the community.

Testimony was heard in support of the resolution citing the benefits for use of buprenorphine for treatment of opioid use disorders. Speakers noted that AAFP supports the use of medication assisted treatment and encourages members to participate in training and receive their waiver. Speakers noted that the training for a MAT waiver is cumbersome and difficult to access for residents. The ability to prescribe buprenorphine without a waiver may increase the number of physicians providing this service. The reference committee discussed the testimony, current AAFP policy, and activities on this topic. The AAFP supports MAT waiver training and advocated for the increase in the cap on numbers of patients that can be treated by a licensed clinician. However, the reference committee discussed that there may be unintended consequences associated with deregulation of buprenorphine. It was noted that the Commission on Governmental Advocacy had recently discussed this issue and decided to not support deregulation. Additionally, the AAFP is actively working to address barriers to MAT prescribing by working to provide more opportunities for MAT waiver training and to encourage coordination of care and implementation of the waiver within family medicine practices. Finally, it was noted that a completely online version of the MAT waiver training program is now available which should reduce the burden on many physicians and residents.

RECOMMENDATION: The reference committee recommends that Resolution No. R1-408 not be adopted.

ITEM NO. 9: RESOLUTION NO. R1-409: ENSURE AFFORDABLE ACCESS TO MEDICAL TREATMENTS DEVELOPED ON UNIVERSITY CAMPUSES

RESOLVED, The American Academy of Family Physicians develop curricula so that all future and current family physicians receive independent, evidence-based education on the drug development and approval processes, and be it further

RESOLVED, The American Academy of Family Physicians work with its partners through the Council of Academic Family Medicine and those medical professional societies within the Group of Six to call on universities and academic medical centers to ensure that all medical treatments invented, discovered, or developed on their campuses are made accessible and affordable for patients both within the United States and worldwide, particularly in low- and middle-income countries, and be it further

RESOLVED, The American Academy of Family Physicians urge universities and academic medical centers to employ provisions in their licensing agreements with industry to allow for a non-exclusive license on medical treatments in countries with less than 30 percent of the GDP in the United States to ensure generic competition and therefore, affordable access to treatments, and be it further

RESOLVED, The American Academy of Family Physicians request universities commit to full sharing of all data and research findings to promote further research and scientific progress, including publishing all clinical trials.

The reference committee heard testimony in support of the resolution which highlighted current practices that allow for unregulated drug pricing and exclusivity clauses preventing development of generic options. Discussion noted that access to affordable medication would greatly improve patient care. The reference committee acknowledged the AAFP is actively pursuing affordable drug pricing at the national level and is also involved in the AllTrials campaign, which calls for all past and present clinical trials to be registered and their results reported. Also, there are parts of the resolution related to universities and their licensing agreements with industry, over which the AAFP has no control. The reference committee agreed with the spirit of the resolution but felt that it may be difficult to address the resolved clauses in their current form as they are prescriptive and may be outside the purview of the AAFP.

RECOMMENDATION: The reference committee recommends that Resolution No. R1-409 not be adopted.

ITEM NO. 10: RESOLUTION NO. R1-410: DENOUNCE RACE-BASED MEDICINE

RESOLVED, That the National Conference of Family Medicine Residents and Medical Students (NCFMR/NCSM) end the practice of using race as a proxy for biology or genetics in their educational events and literature and seek to use the experience of racism instead of race when describing risk factors for disease, and be it further

RESOLVED, That the American Academy of Family Physicians and American Board of Family Medicine work to more closely scrutinize the role that board review questions and related educational materials have in perpetuating the myth that race is a risk factor for certain diseases, and be it further

285
286 RESOLVED, That the American Academy of Family Physicians provide support for the
287 development of resources to assist members in critically evaluating their use of race in
288 research and clinical practice and for the investigation of an alternative use of race in the
289 calculation of variables such as glomerular filtration rate (GFR), pulmonary function tests
290 (PFTs), and atherosclerotic cardiovascular disease (ASCVD) risk, and be it further
291

292 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the
293 AAFP Foundation to provide financial support, such as research grants, to researchers
294 investigating the relationship between systemic racism and racial health disparities, and
295 be it further
296

297 RESOLVED, That the National Congress of Family Medicine Residents bring a
298 resolution to the American Academy of Family Physicians (AAFP) Congress of
299 Delegates asking that the AAFP end the practice of using race as a proxy for biology or
300 genetics in their educational events and literature, and require race be explicitly
301 characterized as a social construct when describing risk factors for disease.
302

303 Testimony included support by several speakers who indicated that race should no longer be
304 used as a proxy for biological and genetic factors used for screening and diagnosis because
305 geographic environments are more accurate predictors of medical conditions. The reference
306 committee noted the importance of educating the medical community to avoid perpetuating the
307 misinformation. The reference committee also discussed that this resolution signifies a
308 significant change in current medical training and attitudes, so it may take time before concrete
309 changes can feasibly be made within specific organizations. The reference committee further
310 noted that the National Congress of Constituency Leaders adopted a substitute resolution with
311 language that provided a framework for AAFP to begin addressing this issue and determined
312 that a similar substitute resolution would be recommended.
313

314 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
315 **No. R1-410 be adopted in lieu of Resolution No. R1-410, which reads as follows:**
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317 **RESOLVED, That the American Academy of Family Physicians adopt a policy that**
318 **speaks against the use of race as a proxy for biology or genetics in management**
319 **guidelines, and that identifies race as a social construct, and be it further**
320

321 **RESOLVED, That the American Academy of Family Physicians support members**
322 **in critically evaluating their use of race in research and clinical practice, and be it**
323 **further**
324

325 **RESOLVED, That the American Academy of Family Physicians support research**
326 **to investigate indicators alternative to race to stratify medical risk factors for**
327 **disease states.**
328

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

334 Respectfully submitted,

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338 _____
Elizabeth McIntosh, MD, Chair

339

340 Hannah Nedrud, MD

341 Derek Baughman, MD

342 Nick Hatamiya, DO

343 Dennis Sehgal, MD

344 Charlie Jose, MD

345 Kenny Herring, MD (Observer)