



## Resident 1 Consent Calendar

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

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

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

6  
7    **Item 2:** Adopt Substitute Resolution No. R1-402, Increasing Family-Centeredness at AAFP  
8    Meetings

9  
10   **Item 3:** Reaffirm Resolution No. R1-403, Opposing Restrictions on Federal and State Funding  
11   for Abortion Services

12  
13   **Item 4:** Reaffirm Resolution No. R1-404, Affirming the Safety and Legality of Abortion

14  
15   **Item 5:** Reaffirm Resolution No. R1-405, National Vaccination Registry

16  
17   **Item 6:** Not adopt Resolution No R1-406, Prescribing Methadone for Opioid Use Disorder in the  
18   Primary Care Setting

19  
20   **Item 7:** Reaffirm Resolution No. R1-407, Support Placement and Coverage of Long-Acting  
21   Reversible Contraceptives (LARC) in the Early Postpartum Period

22  
23   **Item 8:** Not Adopt Resolution No. R1-408, Advocacy for Removal of Buprenorphine Prescription  
24   Restrictions

25  
26   **Item 9:** Not Adopt Resolution No. R1-409, Ensure Affordable Access to Medical Treatments  
27   Developed on University Campuses

28  
29   **Item 10:** Substitute Adopt Resolution No. R1-410, Denounce Race-based Medicine



## Resident 1 Reference Committee Report

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1 **The Resident 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. R1-401: OPPOSE CRIMINALIZATION OF PHYSICIANS**  
7 **PROVIDING ABORTION CARE**

8

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

11

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

24

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

27

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

30

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

34

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

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

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

44  
45 RESOLVED, That Amerian Academy of Family Physicians provide an on-site play area  
46 for children and their caregivers at AAFP Family Medicine Experience and Congress of  
47 Delegates, and be it further

48  
49 RESOLVED, That the American Academy of Family Physicians provide a lactation  
50 lounge at the AAFP COD and FMX conference with basic services including privacy,  
51 running water, refrigerated milk storage, and opportunities to donate excess breast milk,  
52 and that is not located in a restroom.

53  
54 The reference committee heard testimony in support of the resolution. Speakers remarked that  
55 AAFP meetings would be more inclusive if they provided family-friendly facilities and/or  
56 childcare options. The reference committee acknowledged that the AAFP has provided mothers'  
57 lounges at AAFP meetings for a number of years, including at the National Conference.

58  
59 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
60 **NO. R1-402 be adopted in lieu of Resolution No. 402, which reads as follows:**

61  
62 **RESOLVED, That the American Academy of Family Physicians consider providing**  
**onsite options for child care services at AAFP events, and be it further**

63  
64 **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."**

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

71  
72 RESOLVED, That the American Academy of Family Physicians (AAFP) endorse the  
73 principle that women receiving health care paid by health plans funded by state or  
74 federal governments should be provided with access to the full range of reproductive  
75 options regarding pregnancy, and be it further

76  
77 RESOLVED, That the American Academy of Family Physicians partner with American  
78 College of Obstetricians and Gynecologists to develop position papers to defend federal  
79 and state funding sources that protect access to safe and legal abortions across the  
80 United States; and be it further

81  
82 RESOLVED, That the American Academy of Family Physicians engage in advocacy  
83 efforts to overturn the Hyde Amendment and other restrictions on federal and state  
84 funding for abortions.

87  
88 Testimony was heard in support of the resolution. Speakers noted that lack of funding for  
89 healthcare centers that provide abortion services may result in increased disparities,  
90 complications, and costly procedures that could ultimately lead to poor health outcomes. In  
91 particular, speakers noted that the "Hyde Amendment" drastically affects patients for federally  
92 qualified health centers (FQHCs) which provide valuable services for vulnerable populations.  
93 Additionally, it was suggested that a policy opposing these restrictions may be useful for AAFP  
94 advocacy efforts. Testimony was heard from speakers who agreed with the spirit of the  
95 resolution but supported the AAFP maintaining a neutral stance on this issue as the  
96 membership have diverse beliefs. The reference committee appreciated the testimony that was  
97 provided but noted that the AAFP has current policies, "Reproductive and Maternity Health  
98 Services" and "Coverage for Reproductive Decisions" that support access to reproductive health  
99 services and calls for coverage of those services by state or federal funded health plans.  
100

101 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-403**  
102 **be reaffirmed as current policy or as already being addressed in current projects.**  
103

104 **ITEM NO. 4: RESOLUTION NO. R1-404: AFFIRMING THE SAFETY AND LEGALITY OF**  
105 **ABORTION**  
106

107 RESOLVED, That the American Academy of Family Physicians affirm the legality of Roe  
108 v. Wade in the form of a policy statement, and, and be it further  
109

110 RESOLVED, That the American Academy of Family Physicians partner with the  
111 American College of Obstetricians and Gynecologists in developing position papers to  
112 defend access to safe and legal abortion across the United States, and, and be it further  
113

114 RESOLVED, That the American Academy of Family Physicians support the right of  
115 family physicians to provide medication abortions with mifepristone and aspiration  
116 abortions in their practices.  
117

118 Testimony in support of the resolution was provided highlighting that there have been recent  
119 threats to the provision of services like abortion, which is a service that is utilized by a significant  
120 number of women in the U.S. Speakers noted that many family physicians provide this service,  
121 and it is important for them and their patients that they feel safe to do so. Speakers requested  
122 that the AAFP provide a stronger stance on the safety and legality of abortion to match those  
123 from other organizations. Testimony was also heard from speakers who agreed with the spirit of  
124 the resolution but supported the AAFP maintaining a neutral stance on this issue since the  
125 membership has diverse beliefs. The reference committee noted that the AAFP has several  
126 current policies addressing reproductive health services like abortion. The policies,  
127 "Reproductive Decisions", "Reproductive and Maternity Health Services", and "Coverage for  
128 Reproductive Decisions" that support access to reproductive health services and calls for  
129 coverage of those services by state or federal funded health plans. Additionally, the AAFP  
130 policy, "Criminalization of the Medical Practice" opposes the criminalization of medical  
131 procedures and treatment that are exercised in good faith.  
132

133 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-404**  
134 **be reaffirmed as current policy.**  
135

**ITEM NO. 5: RESOLUTION NO. R1-405: NATIONAL VACCINATION REGISTRY**  
136

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.**

173  
174 **ITEM NO. 7: RESOLUTION NO. 407: SUPPORT PLACEMENT AND COVERAGE OF LONG-**  
175 **ACTING REVERSIBLE CONTRACEPTIVES (LARC) IN THE EARLY POSTPARTUM PERIOD**

176  
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

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

190  
191 RESOLVED, That the National Conference of Family Medicine Residents and Medical  
192 Students submit a resolution asking the American Academy of Family Physicians  
193 Congress of Delegates to support a policy assuring coverage of Long-Acting Reversible  
194 Contraceptive devices and placement, separate from the global fee, prior to hospital  
195 discharge for all women who select these methods.

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

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

205  
206 **ITEM NO. 8: RESOLUTION NO. R1-408: ADVOCACY FOR REMOVAL OF  
207 BUPRENORPHINE PRESCRIPTION RESTRICTIONS**

208  
209 RESOLVED, That the American Academy of Family Physicians support legislation  
210 recommending the deregulation of buprenorphine administration in office-based  
211 outpatient medication-assisted therapy, and be it further

212  
213 RESOLVED, That the American Academy of Family Physicians amend current policy to  
214 include the deregulation of buprenorphine as a possible mechanism to encourage  
215 medication-assisted therapy in the community.

216  
217 Testimony was heard in support of the resolution citing the benefits for use of buprenorphine for  
218 treatment of opioid use disorders. Speakers noted that AAFP supports the use of medication  
219 assisted treatment and encourages members to participate in training and receive their waiver.  
220 Speakers noted that the training for a MAT waiver is cumbersome and difficult to access for  
221 residents. The ability to prescribe buprenorphine without a waiver may increase the number of  
222 physicians providing this service. The reference committee discussed the testimony, current  
223 AAFP policy, and activities on this topic. The AAFP supports MAT waiver training and  
224 advocated for the increase in the cap on numbers of patients that can be treated by a licensed  
225 clinician. However, the reference committee discussed that there may be unintended  
226 consequences associated with deregulation of buprenorphine. It was noted that the Commission  
227 on Governmental Advocacy had recently discussed this issue and decided to not support  
228 deregulation. Additionally, the AAFP is actively working to address barriers to MAT prescribing  
229 by working to provide more opportunities for MAT waiver training and to encourage coordination  
230 of care and implementation of the waiver within family medicine practices. Finally, it was noted  
231 that a completely online version of the MAT waiver training program is now available which  
232 should reduce the burden on many physicians and residents.

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

235

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

238

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

242

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

249

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

255

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

259

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

270

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

273

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

275

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

280

281 RESOLVED, That the American Academy of Family Physicians and American Board of  
282 Family Medicine work to more closely scrutinize the role that board review questions and  
283 related educational materials have in perpetuating the myth that race is a risk factor for  
284 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:**  
316

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

329  
330

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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Elizabeth McIntosh, MD, Chair

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340 Hannah Nedrud, MD

341 Derek Baughman, MD

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