Resident 1
Agenda and Resolutions

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

Item No.	Resolution Title
1. Resolution No. R1-401	Oppose Criminalization of Physicians Providing Abortion Care
2. Resolution No. R1-402	Increasing Family-Centeredness at AAFP Meetings
3. Resolution No. R1-403	Opposing Restrictions on Federal and State Funding for Abortion Services
4. Resolution No. R1-404	Affirming the Safety and Legality of Abortion
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6. Resolution No. R1-406	Prescribing methadone for opioid use disorder in the primary care setting
7. Resolution No. R1-407	Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period
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10. Resolution No. R1-410	Denounce Race-based Medicine

RESOLUTION NO. R1-401

Oppose Criminalization of Physicians Providing Abortion Care

Introduced by: Paul Stadem, MD
Katie Barta, MD

WHEREAS, The American Academy of Family Physcians (AAFP) supports a woman's access to reproductive health services and opposes non-evidence based restrictions on medical care and the provision of such services, and

WHEREAS, the AAFP has historically supported the rights of family physicians to determine their own scope of practice, and

WHEREAS, a broad scope of practice is associated with lower physician burnout, and

WHEREAS, one in four women in the United States will have an abortion by the age of 45, and

WHEREAS, many states are enacting laws that would make abortion illegal should Roe v Wade fall, and

WHEREAS, others are passing laws to prohibit abortion under most circumstances (like Indiana's fetal heartbeat bill) in the hopes that the legal challenges will reach the Supreme Court, and

WHEREAS, some of the state laws being proposed will criminalize physicians for performing abortions, and

WHEREAS, physicians should act in the best interest of the patient using evidence-based practices, and this ethical practice should not be criminalized, and

WHEREAS, physicians providing abortion care are doing so at the request of their patients who are in need of these services, now, therefore, be it

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

RESOLUTION NO. R1-402

Increasing Family-Centeredness at AAFP Meetings

Introduced by: Cleopatra McGovern, MD

WHEREAS, The mission of the American Academy of Family Physicians (AAFP) is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity, and

WHEREAS, the American Academy of Family Physicians encourages all physicians, including women, to participate actively in all AAFP programs and activities and at all levels of leadership, and

WHEREAS, meetings such as AAFP Family Medicine Experience and Congress of Delegates provide important opportunities for career development, education, and networking, and

WHEREAS, the American Medical Association, American Academy of Pediatrics, and American College of Obetetricians and Gynecologists annual meetings offer on-site child care services, and

WHEREAS, the AAFP advocates for the removal of barriers to breastfeeding including encouraging breastfeeding-friendly workplaces and protecting the right to breastfeed in public, now, therefore be it, now, therefore be it

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, and

RESOLVED, That the American Academy of Family Physicians work with the hotels that host our continuing medical eduacation 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 Amerian 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, 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.

RESOLUTION NO. R1-403

Opposing Restrictions on Federal and State Funding for Abortion Services

Introduced by: Christina Miles, MD
Morgan Beatty, MD
Isaiah Cochran, MD
Asma Husain, MD

WHEREAS, The American Academy of Family Physicians (AAFP) recently re-affirmed its commitment to the medically underserved, stating that it "urges each and every one of its members to become involved personally in improving the health of people from minority and socioeconomically disadvantaged groups," and,

WHEREAS, as the largest health care program in the United States, Medicaid provides a major source of health coverage for underserved populations, covering more than 50 million people, and,

WHEREAS, federal and state funding is especially important to women's health care, as more than 16 million women receive their basic health and long-term coverage through Medicaid, and

WHEREAS, in 2003, Medicaid covered one in ten women and one in five low-income women, and

WHEREAS, in 2003, 11.5% of women of reproductive age were covered by Medicaid, and

WHEREAS, the establishment of the Hyde Amendment in 1976 cut off federal funding for abortions except for those performed in cases of rape, incest and endangerment of the patient's life, and

WHEREAS, before this amendment was passed, federal Medicaid covered one-third of all abortions in the US, and

WHEREAS, thirty-four states and the District of Columbia also follow the Hyde Amendment standards for state funding, and

WHEREAS, lack of funds cause women to wait longer before having abortions, and

WHEREAS, medicaid eligible women wait on average 2-3 weeks longer than other women to have an abortion because of difficulty obtaining funds, and

WHEREAS, women facing such delays face increased cost as well as increased risk of complications as the procedure is done later in pregnancy, now, therefore, be it

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.

RESOLUTION NO. R1-404

Affirming the Safety and Legality of Abortion

Introduced by: Christina Miles, MD
Reshma Ramachandran, MD
Isaiah Cochran, MD
Morgan Beatty, MD
Asma Husain, MD

WHEREAS, Abortion is common, as one in four women will have an abortion before the age of 45, with major complication rates at less than 0.5%, and

WHEREAS, Roe vs. Wade affirmed that the decision to terminate a pregnancy was a privacy issue between a woman and her physician, and

WHEREAS, the American Academy of Family Physicians (AAFP) has stated that they support a woman's access to reproductive health services and oppose non evidence-based restrictions on medical care and the provision of such services without specific reference to abortion services, and

WHEREAS, abortion access in the United States has been declining as state legislative efforts to increase regulations on abortion providers have further restricted abortion, and

WHEREAS, at least nineteen states have laws that would restrict the legal status of abortion in the absence of Roe v. Wade, now, therefore, be it

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.

RESOLUTION NO. R1-405

National Vaccination Registry

Introduced by: Shawn Hamm, DO, MPH
Meray Ohanessian, MD

WHEREAS, A national vaccination registry does not currently exist in the United States, and

WHEREAS, a standardized adult vaccination and international travel vaccination registry does not exist in the United States at the state or federal level, and

WHEREAS, there are many state models for vaccination registries, including those for childhood vaccinations, which could be used to create a national model, and

WHEREAS, a national vaccination registry has the potential to help decrease the nearly 30% of wasted health care dollars by avoiding repeat and unnecessary vaccinations, as well as avoiding costly laboratory measurement of titers, among all age groups, and

WHERAS, our adult and geriatric populations may be at risk of excess or unnecessary vaccinations due to lack of reporting from entities that administer vaccinations, now, therefore, be it

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

RESOLUTION NO. R1-406

Prescribing methadone for opioid use disorder in the primary care setting

Introduced by: Erika Rothgeb, MD
Taylor Boland, MD

WHEREAS, Opioid abuse and addiction has been declared an “epidemic”, and

WHEREAS, every day 130 people in the United States overdose on opioids, and

WHEREAS, eighty percent of people addicted to opioids do not receive treatment, and

WHEREAS, the Narcotic Addiction Treatment Act of 1974 allows for treatment of opioid use disorder (OUD) with methadone only by federally licensed narcotic treatment programs, and

WHEREAS, accessing a federally licensed methadone clinic daily is difficult for several patient populations including those with long work schedules and in rural areas, because 92% of methadone clinics are located in urban areas, and

WHEREAS, primary care clinics are allowed to prescribe other opioid agonist therapy such as buprenorphine for OUD without requiring additional federal licensing as a narcotic treatment program, and

WHEREAS, primary care providers are allowed to prescribe methadone for chronic pain and other pain related conditions without an additional federal license, and

WHEREAS, treatment of OUD by the patient’s primary care provider also allows for concurrent treatment and evaluation of side effects and co-morbidities, thus providing more comprehensive care, now, therefore, be it

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

RESOLUTION NO. R1-407

Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period

Introduced by: Cleopatra McGovern, MD

WHEREAS, Providing women with early postpartum access to Long-Acting Reversible Contraceptive (LARC) methods significantly reduces the risk of unplanned pregnancies and improves the health of newborns and mothers by facilitating healthy spacing between pregnancies, and

WHEREAS, birth intervals less than 18 months are associated with poor perinatal outcomes including preterm birth and low birth weight, and

WHEREAS, women who used LARC methods have increased likelihood of achieving optimal birth interval compared to women using other methods, and

WHEREAS, the ability to control the timing of her pregnancies is crucial to a woman's socioeconomic advancement as it affects her education, employment, mental health, and ability to care for existing children, and

WHERAS, ensuring prompt access to LARC would result in fewer unintended pregnancies, better health outcomes, and considerable cost savings for the healthcare system, and

WHEREAS, placement of LARC is safe for women, with minimal effect on breastfeeding, good continuation rates and decreased pregnancy rates, and

WHEREAS, currently, the most significant barriers to providing postpartum LARC are related to billing and payment from Medicaid and private insurance, with few states assuring coverage separate from the global fee, and

WHEREAS, the AAFP has supported past resolutions to reduce barriers to LARC access for women, now, therefore, be it

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

RESOLUTION NO. R1-408

Advocacy for Removal of Buprenorphine Prescription Restrictions

Introduced by: Eric Kim, MD, PhD
Kenneth Herring, MD

WHEREAS, The American Academy of Family Physicians (AAFP) policy recognizes the importance of medication-assisted therapy (MAT) in the treatment of opioid use disorder, and

WHEREAS, the AAFP policy encourages the expansion of opportunities for the Drug Addiction Treatment Act (DATA) waiver training during residency, and

WHEREAS, the AAFP policy encourages work with state and federal licensing boards among others to destigmatize MAT, particularly in the setting of the community provider, and

WHEREAS, the 1995 deregulation of buprenorphine in France had overwhelmingly positive effects, including a 79% decrease in overdose deaths by 1999 and a 95% increase in the use of MAT by those with opioid use disorder, while only 137 buprenorphine-related deaths were reported between 1996 and 2000, now, therefore, be it

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.

RESOLUTION NO. R1-409

Ensure Affordable Access to Medical Treatments Developed on University Campuses

Introduced by: Reshma Ramachandran, MD, MPP
Vikas Jayadeva, MD MEd
Ramsey Salem, MD MPH

WHEREAS, One-fourth to one-third of all medicines originate in a university lab, and

WHEREAS, the National Institutes of Health contributed funding in some capacity to all 210 new drugs approved by the Food and Drug Administration between 2010 and 2016, and

WHEREAS, one in four Americans report difficulty affording medications prescribed to them, and

WHEREAS, one in three Americans didn't fill at least one of their prescriptions over the past year due to drug prices, and

WHEREAS, many of our most critical medicines, diagnostics, vaccines, and medical devices are invented, discovered, or developed at universities and academic medical centers, and

WHEREAS, their accessibility around the world, including to our own patients depends critically on how universities manage their intellectual property, and

WHEREAS, family physicians are at the frontlines in witnessing patients' struggles to afford the medications prescribed to them to allow them to have healthy, productive lives, now, therefore, be it

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, and be it further,

RESOLVED, The American Academy of Family Physicians support policies that would ensure fair return on public investment including those that would tie affordability provisions to public funding for drug discovery and development through the National Institutes of Health and other government agencies.

Resolution NO. R1-410

Denounce Race-based Medicine

Introduced by: Ebiere Okah, MD
Daniel Salahuddin, MD

WHEREAS, Race is a social construct, without underlying genetic or biological factors that unites people within the same racial category, and

WHEREAS, race is also poorly-defined, changing over time and dependent on country (for example, an individual can be classified as both white in Brazil and black in the United States of America), and

WHEREAS, while genetic ancestry can be used to assess genetic predisposition for disease, people who belong to the same racial category do not share the same genetic ancestry, and

WHEREAS, unlike genetic ancestry, racial categories are too broad, poorly-defined and not scientific, and

WHEREAS, race cannot be used in the same manner as ancestry, and

WHEREAS, as race is a social category, when race is used as a risk factor for disease, that risk is a reflection of how society treats people of different races, not of any underlying genetic predisposition, and

WHEREAS, as race is not biological, there is no value in ascribing racial health disparities to innate biological difference, but there is value in understanding how racism and systemic oppression result in racial health disparities, and

WHEREAS, there is also value in reassessing medical calculations that use race as a variable, as the only characteristic shared by people of the same race is the lived experience of being treated as a member of that racial category, and

WHEREAS, the American Academy of Family Physicians (AAFP) is engaged in initiatives, such as the EveryONE Project, that aim to incorporate social determinants of health into clinical treatment plans, and

WHEREAS, these initiatives do not address the use of race as a proxy for genetic ancestry, nor do they address the drivers of racial health disparities, such as racism and white supremacy, now, therefore, be it

RESOLVED, That the National Confrence 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 the race is a risk factor for certain diseases, and be it further

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

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

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