



Student 1 Consent Calendar

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

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

3 **Item 1:** Adopt Substitute Resolution No. S1-101 “Denounce Race-Based Medicine”

4 **Item 2:** Adopt Resolution No. S1-102 “Including Knowledge of Food Insecurity Programs in
5 Medical Training”

6 **Item 3:** Adopt Resolution No. S1-103 “Addressing Adverse Childhood Events”

7 **Item 4:** Adopt Resolution No. S1-104 “Medicare Part D Coverage of Vitamin K”

8 **Item 5:** Adopt Resolution No. S1-105 “Support for the Equality Act”

9 **Item 6:** Adopt Resolution No. S1-106 “Resident and Medical Student Education on Health
10 Insurance”

11 **Item 7:** Adopt Resolution No. S1-107 “Gender Pronouns”

12 **Item 8:** Reaffirm Resolution No. S1-108 “Health Care Systems, Health Care Economics, and
13 Health Care Policy CME Educational Category”

14 **Item 9:** Adopt Resolution No. S1-109 “Achieving Universal Health Care as a Basic Human
15 Right”

16 **Item 10:** Not Adopt Resolution No. S1-110 “Creation of an Advocacy & Health Policy Milestone
17 in Medical Student Education”



Student 1 Reference Committee Report

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

1 **The Student 1 Reference Committee has considered each of the items referred to it and**
2 **submits the following report. The committee's recommendations will be submitted as a**
3 **consent calendar and voted on in one vote. Any item or items may be extracted for**
4 **debate.**

5

6 **ITEM NO. 1: RESOLUTION No. S1-101: DENOUNCE RACE-BASED MEDICINE**

7

8 RESOLVED, That the American Academy of Family Physicians end the practice of using
9 race as a proxy for biology or genetics in their educational events and literature and
10 require race be explicitly characterized as a social construct when describing risk factors
11 for disease, and be it further

12

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

17

18 RESOLVED, That the American Academy of Family Physicians end the practice of using
19 race as a proxy for biology or genetics in their educational events and literature and seek
20 to use the experience of racism instead of race when describing risk factors for disease,
21 and be it further

22

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

29

30 RESOLVED, That the American Academy of Family Physicians Foundation provide
31 financial support, such as research grants, to researchers investigating the relationship
32 between systemic racism and racial health disparities.

33

34 The reference committee heard limited supportive testimony in favor of this resolution. The
35 speaker stated that the Minnesota Chapter of the AAFP has already passed this resolution and
36 believes that the national AAFP can be a leader in this arena. The reference committee
37 deliberated on the education/clinical guidelines and how they have been or could be based on
38 race versus the social constructs in order to determine a patient's risk factors. The reference

39 committee determined that the first four resolve clauses can be simplified and broadened in
40 order to allow more leeway for the AAFP on this issue. At this time, they believed the AAFP
41 does not have the ability to affect the board questions from the American Board of Family
42 Medicine (ABFM). In addition, the committee discussed research funding on systematic racism
43 versus systemic racism. The reference committee discussed that systematic connotes
44 "deliberate" while systemic means "pervasive" and agreed to change that word. The reference
45 committee believed the substitute resolution presented simplifies the request of the authors,
46 broadens the scope of the resolution to give the AAFP options, and provides funding for
47 research into this topic.

48
49 **RECOMMENDATION: The reference committee recommends Substitute Resolution No.**
50 **S1-101 be adopted in lieu of Resolution No. S1-101, which reads as follows:**

51
52 **RESOLVED, That the American Academy of Family Physicians utilize the most up-**
53 **to-date clinical guidelines for risk factors not based on race and advocate for**
54 **research around the relationship between systematic racism and racial health**
55 **disparities, and be it further,**

56
57 **RESOLVED, That the American Academy of Family Physicians request the AAFP**
58 **Foundation provide financial support, such as research grants, to researchers**
59 **investigating the relationship between systematic racism and racial health**
60 **disparities.**

61
62 **ITEM NO. 2: RESOLUTION No. S1-102: INCLUDING KNOWLEDGE OF FOOD INSECURITY**
63 **PROGRAMS IN MEDICAL TRAINING**

64
65 RESOLVED, That the American Academy of Family Physicians encourage the creation
66 of a training protocol within residency programs whereby all family medicine residents
67 can gain knowledge of the specific programs that combat food insecurity within the
68 communities that they practice so the information can be passed along to patients to
69 improve their overall health.

70
71 The reference committee heard testimony solely in favor of this resolution. The speakers stated
72 that there is currently no training associated with food security programs. They believe that if
73 food security is not addressed, current issues – especially in children – will become chronic in
74 the future. The reference committee believes this issue is an important one and that it is within
75 the scope of the AAFP to encourage residency programs to create training specific to this topic.

76
77 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-102**
78 **be adopted.**

79
80 **ITEM NO. 3: RESOLUTION No. S1-103: ADDRESSING ADVERSE CHILDHOOD EVENTS**

81
82 RESOLVED, That the American Academy of Family Physicians actively encourage the
83 United States Congress to support the Resilience Investment, Support, and Expansion
84 from Trauma Act (RISE from Trauma Act).

85
86 The reference committee heard testimony in support of the resolution about legislation
87 introduced in both the U.S. House of Representatives and the Senate to break the cycle of
88 intergenerational trauma known as the Resilience Investment, Support, and Expansion (RISE)
89 from Trauma Act. The committee discussed the impact of trauma exposure on children which

90 the RISE from Trauma Act (S. 1770 and HR 3180) seeks to address. The committee agreed
91 that the AAFP should support the RISE from Trauma Act.
92

93 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-103**
94 **be adopted.**

95 **ITEM NO. 4: RESOLUTION No. S1-104: MEDICARE PART D COVERAGE OF VITAMIN K**

98 RESOLVED, That the American Academy of Family Physicians actively encourage the
99 United States Congress to support Medicare Part D funding for Vitamin K for patients on
100 Warfarin when medically indicated.
101

102 The reference committee heard supportive testimony on this resolution. Speakers noted that
103 patients with elevated Prothrombin time (INR) would benefit from vitamin K funding considering
104 average cost to patients. The reference committee noted that this resolution is very specific.
105 Since the resolve clause noted "when medically indicated," the reference committee is supportive
106 of this resolution.
107

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

111 **ITEM NO. 5: RESOLUTION No. S1-105: SUPPORT FOR THE EQUALITY ACT**

113 RESOLVED, That the American Academy of Family Physicians write a letter of support
114 to the United States Senate in favor of passing the Equality Act.
115

116 The reference committee heard testimony from several student members endorsing Resolution
117 No. S1-105 in support of the Equality Act to prohibit discrimination based on sex, sexual
118 orientation, and gender identity. Speakers said that the Equality Act would address the worry of
119 housing discrimination and job security which can contribute to LGBTQ stress and suicidality
120 risk. The committee discussed that the AAFP has supported the Equality Act and sent letters to
121 the House and Senate lead sponsors of the bills on July 24, 2017.
122

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

126 **ITEM NO. 6: RESOLUTION No. S1-106: RESIDENT AND MEDICAL STUDENT EDUCATION**
127 **ON HEALTH INSURANCE**

129 RESOLVED, That the American Academy of Family Physicians create a toolkit or other
130 resource to educate medical students and residents about basic health insurance
131 frameworks and other issues in relation to patient access.
132

133 The reference committee heard testimony solely in support of this resolution. Speakers stated
134 that their education about the insurance companies, insurance policies and general knowledge
135 of the industry is lacking in their current medical school training. They also believe that the
136 AAFP can help fill the gap in education on this subject matter. The reference committee
137 believes this education is not just valuable to the student/resident but can also be helpful to
138 general membership.
139

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

143 **ITEM NO. 7: RESOLUTION No. S1-107: GENDER PRONOUNS**

145 RESOLVED, That the American Academy of Family Physicians (AAFP) facilitate all
146 individuals identify their own preferred pronouns of address to be visible on registrant
147 badges for AAFP meetings, and be it further

149 RESOLVED, That gender pronouns be an option (added field on badges, sign-in sheets,
150 or registration interfaces) on the American Academy of Family Physicians electronic and
151 written material.

153 The reference committee heard testimony in support of this resolution that gender non-
154 conforming individuals have psychological stress and need support of peers. Using their
155 pronouns on badges, sign-in sheets, etc. to express who they are can mitigate stress. A
156 speaker suggested that the AAFP should make pronouns available to create a safe space.

158 During the discussion, the reference committee learned the AAFP hopes to transition to a new
159 registration system which could produce name badges with more information. The AAFP
160 currently offers three options for ribbons that attendees can affix to their badge that identifies
161 personal pronouns. The reference committee felt that using only the ribbons could single out
162 transgender individuals, inappropriately differentiating gender non-conforming people.

164 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-107**
165 **be adopted.**

167 **ITEM NO. 8: RESOLUTION No. S1-108: HEALTH CARE SYSTEMS, HEALTH CARE**
168 **ECONOMICS, AND HEALTH CARE POLICY CME EDUCATIONAL CATEGORY**

170 RESOLVED, That the American Academy to Family Physicians add the continuing
171 medical education category: "Health Care Systems, Health Care Economics, and Health
172 Care Policy" to help facilitate the development of online educational materials and
173 continuing medical education lectures at National Conference of Constituency Leaders,
174 National Conference of Family Medicine Residents and Medical Students, Family
175 Medical Experience, and other educational platforms for 2020 and beyond.

177 The reference committee heard limited testimony all in favor of the addition of a Health Care
178 and Economics category. The speaker stated that the AAFP has provided education in the last
179 year on this continuing medical education (CME) category. One speaker said this category must
180 exist so that future CME is specific to the family physician, continuously updated, and can be
181 utilized when members speak to policy makers. The reference committee discovered during
182 closed session, that the following categories "Career and Life Management", "Practice
183 Management", "Population Based Care/Public Health" and "Patient-based Care (Health
184 Systems)" are categories already available in which to produce comprehensive family physician
185 CME. These four categories, and the topics that they cover, encompass the subject matter
186 contained in "Health Care Systems, Health Care Economics, and Health Care Policy"
187 prospective category.

189 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-108**
190 **be reaffirmed as current policy.**
191

192 **ITEM NO. 9: RESOLUTION No. S1-109: ACHIEVING UNIVERSAL HEALTH CARE AS A**
193 **BASIC HUMAN RIGHT**

194
195 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend a
196 single payer system in the form of H.R.1384 Medicare for All Act of 2019 as a viable
197 means to achieve the AAFP's goal of universal health care as a basic human right, and
198 be it further

199
200 RESOLVED, That the American Academy of Family Physicians recommendation of their
201 choice of a single payer system be made available to the public.

202
203 The reference committee heard testimony in support of this resolution. One speaker
204 commended the AAFP as a leader in promoting health care as a human right and the AAFP
205 should also lead on Medicare for All. Another speaker testified that Board Report F highlighted
206 that nations with primary care centered systems do better than the United States. The
207 committee discussed AAFP health care for all policy development including the recent Primer.
208 Members of the committee felt that adopting this resolution can clarify the broad support for a
209 single payer system.

210
211 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-109**
212 **be adopted.**

213
214 **ITEM NO. 10: RESOLUTION No. S1-110: CREATION OF AN ADVOCACY & HEALTH**
215 **POLICY MILESTONE IN MEDICAL STUDENT EDUCATION**

216
217 RESOLVED, that AAFP partner with the Association of American Medical Colleges to
218 require medical schools to provide education on health advocacy and health policy to
219 address social determinants of health on local, state and federal level with specific
220 milestones for standardization to include but not limited to:

221 • Provide an overview of social determinants of health
222 • Prepare oral testimony and training on how to talk to a legislator
223 • Write an opinion editorial.

224
225 The reference committee heard only support for the resolution. Multiple speakers stated that
226 education on the topic of health advocacy and health policy is important to them as they
227 progress in their training specifically as it deals with social determinates of health. This is
228 particularly true as medicine is starting to focus more on the patient themselves versus the
229 disease. Those that testified believed the education is not keeping pace with the practice of
230 medicine. The reference committee discussed this resolution, while appropriate, is not
231 actionable. The Association of American Medical Colleges does not set medical school
232 requirements, and the medical school standards are written at a more general level than this
233 resolution.

234
235 **RECOMMENDATION: The reference committee recommends that Resolution No. S1-110**
236 **be not adopted.**

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

241
242 Respectfully submitted,

243
244
245
246 Austin Witt, Student, Chair
247 Bess Butler, Student
248 Jeremiah Lee, Student
249 Laura Turich, Student
250 Jimmy Mayer, Student
251 Margaret Spini, Student