



Student 1 Consent Calendar

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

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

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

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

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

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

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

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

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

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

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

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



Student 1 Reference Committee Report

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The Student 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. S1-101: DENOUNCE RACE-BASED MEDICINE

RESOLVED, That the American Academy of Family Physicians 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, and be it further

RESOLVED, That the American Academy of Family Physicians and American Board of Family Medicine 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

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

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

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

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

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

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

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

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.

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

RECOMMENDATION: The reference committee recommends that Resolution No. S1-102 be adopted.

ITEM NO. 3: RESOLUTION No. 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).

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

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

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

ITEM NO. 4: RESOLUTION No. 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.

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

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

ITEM NO. 5: RESOLUTION No. 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.

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

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

ITEM NO. 6: RESOLUTION No. 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.

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

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

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

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

RESOLVED, That gender 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.

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

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

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

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

RESOLVED, That the American Academy to Family Physicians add the continuing medical education category: "Health Care Systems, Health Care Economics, and Health Care Policy" to help facilitate the development of online 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.

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

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

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

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

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

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

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

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

RESOLVED, that AAFP partner with the Association of American Medical Colleges 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:

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

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

RECOMMENDATION: The reference committee recommends that Resolution No. S1-110 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.**

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242 Respectfully submitted,

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246 _____
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