



Student 3 Consent Calendar

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

1 **RECOMMENDATION: The Student 3 Reference Committee recommends the following**
2 **consent calendar for adoption:**

3
4 **Item 1:** Adopt Substitute Resolution No. S3-301 “Recognition of Commercial Sex Work as
5 Legitimate Employment and Support for Decriminalization to Improve the Overall Health of Sex
6 Workers.” in lieu of Resolutions S3-301 and S3-302.

7
8 **Item 2:** Not Adopt Resolution No. S3-303 “Opposing Restrictions on Federal and State Funding
9 for Abortion Services.”

10
11 **Item 3:** Not Adopt Resolution No. S3-304 “Expanding Knowledge of Barriers to PrEP Uptake in
12 States without Medicaid Expansion.”

13
14 **Item 4:** Adopt Substitute Resolution No. S3-305 “Transparency in Residency Program
15 Expectations and Conscience Protection Policies” in lieu of Resolution S3-305.

16
17 **Item 5:** Not Adopt Resolution No. S3-306 “Affirming the Safety and Legality of Abortion.”

18
19 **Item 6:** Not Adopt Resolution No. S3-307 “Confidentiality and Access to Gender Affirming Care
20 for Adolescents.”



Student 3 Reference Committee Report

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

1 **The Student 3 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. S3-301: RECOGNITION OF COMMERCIAL SEX WORK AS**
7 **LEGITIMATE EMPLOYMENT AND SUPPORT FOR DECRIMINALIZATION TO IMPROVE**
8 **THE OVERALL HEALTH OF SEX WORKERS.**

9

10 RESOLVED, That the American Academy of Family Physicians develop a statement
11 recognizing commercial sex work as legitimate employment, with the intent to afford
12 individuals and business participating in sex work similar protections relating to
13 healthcare access, financial stability, workplace safety, etc. as is afforded to employers
14 and employees in other professions, and be it further

15

16 RESOLVED, That the American Academy of Family Physicians develop policy in
17 support in support of commercial sex work decriminalization as a means to improve
18 overall sex worker health and patient-provider communication, improve workplace
19 safety, decrease sexually transmitted infections, and facilitate efforts to combat human
20 trafficking.

21

22 **RESOLUTION No. S3-302: POLICY RELATED TO PROSTITUTION AND THE SEX TRADE**

23

24 RESOLVED, That the American Academy of Family Physicians support legislation that
25 decriminalizes individuals who exchange sex for money or goods, and be it further

26

27 RESOLVED, That the American Academy of Family Physicians support research on
28 legislation that provides resources and support for those choosing to exit the sex
29 industry, and be it further

30

31 RESOLVED, That the American Academy of Family Physicians advocate against
32 legislation that decriminalizes sex buying and third-party promoters and profiteers, and
33 be it further

34

35 RESOLVED, That the American Academy of Family Physicians support legislation to
36 research the long-term health impacts, including mental health, of decriminalization of
37 the sex trade.

38

39 The reference committee heard testimony in support of Resolution Nos. S3-301 and S3-302
40 from the authors, and heard testimony in opposition to Resolution No. S3-301 from a physician
41 member. Support for Resolution No. S3-301 reflected the lack of current AAFP policy on legality
42 of sex work, connecting the legality of the industry to access to health care for sex workers. The
43 author cited support for at least partial decriminalization of sex work by the World Health
44 Organization (WHO) and Amnesty International (AI). The physician member opposed the
45 resolution and referenced her own practice, which focuses on patients in the commercial sex
46 industry. The physician member shared that patients who work in the commercial sex industry
47 often also have experienced human trafficking and “survival sex,” in which patients with histories
48 of sex work have post-traumatic stress disorder and other long-term mental and physical health
49 implications that make it difficult to exit the industry when they want to and difficult to enter a
50 legal industry for work.

51
52 The reference committee recognized the importance of the testimony from the physician
53 member with extensive experience in the field and recognized the complexity and non-binary
54 nature of this issue, which encompasses levels of criminalization and the inherent connection of
55 commercialized sex work to human trafficking. The committee felt that the resolution’s ask of a
56 statement recognizing commercial sex work as legitimate employment was not strongly enough
57 supported by evidence in the field, and acknowledged the lack of precedent from other medical
58 organizations. Comprehensive legalization of sex work was not included by the references cited
59 from the WHO, AI, or the American Medical Association, which all referenced only partial
60 decriminalization. The reference committee felt it important for the AAFP to be able to empower
61 family physicians to advocate on behalf of their patients to improve access to health care for sex
62 workers, but felt that deeper exploration is needed to develop fully informed and evidence-
63 based policy on the topic, that more research on the long-term health impacts of
64 decriminalization of the sex trade is necessary, and that the AAFP should develop policy before
65 engaging in legislative advocacy on the issue.

66
67 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
68 **No. S3-301 be adopted in lieu of Resolution Nos. S3-301 and S3-302, which read as**
69 **follows:**

70
71 **RESOLVED, That the American Academy of Family Physicians explore the**
72 **development of policy regarding decriminalization of commercial sex work as a**
73 **means to improve overall sex worker health and patient-provider communication,**
74 **improve workplace safety, decrease sexually transmitted infections, and facilitate**
75 **efforts to combat human trafficking, and be it further**

76
77 **RESOLVED, That the American Academy of Family Physicians support research**
78 **on the long-term health impacts, including mental health, of decriminalization of**
79 **the sex trade.**

80
81 **ITEM NO. 2: RESOLUTION No. S3-303: OPPOSING RESTRICTIONS ON FEDERAL AND**
82 **STATE FUNDING FOR ABORTION SERVICES**

83
84 RESOLVED, That the American Academy of Family Physicians endorse the principle
85 that women receiving health care paid for through health plans funded by state or federal
86 governments should be provided with access to the full range of reproductive options
87 regarding pregnancy, and be it further
88

89 RESOLVED, That the American Academy of Family Physicians partner with the
90 American College of Obstetricians and Gynecologists in position papers to defend
91 federal and state funding sources that protect access to safe and legal abortion across
92 the United States, and be it further

93
94 RESOLVED, That the American Academy of Family Physicians engage in advocacy
95 efforts to overturn the Hyde Amendment and any other restriction on federal and state
96 funding for abortions.

97
98 Extensive testimony delivered to the reference committee represented the diversity of
99 perspectives on abortion care and funding among the AAFP membership. Those speaking in
100 support of the resolution included resolution coauthors who noted that underserved patients are
101 disproportionately affected by abortion funding restrictions. Supportive testimony also informed
102 the committee that lack of governmental funding creates delays in access to care, with it leading
103 to increased risk to the patient seeking an abortion. It also was noted that legislative restrictions
104 on funding create stigma around reproductive health care and discourage private funders from
105 providing independent financial support to organizations or clinics. Those speaking in support of
106 and opposition to the resolution both invoked family medicine's promise to provide full-scope
107 care in stating their position. From one perspective, the fetus is an unborn child deserving of the
108 physician's protection. From another, abortion is health care, and the patient who is pregnant
109 has the right to make health care decisions about whether to continue a pregnancy.

110
111 AAFP members include family physicians who perform abortions, as well as students and
112 physicians who are morally and religiously opposed to pregnancy termination. Additionally,
113 current AAFP policies express support for state and federal funding for pregnancy termination
114 and support every family physician's ability to practice to the full extent of their training. In acting
115 on these policies, the AAFP collaborates with American College of Obstetricians and
116 Gynecologists (ACOG) as well as other physician groups to influence federal policy and
117 advocate for reproductive health care protections. The reference committee also discussed the
118 AAFP's current legislative activities around state and federal funding. Recent political action and
119 the current environment in the federal administration and legislature make the likelihood of
120 overturning the Hyde Amendment minimal, leaving no clear avenue for legislative action at the
121 present time. Regarding state funding, AAFP chapters have independent priorities and
122 determine their own legislative actions.

123
124 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-303**
125 **not be adopted.**

126
127 **ITEM NO. 3: RESOLUTION No. S3-304: EXPANDING KNOWLEDGE OF BARRIERS TO**
128 **PREP UPTAKE IN STATES WITHOUT MEDICAID EXPANSION**

129
130 RESOLVED, That the American Academy of Family Physicians support research of
131 mitigating factors that lead to disproportionate low Pre-Exposure Prophylaxis use and
132 high HIV transmission rates in states that have not expanded Medicaid.

133
134 The reference committee heard no testimony on the resolution. The committee noted that the
135 resolution lacks detail and is unclear. The AAFP currently supports usage of Pre-Exposure
136 Prophylaxis (PrEP) as reflected in policy and advocacy efforts. With no testimony from the
137 authors, the committee did not understand the ask for further research on disproportionate use
138 of PrEP or the connection to Medicaid expansion and acknowledged that under current policy,

139 the AAFP will continue to support PrEP usage for prevention of HIV transmission and equitable
140 access to all health care to eliminate disparities in health and health care.

141

142 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-304**
143 **not be adopted.**

144

145 **ITEM NO. 4: RESOLUTION No. S3-305: TRANSPARENCY IN RESIDENCY PROGRAM**
146 **EXPECTATIONS AND CONSCIENCE PROTECTION POLICIES**

147

148 RESOLVED, That the American Academy of Family Physicians endorse a policy of
149 transparency in the residency application process by recommending that residency
150 programs list procedural expectations and program policy on conscientious objection in
151 an easily accessible way to residency applicants.

152

153 The committee heard testimony from an author reflecting the difficulty students have
154 researching the educational and procedural expectations family medicine residency programs
155 have of them. Testimony reflected the lack of consistent accessible information across
156 programs, causing difficulty for students to easily find a program they feel will accommodate
157 moral and religious beliefs in training. The committee acknowledged that the AAFP has heard
158 consistently from student members their wish for more easily accessible information about
159 differentiation in procedural training across residency programs. The 2017 AAFP Congress of
160 Delegates Resolution No. 601, "Proposal for New Search Options for Specific Residency
161 Characteristics in the Residency Directory on the AAFP Website," directed the AAFP to identify
162 a feasible process for adding searchable topics to the AAFP residency directory with the intent
163 that residency applicants have access to more detailed and comparable information regarding
164 procedural training and other educational opportunities. The reference committee also
165 acknowledged current AAFP policy, "Reproductive Decisions, Training in," which reflects the
166 AAFP's support for resident access to training commensurate with the scope of their anticipated
167 future practices. The committee felt that this issue is consistent with current policy. However, the
168 committee felt that complicating factors, such as the unintended consequences of asking
169 residency programs to publish information about potentially controversial procedural offerings,
170 needs further exploration before a specific policy is created.

171

172 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
173 **No. S3-305 be adopted in lieu of Resolution No. S3-305.**

174

175 **That the American Academy of Family Physicians explore developing policy**
176 **recommending that residency programs list procedural expectations and program**
177 **policy on conscientious objection in an easily accessible way to residency**
178 **applicants.**

179

180 **ITEM NO. 5: RESOLUTION No. S3-306: AFFIRMING THE SAFETY AND LEGALITY OF**
181 **ABORTION**

182

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

185

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

189
190 RESOLVED, That the American Academy of Family Physicians declare abortion
191 explicitly, as an essential component of comprehensive reproductive healthcare.

192
193 The reference committee heard testimony from three authors in support of the resolution and
194 additional, mixed testimony on this resolution. Proponents of the resolution emphasized that
195 while the AAFP has extensive policy on reproductive health care, no policy that explicitly states
196 “abortion.” Proponents felt the use of the word “abortion” in a policy would help destigmatize the
197 term. Members from the opposition stated that a large portion of the AAFP membership would
198 feel marginalized by the explicit term. Testimony reflected the belief that family medicine’s
199 comprehensive scope of care for patients of all ages makes them responsible for the life of the
200 whole family, including the pregnant person and the unborn child. The reference committee
201 commented on the visible divisiveness and extensive testimony. The committee acknowledged
202 the AAFP’s existing efforts in collaboration with other organizations, including ACOG, and more
203 than a dozen policy statements on the topic of reproductive health care, including those adopted
204 as recently as 2017. Committee members expressed that although the word “abortion” is not
205 used, current policy is already clear on support of services pertaining to abortion. The
206 committee agreed that additional rewording of the policy is unlikely to have the positive benefits
207 that the resolution sites, and has a strong likelihood of creating more divisiveness among AAFP
208 members and could cause even greater negative stigma against abortion. The committee also
209 decided that there is not consistent direction from AAFP student members to ask the AAFP to
210 act on the legislative requests of this resolution.

211
212 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-306**
213 **not be adopted.**

214
215 **ITEM NO. 6: RESOLUTION No. S3-307: CONFIDENTIALITY AND ACCESS TO GENDER**
216 **AFFIRMING CARE FOR ADOLESCENTS**

217
218 RESOLVED, That the American Academy of Family Physicians amend their Adolescent
219 Health Care, Confidentiality policy to include that when caring for an adolescent patient,
220 physicians should deliver confidential health services in situations involving gender
221 related care, including gender identity exploration, medical transition related care,
222 referrals to mental health services and other gender affirming services, to consenting
223 adolescents.

224
225 The reference committee heard testimony from the author who emphasized that adolescents
226 who do not have either parental support for nor confidential access to gender-affirming care are
227 likely to seek alternative and potentially unsafe hormone therapy. Taking unprescribed or black-
228 market hormones may have extreme health consequences. The reference committee found
229 certain aspects of the resolution unclear, such as what age range was encompassed in the term
230 “adolescent care.” The committee acknowledged that gender-affirming care during adolescence
231 is a serious consideration and that decisions should be made with support from an adolescent’s
232 guardian. During adolescence, the patient may not be capable of making a fully mature and
233 well-informed decision to undergo therapy. Lastly, a committee member expressed concern
234 regarding the safety of an adolescent patient seeking confidential hormone therapy treatments.
235 The patient may still be a financial dependent living with their parents, and the physical changes
236 presenting from hormone therapy would dispel the confidentiality of the patient’s treatment and
237 also increase liability against the patient’s physician. The reference committee concluded that
238 this resolution left many unclear questions about who/what/how the patient receives care and
239 does not address the dangerous ethical dilemmas that would be brought upon both the

240 physician and the patient. The committee also felt that AAFP student membership does not
241 have enough education regarding nor direct experience with gender-affirming care and thus is
242 not the appropriate body to make this request of the organization. Committee members wanted
243 additional information reflecting the experiences and opinions of AAFP active physician
244 members to inform this issue.

245
246 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-307**
247 **not be adopted.**
248

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

252
253 Respectfully submitted,

254
255
256

257 Michelle Do, Chair

258
259 Kayla Watson
260 AuBree LaForce
261 Ben Chappell
262 Megan Reidy
263 Yasir Anzar