



## Student 3 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 Student 3 Reference Committee recommends the following**  
2 **consent calendar for adoption:**  
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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

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National Conference of Family Medicine Residents and Medical Students  
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**The Student 3 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. S3-301: RECOGNITION OF COMMERCIAL SEX WORK AS LEGITIMATE EMPLOYMENT AND SUPPORT FOR DECRIMINALIZATION TO IMPROVE THE OVERALL HEALTH OF SEX WORKERS.**

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

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED, That the American Academy of Family Physicians endorse the principle that women receiving health care paid for through 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

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,

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

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

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

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

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

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

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

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

RESOLVED, That the American Academy of Family Physicians affirm the legality of Roe v. Wade in the form of a policy statement, 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 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

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

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

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,

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256  
257 \_\_\_\_\_  
258 Michelle Do, Chair

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