Student 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. S1-101	Denounce Race-Based Medicine
2. Resolution No. S1-102	Including Knowledge of Food Insecurity Programs in Medical Training
3. Resolution No. S1-103	Addressing Adverse Childhood Events
4. Resolution No. S1-104	Medicare Part D Coverage of Vitamin K
5. Resolution No. S1-105	Support for the Equality Act
6. Resolution No. S1-106	Resident and Medical Student Education on Health Insurance
7. Resolution No. S1-107	Gender Pronouns
8. Resolution No. S1-108	Health Care Systems, Health Care Economics, and Health Care Policy CME Educational Category
9. Resolution No. S1-109	Achieving Universal Health Care as a Basic Human Right
10. Resolution No. S1-110	Creation of an Advocacy & Health Policy Milestone in Medical Student Education

RESOLUTION NO. S1-101

Denounce Race-Based Medicine

Introduced by: Sameena Ahmed-Buehler (with support from Ebiere Okah, MD)

WHEREAS, Race is a social construct and there is no underlying genetic or biological factor 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, 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, that the American Academy of Family Physicans 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

WHEREAS, 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, 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 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 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 Physicans 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.

RESOLUTION NO. S1-102

Including Knowledge of Food Insecurity Programs in Medical Training

Introduced by: Nabanita Hossain

WHEREAS, Food insecurity, as defined by the United States Department of Agriculture (USDA), is when households are “uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money or other resources for food,” and

WHEREAS, food insecurity affects 40 million people in the United States and includes 6 million households with children and 3 million households with senior citizens, and

WHEREAS, one in six children in the United States are food insecure, and

WHEREAS, nationwide and community-based programs exist that target food insecurity, such as the Supplemental Nutrition Assistance Program (SNAP), the Women, Infants, and Children Supplemental Food Program (WIC), vouchers for farmers markets throughout various communities, produce giveaway programs within schools in neighborhoods affected by food insecurity, and supermarket-specific produce prescription programs, and

WHEREAS, knowledge of these programs will allow family physicians to provide appropriate resources to patients facing food insecurity in order for patients to receive the adequate nutrition that they require to maintain their overall health, now, therefore, be it

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.

RESOLUTION NO. S1-103

Addressing Adverse Childhood Events

Introduced by: Miranda Smith

WHEREAS, Adverse childhood experiences are associated with increased morbidity, mortality, and health care costs, and

WHEREAS, the Resilience Investment, Support, and Expansion from Trauma Act seeks to address adverse childhood experiences by providing funding to trauma-informed community resources, now, therefore, be it

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).

RESOLUTION NO. S1-104

Medicare Part D Coverage of Vitamin K

Introduced by: Ryan Fischer
Katherine Shoemaker
Cynthia Ciccotelli

WHEREAS, Medicare Part D does not cover any vitamins outside of niacin, fluoride, and prenatal vitamins, and

WHEREAS, approximately two-thirds of Medicare beneficiaries with atrial fibrillation use Warfarin, and

WHEREAS, the American Academy of Family Physicians recommends that patients on Warfarin with an INR greater than 10 (without significant bleeding) be given oral vitamin K, now, therefore, be it

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.

RESOLUTION NO. S1-105

Support for the Equality Act

Introduced by: Jerome Soldo
Caitlin Sisson
Johan Clarke, MD
Jordan Hoese, MD, MPH

WHEREAS, Federal laws exist protecting individuals from discrimination based on race, color, religion, sex, national origin, and disability, and

WHEREAS, lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals are not similarly protected at the federal level from discrimination based upon their sexual orientation or gender identity, and

WHEREAS, only 21 states explicitly protect LGBTQ individuals from discrimination based upon their sexual orientation or gender identity, which means that individuals are vulnerable to being fired from a job, evicted from their home, or being otherwise discriminated against, and

WHEREAS, achieving health equity, eliminating health disparities, and improving the health of LGBTQ populations is one of the goals of Healthy People 2020, and

WHERAS, the Equality Act (HR5), a bill first introduced in 2015, would fill a gap in civil rights laws that do not currently protect individuals from discrimination based upon sexual orientation and gender identity, and

WHEREAS, the Equality Act passed the full United States House of Representatives in May 2019 but is currently being blocked in the United States Senate, and

WHEREAS, the American Academy of Family Physicians, American Medical Association and other leading medical organizations oppose discrimination based on sexual orientation and gender identity, now, therefore, be it

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.

RESOLUTION NO. S1-106

Resident and Medical Student Education on Health Insurance

Introduced by: Libby Ligon
Collette McWilliams
Lawrence Parawan

WHEREAS, There are limited education hours addressing basic information about health insurance in medical schools, and

WHEREAS, patients rely on medical providers as a resource for access and education about medical insurance and coverage, and

WHEREAS, the American Academy of Family Physicians does not have a health insurance education toolkit available as a resource geared toward medical students or residents, now, therefore, be it

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.

RESOLUTION NO. S1-107

Gender Pronouns

Introduced by: Libby Wetterer

WHEREAS, Transgender and gender non-conforming individuals are more likely to experience both explicit and implicit discrimination and abuse resulting in severe psychological stress and worse health outcomes due to their gender identity, and

WHEREAS, medical students, residents, and physicians who identify along the gender spectrum identify family medicine as one of the most inclusive specialties, and

WHEREAS, in 2016 an estimated 0.6% or about 1.4 million people in the United States self-identified as transgender, and

WHEREAS, we as family physicians should strive to create a safe space for learning and collaboration among our community of diverse family doctors across the country without gender diverse individuals being subjected to marginalizing language, and

WHEREAS, the 2017 Commission on Membership and Member Services added a question specifically about Gender Identity to the Annual Member Census Survey, and

WHEREAS, in 2018, policy was created to ensure that at the National Conference of Constituency Leaders, the American Academy of Family Physicians (AAFP) will begin including preferred pronouns upon badges starting in 2019, and

WHEREAS, a resolution was endorsed at the National Conference of Constituency Leaders to allow registrants for all AAFP-sponsored events and conferences to select their own preferred pronouns of address to be visible on registrant badges, therefore, be it, now, therefore, be it

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.

RESOLUTION NO. S1-108

Health Care Systems, Health Care Economics, and Health Care Policy CME Educational Category

Introduced by: Christopher Van Hise
Adrianne Khanolkar
William Ward
Patrick O'Flaherty
Paige Ely

WHEREAS, In 2018 the American Academy to Family Physicians (AAFP) passed a resolution (Resolution No. 502) to include educational content pertinent to health care systems, economics, and financing in educational materials and national lectures, and

WHEREAS, without an appropriate category these topics are subject to decreased submissions and increased rejections, and

WHEREAS, the education of AAFP members has been impeded by there not being an appropriate category to submit lecture ideas, now, therefore, be it

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.

RESOLUTION NO. S1-109

Achieving Universal Health Care as a Basic Human Right

Introduced by: Adrianne Khanolkar
Chris Van Hise

WHEREAS, The American Academy of Family Physicians (AAFP) in 2017 adopted the policy that health is a basic human right, and that "the right to health includes universal access to timely, acceptable and affordable health care of appropriate quality", and

WHEREAS, the United States is the only developed nation without a system of universal health care, and

WHEREAS, the AAFP in 2017 commissioned an independent study (Board Report F of the Congress of Delegates) into publicly funded, privately delivered systems of universal health care, which found that single payer systems in numerous other developed nations proved to be an effective method of achieving better health outcomes at lower expense, and would improve many aspects of America's current healthcare crisis, and

WHEREAS, a single payer system would vastly increase access to primary care and reduce administrative burden on which American physicians currently spend an estimated 10-20 hours per week versus 2.4 hours per week by their Canadian counterparts, and

WHEREAS, the United States has an existing single payer program in the form of Medicare that is accepted by 93% of non-pediatric primary care providers as reported by the Henry J. Kaiser Family Foundation, which could be expanded to form the foundation of a national health plan with minimum disruption to practicing providers, and

WHEREAS, proposed legislation House Resolution 1384 Medicare for All Act of 2019 would build on the existing infrastructure of Medicare to provide universal, comprehensive coverage, and would specifically protect primary care funding and establish an Office of Primary Health Care to expand the primary care workforce, now, therefore, be it

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.

RESOLUTION NO. S1-110

Creation of an Advocacy & Health Policy Milestone in Medical Student Education

Introduced by: Paige Ely
Avanthi Jayaweera
Adrianne Khanolkar

WHEREAS, The American Academy of Family Physicians Social Determinants of Health survey showed that 75% of family physicians agree they should advocate for public policies that address social determinants of health (SDOH), but fewer than 25% have written to or spoken with an elected official, and

WHEREAS, advocacy is a milestone for family medicine residency, but residents have less time and flexibility in their schedule compared to medical students to learn about health policy and participate in advocacy, and

WHEREAS, advocacy is not a required part of medical school education, now, therefore, be it

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.