



Student 3 Agenda and Resolutions

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

<u>Item No.</u>	<u>Resolution Title</u>
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.
2. Resolution No. S3-302	Policy Related to Prostitution and the Sex Trade
3. Resolution No. S3-303	Opposing Restrictions on Federal and State Funding for Abortion Services
4. Resolution No. S3-304	Expanding Knowledge of Barriers to PrEP Uptake in States without Medicaid Expansion
5. Resolution No. S3-305	Transparency in Residency Program Expectations and Conscience Protection Policies
6. Resolution No. S3-306	Affirming the Safety and Legality of Abortion
7. Resolution No. S3-307	Confidentiality and Access to Gender Affirming Care for Adolescents

1 **RESOLUTION NO. S3-301**

2
3 **Recognition of commercial sex work as legitimate employment and support for**
4 **decriminalization to improve the overall health of sex workers.**

5
6 Introduced by: Zachary Nicholas

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8 WHEREAS, The World Health Organization (WHO) defines commercial sex as “the exchange of
9 money or goods for sexual services” which may or may not include consensual and non-
10 consensual encounters, and

11
12 WHEREAS, the WHO defines sex workers as “women, men and transgendered people who
13 receive money or goods in exchange for sexual services, and who consciously define those
14 activities as income generating even if they do not consider sex work as their occupation”, and

15
16 WHEREAS, sex workers are at increased risk for interpersonal violence, sexual assault, and
17 sexually transmitted infections as a result of seller-client interactions and unsafe working
18 conditions due to social, economic, legal, and medical isolation, and

19
20 WHEREAS, vulnerable communities, including men who have sex with men, are at high risk for
21 engaging in commercial sex work to fulfill basic economic needs with increased risk for HIV
22 transmission and other sexually transmitted infections, and

23
24 WHEREAS, the WHO indicates that current models of sex work decriminalization may
25 potentially result in significant reduction in new HIV infections and strengthen sex worker human
26 rights, and

27
28 WHEREAS, human trafficking remains a persistent problem in the sex work industry, and

29
30 WHEREAS, non-consensual encounters will persist regardless of criminal statutes and overall
31 legality commercial sex work, and

32
33 WHEREAS, sex work decriminalization and legal reform have demonstrated positive impacts in
34 various countries implemented under multiple models, ranging from full decriminalization to
35 shifting of legal consequences from sellers to buyers of sex-related services, and

36
37 WHEREAS, the American Academy of Family Physicians previously recognized the value of
38 harm reduction and developed similar policies in addressing other health issues including
39 intravenous therapy drug use and sexually transmitted infections, now, therefore, be it

40
41 RESOLVED, That the American Academy of Family Physicians develop a statement
42 recognizing commercial sex work as legitimate employment, with the intent to afford individuals
43 and business participating in sex work similar protections relating to healthcare access, financial
44 stability, workplace safety, etc. as is afforded to employers and employees in other professions,
45 and be it further

46
47 RESOLVED, That the American Academy of Family Physicians develop policy in support of
48 commercial sex work decriminalization as a means to improve overall sex worker health and
49 patient-provider communication, improve workplace safety, decrease sexually transmitted
50 infections, and facilitate efforts to combat human trafficking.

1 **RESOLUTION NO. S3-302**

2
3 **Policy Related to Prostitution and the Sex Trade**

4
5 Introduced by: Elana Curry
6 Blessing Inyang
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8 WHEREAS, “Full” decriminalization of prostitution entails decriminalizing sex selling, sex buying,
9 and may also decriminalize third-party promoters and profiteers (such as brothel keepers), and
10

11 WHEREAS, data shows that prostitution is associated with multiple health harms, including
12 early mortality, post-traumatic stress disorder, sexual assault, burns, strangulation, and sexually
13 transmitted infections, and
14

15 WHEREAS, data has shown that the average age of death among women in prostitution is 34,
16 and
17

18 WHEREAS, the American Journal of Epidemiology reported that women in prostitution suffer a
19 “workplace homicide rate” 51 times higher than that of the next most dangerous occupation,
20 working in a liquor store, and
21

22 WHEREAS, data show that legalization or full decriminalization of prostitution is associated with
23 an increase in sex trafficking, and
24

25 WHEREAS, the American Academy of Family Physicians has policy recognizing that human
26 trafficking is a serious problem affecting vulnerable individuals in the United States, and
27 acknowledges the enormous health impact it has on victims and communities, and
28

29 WHEREAS, “partial” decriminalization of prostitution (commonly referred to as the Equality or
30 “Nordic model”) entails decriminalizing sex selling without decriminalizing sex buying and third-
31 party profiteers, offers socioeconomic services for people exiting the sex industry, and has been
32 adopted in New York City and in at least 9 countries, and
33

34 WHEREAS, the American Medical Association policy “supports efforts to offer opportunities for
35 a safe exit from the exchange of sex for money or goods if individuals choose to do so...and
36 supports legislation for programs that provide alternatives and resources for individuals who
37 exchange sex for money or goods, and offer alternatives for those arrested on related charges
38 rather than penalize them through criminal conviction and incarceration”, now, therefore be it,
39

40 RESOLVED, That the American Academy of Family Physicians support legislation that
41 decriminalizes individuals who exchange sex for money or goods, and be it further
42

43 RESOLVED, That the American Academy of Family Physicians support legislation that
44 provides resources and support for those choosing to exit the sex industry, and be it further
45

46 RESOLVED, That the American Academy of Family Physicians advocate against legislation that
47 decriminalizes sex buying and third-party promoters and profiteers, and be it further
48

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

1 **RESOLUTION NO. S3-303**

2
3 **Opposing Restrictions on Federal and State Funding for Abortion Services**

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5 Introduced by: Avanthi Jayaweera
6 Isaiah Cochran
7 Christina Miles
8 Ana Baltierra
9 Alex Wang
10 Libby Wetterer
11 Lovisa Howard
12 Frank Soto Del Valle

13
14 WHEREAS, The American Academy of Family Physicians (AAFP) recently re-affirmed its
15 commitment to the medically underserved, stating that it “urges each and every one of its
16 members to become involved personally in improving the health of people from minority and
17 socioeconomically disadvantaged groups,” and

18
19 WHEREAS, as the largest health care program in the United States, Medicaid provides a major
20 source of health coverage for underserved populations, covering more than 50 million people,
21 and

22
23 WHEREAS, federal and state funding is especially important to women’s health care, as more
24 than 16 million women receive their basic health and long-term coverage through Medicaid. In
25 2003, Medicaid covered one in ten women and one in five low-income women in 2003, 11.5% of
26 women of reproductive age were covered by Medicaid, and

27
28 WHEREAS, the establishment of the Hyde Amendment in 1976 cut off federal funding for
29 abortions excepting those performed in cases of rape, incest and endangerment of the patient’s
30 life. Before this amendment was passed, federal Medicaid covered one-third of all abortions in
31 the US, and

32
33 WHEREAS, thirty-four states and the District of Columbia also follow the Hyde Amendment
34 standards for state funding, and

35
36 WHEREAS, lack of funds cause women to wait longer before having abortions. Medicaid
37 eligible women wait on average two-three weeks longer than other women to have an abortion
38 because of difficulty obtaining funds. Women facing such delays face increased cost as well as
39 increased risk of complications as the procedure is done later in pregnancy, now, therefore, be it

40
41 RESOLVED, That the American Academy of Family Physicians endorse the principle that
42 women receiving health care paid for through health plans funded by state or federal
43 governments should be provided with access to the full range of reproductive options regarding
44 pregnancy, and be it further

45
46 RESOLVED, That the American Academy of Family Physicians partner with the American
47 College of Obstetricians and Gynecologists in position papers to defend federal and state
48 funding sources that protect access to safe and legal abortion across the United States, and be
49 it further
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51 RESOLVED, That the American Academy of Family Physicians engage in advocacy efforts to
52 overturn the Hyde Amendment and any other restriction on federal and state funding for
53 abortions.

1 **RESOLUTION NO. S3-304**

2
3 **Expanding Knowledge of Barriers to PrEP Uptake in States without Medicaid Expansion**

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5 Introduced by: Hannah Kazal
6 Michael Broder
7 Gerianne Connell
8

9 WHEREAS, Greater than 50% of new HIV diagnoses in the United States are among black
10 Americans in the South, and

11
12 WHEREAS, HIV transmission rates have plateaued since 2013 despite increase usage of Pre-
13 Exposure Prophylaxis (PrEP) nationwide, and

14
15 WHEREAS, when PrEP is taken prophylactically, HIV transmission can be reduced by up to
16 99%, now, therefore, be it

17
18 RESOLVED, That the American Academy of Family Physicians support research of mitigating
19 factors that lead to disproportionate low Pre-Exposure Prophylaxis use and high HIV
20 transmission rates in states that have not expanded Medicaid.

1 **RESOLUTION NO. S3-305**

2
3 **Transparency in Residency Program Expectations and Conscience Protection Policies**

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5 Introduced by: Kaitlin VanderKolk
6 Madilyn Tomaso
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8 WHEREAS, During the current residency application process, applicants look at a variety of
9 sources to find information on program strengths and emphasis in order to find a program that
10 best fits their needs, and

11
12 WHEREAS, finding a program that fits an applicant's interests is essential for their professional
13 and educational development, and

14
15 WHEREAS, an atmosphere of openness and transparency is essential to providing the best
16 educational experience for the resident, and

17
18 WHEREAS, current recommendations for residency programs do not require the publication of
19 policies on conscientious objection or procedural expectations for applicants, and

20
21 WHEREAS, numerous federal laws and regulations have been enacted to protect the rights of
22 conscientious objection in health care, including the recent Department of Health and Human
23 Services Final Conscience Regulation in 2019, which protects both health care entities and
24 individuals, and

25
26 WHEREAS, despite these legal protections, there remains a lack of transparency in residency
27 programs on specific educational/procedural expectations to which individuals may have
28 religious or moral objection, such as abortion, sterilization, medical aid in dying, etc., as well as
29 information on whether alternative educational experiences are available, and

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31 WHEREAS, finding a program that will accommodate a resident's moral and religious beliefs
32 helps to avoid conflict which may hinder the educational and professional experience of the
33 resident, and

34
35 WHEREAS, it is also advantageous for the residency program to attract students who best fit
36 their program's mission and objectives, and

37
38 WHEREAS, making this information easily accessible (e.g. online) allows applicants to
39 maximize their application/interview resources and ensures likewise that residencies attract
40 applicants who best fit their programs, now, therefore, be it

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

1 **RESOLUTION NO. S3-306**

2
3 **Affirming the Safety and Legality of Abortion**

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5 Introduced by: Louisa Howard
6 Libby Wetterer
7 Avanti Jayaweera
8 Frank Soto Del Valle
9 Alex Wang Ana Baltierra
10 Isaiah Cochran

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12 WHEREAS, Abortion is common, as one in four women will have an abortion before the age of
13 45, and

14
15 WHEREAS, abortion is safe, with major complication rates at less than 0.5%, and

16
17 WHEREAS, Roe vs. Wade affirmed that the decision to terminate a pregnancy was a privacy
18 issue between a woman and her physician, and

19
20 WHEREAS, the American Academy of Family Physicians (AAFP) has stated that they support a
21 woman's access to reproductive health services and oppose non-evidence-based restrictions on
22 medical care and the provision of such services without specific reference to abortion services,
23 and

24
25 WHEREAS, abortion access in the United States has been declining as state legislative efforts
26 to target regulations of abortion providers have therefore further restricted abortion, and

27
28 WHEREAS, at least sixteen states have laws that would negate the legal status of abortion in
29 the absence of Roe v. Wade, now, therefore, be it, and

30
31 RESOLVED, That the American Academy of Family Physicians affirm the legality of Roe v.
32 Wade in the form of a policy statement, and be it further

33
34 RESOLVED, That the American Academy of Family Physicians partner with the American
35 College of Obstetricians and Gynecologists in developing position papers to defend access to
36 safe and legal abortion across the United States, and be it further

37
38 RESOLVED, That the American Academy of Family Physicians declare abortion explicitly, as an
39 essential component of comprehensive reproductive healthcare.

1 **RESOLUTION NO. S3-307**

2
3 **Confidentiality and Access to Gender Affirming Care for Adolescents**

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5 Introduced by: Lee McKoin

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7 WHEREAS, Increasing numbers of youth are identifying as transgender, non-binary, 2spirit, and
8 other gender diverse identities (hereafter referred to as trans) and

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10 WHEREAS, many face health disparities in youth and adulthood, and

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12 WHEREAS, delaying access for gender affirming care requires an adolescent to go through a
13 potentially dysphoric puberty, and

14
15 WHEREAS, many of the effects of going through a natal puberty that is discordant with an
16 adolescent's gender identity are permanent and only partially mutable with invasive procedures,
17 and

18
19 WHEREAS, adolescents can consent to confidential mental health and sexual health in many
20 states but not gender related care, now, therefore, be it

21
22 RESOLVED, That the American Academy of Family Physicians amend their Adolescent Health
23 Care, Confidentiality policy to include that when caring for an adolescent patient, physicians
24 should deliver confidential health services in situations involving gender related care, including
25 gender identity exploration, medical transition related care, referrals to mental health services
26 and other gender affirming services, to consenting adolescents.