



2023 Consent Calendar for the Reference Committee on Health of the Public and Science

National Conference of Constituency Leaders

1 The Reference Committee on Health of the Public and Science has considered each of the
2 items referred to it and submits the following report. The committee's recommendations on
3 each item will be submitted as a consent calendar and voted on in one vote. An item or
4 items may be extracted for debate.

5
6 **RECOMMENDATION: The Reference Committee on Health of the Public and Science**
7 **recommends the following consent calendar for adoption:**
8

9 **Item 1:** Reaffirm Resolution No. 3001 "Requiring Nasal Naloxone in All In-Flight Emergency
10 Medical Kits."

11
12 **Item 2:** Adopt Substitute Resolution No. 3002 "Racism Is a Social Determinant of Health" in lieu of
13 Resolution No. 3002.

14
15 **Item 3:** Adopt Substitute Resolution No. 3003 "The Role of Family Physicians in Responding to
16 Mental Health Crisis" in lieu of Resolution No. 3003.

17
18 **Item 4:** Adopt Substitute Resolution No. 3004 "The Lacking Evidence of Parental Alienation as a
19 Diagnosis and Adverse and Fatal Outcomes for Families" in lieu of Resolution No. 3004.

20
21 **Item 5:** Not Adopt Resolution No. 3005 "Expanding Obesity Medicine Education."

22
23 **Item 6:** Adopt Resolution No. 3006 "Expanding Medicaid Coverage to Include Diapers."

24
25 **Item 7:** Adopt Substitute Resolution No. 3007 "Promoting Awareness and Training on Disabilities
26 in Family Medicine" in lieu of Resolution No. 3007.

27
28 **Item 8:** Adopt Substitute Resolution No. 3008 "Family Planning in the Neighborhood Navigator-
29 Navigating Against Disinformation" in lieu of Resolution No. 3008.



2023 Report of the Reference Committee on Health of the Public and Science

National Conference of Constituency Leaders

The Reference Committee on Health of the Public and Science has considered each of the items referred to it and submits the following report. The committee's recommendations on each item 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. 3001: Requiring Nasal Naloxone in All In-Flight Emergency Medical Kits

RESOLVED, That the American Academy of Family Physicians write a letter to the Federal Aviation Administration advocating for the inclusion of nasal naloxone as a required medication in all in-flight emergency medical kits.

The reference committee heard limited testimony only in support of the resolution. Those testifying in support of the resolution noted that major airlines have taken steps to include nasal naloxone as a required medication in all in-flight emergency medical kits, the exception being Southwest Airlines. The reference committee heard from staff background on 2021 COD Substitute Resolution No. 413: Requiring Naloxone on Airplane First Aid Kits, which was referred to the Commission on Federal and State Policy (CFSP). The most recent report from CFSP on 4/1/2023 states:

"The Department of Transportation is still trying to determine how to implement 2018 legislation that would require updating airline medical kits to include naloxone. The commission agreed that a future communication to Department of Transportation outlining family physician's perspective would be welcomed and deemed necessary advocacy. GR team continues to monitor and identify opportunities to engage on this issue."

Being that the resolution is similar to the 2021 COD Substitute Resolution No. 413 (Requiring Naloxone on Airplane First Aid Kits) already in progress, the reference committee recommended the resolution be reaffirmed.

RECOMMENDATION: The reference committee recommends that Resolution No. 3001 be reaffirmed as current policy.

ITEM NO. 2: RESOLUTION NO. 3002: Racism Is a Social Determinant of Health

RESOLVED, That the American Academy of Family Physicians (AAFP) endeavor to specifically name racism in policies, educational material and discussions as a historical and current day cause and driver of social determinants of health, and be it further

1 RESOLVED, The American Academy of Family Physicians (AAFP) endeavor to include
2 anti- racist material and training in policies, educational material and discussions of social
3 determinants of health, health equity and implicit bias.
4

5 The reference committee heard testimony only in support of the resolution. Those who testified
6 brought attention to racism as a driver of the social determinants of health that should be
7 recognized in AAFP resources and communications. The reference committee discussed 2022
8 [COD Resolution No. 4001](#) (Developing Anti-Racism Physician Training for all AAFP Members – A
9 Call for Racial Affinity). The resolution was determined by the reference committee to address the
10 second resolved clause. The reference committee agreed with the spirit of the resolution, and the
11 goal of recognizing racism as a social determinant of health within the Academy. The reference
12 committee ultimately decided to recommend a substitute resolution asking the AAFP to specifically
13 recognize racism as a social determinant of health in policies, educational materials, and
14 discussions.
15

16 **RECOMMENDATION: The reference committee recommends Substitute Resolution No. 3002**
17 **which reads as follows be adopted in lieu of Resolution No. 3002.**
18

19 **RESOLVED, That the American Academy of Family Physicians specifically name**
20 **racism as a historical and current cause and driver of social determinants of health**
21 **in policies, educational material and discussions.**
22
23

24 **ITEM NO. 3: RESOLUTION NO. 3003: The Role of Family Physicians in Responding to**
25 **Mental Health Crisis**
26

27 RESOLVED, That the American Academy of Family Physicians create a policy statement
28 and advocate for community-led mental health crisis intervention teams, that include family
29 physicians, in place of police-led responses, and be it further
30

31 RESOLVED, That the American Academy of Family Physicians create continuing medical
32 education content that introduces family physicians to the skills required to support and
33 protect patients experiencing mental health crisis, which includes training in verbal de-
34 escalation skills and learning how to prioritize patient physical safety, and be it further
35

36 RESOLVED, That the American Academy of Family Physicians develop a mental health
37 crisis intervention team toolkit for family physicians to initiate and create multidisciplinary
38 mental health crisis behavioral health teams in their communities and in practice settings.
39

40 The reference committee heard limited testimony only in support of the resolution. Testimony was
41 focused on the worsening mental health crisis in the United States and the increasing involvement
42 of police in responding to mental health crises. Those testifying spoke to the importance of having
43 physicians and members of the medical community involved in decisions about alternatives to
44 police in responding to emergency medical situations. They also discussed the value of mental
45 health resources like the proposed toolkit for family physicians responding to mental health crisis
46 situations.
47

48 The reference committee discussed the first resolved clause and the overlap with existing policy
49 and recommendations, such as the AAFP position paper on [Policing Standards](#). The reference
50 committee ultimately decided the most appropriate action was to recommend a substitute
51 resolution focused on the two remaining resolved clauses.
52

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3003 which reads as follows be adopted in lieu of Resolution No. 3003.

RESOLVED, That the American Academy of Family Physicians create continuing medical education content that introduces family physicians to the skills required to support and protect patients experiencing mental health crisis, which includes training in verbal de-escalation skills and learning how to prioritize patient physical safety, and be it further

RESOLVED, That the American Academy of Family Physicians develop a mental health crisis intervention team toolkit for family physicians to initiate and create multidisciplinary mental health crisis behavioral health teams in their communities and in practice settings.

ITEM NO. 4: RESOLUTION NO. 3004: The Lacking Evidence of Parental Alienation as a Diagnosis and Adverse and Fatal Outcomes for Families

RESOLVED, That the American Academy of Family Physicians issue a position paper on the issue of parental alienation by any name being junk science and deleterious, as well as provide more resources on how to support families amidst custody litigation and/or family violence.

The reference committee heard testimony in favor of the resolution. Family physicians are sometimes consulted in divorce proceedings and may be unaware that attorneys may use the term, "parental alienation syndrome" to discredit the other parent. Mothers are more likely to be impacted by use of this false diagnosis being used in legal proceedings. Those testifying stated the importance of the AAFP taking a position on this issue to raise awareness and protect families. The reference committee agreed with the spirit of the resolution and the goal of raising awareness for this issue. However, members questioned if a position paper was the best way to communicate this message. The reference committee also questioned the appropriateness of the AAFP developing resources on custody litigation for members and patients. The reference committee ultimately decided to recommend a substitute resolution with greater flexibility for the AAFP in messaging about this issue.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3004 which reads as follows be adopted in lieu of Resolution No. 3004:

RESOLVED, That the American Academy of Family Physicians assert that parental alienation syndrome is not a recognized diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and is not supported by evidence-based medicine.

ITEM NO. 5: RESOLUTION NO. 3005: Expanding Obesity Medicine Education

RESOLVED, that the American Academy of Family Physicians advocate for inclusion and awareness of obesity as a chronic condition in medical education as well as addressing weight bias and stigma impacting health, and be it further

RESOLVED, That the American Academy of Family Physicians establish partnerships with interested entities to create preventive pantries to meet the food insecurity needs faced by patients dealing with chronic conditions stemming from obesity, and be it further

1 RESOLVED, That the American Academy of Family Physicians create programs that
2 promote cultural sensitivity in treating patients with obesity facing racial and ethnic
3 disparities.
4

5 The reference committee heard testimony in support of the resolution. Those testifying highlighted
6 the importance of obesity-related education and awareness, cultural sensitivity and needs faced by
7 patients. Some of the testimony, while in support, also highlighted the inherently problematic
8 nature of terms like obesity, which comes from the model of body mass index (BMI) that is not an
9 accurate measure of patient health.
10

11 The reference committee discussed the importance and overall positive value of the resolution but
12 noted the differences between the ask in the resolved clauses and the testimony that was
13 provided. The reference committee discussed the importance of focusing an ask of the AAFP on
14 culturally sensitive education around nutrition, lifestyle, and overall health rather than BMI-derived
15 diagnoses and weight loss. The reference committee also discussed the definition of “preventative
16 pantries” and if it was appropriate for the AAFP to lead the development of “preventative pantries.”
17

18 The reference committee was generally supportive of the intent of the resolution but recommended
19 to not adopt because of the language around BMI and the potential unfeasibility of the AAFP
20 creating preventative pantries.
21

22 **RECOMMENDATION: The reference committee recommends that Resolution No. 3005 not**
23 **be adopted.**
24
25

26 **ITEM NO. 6: RESOLUTION NO. 3006: Expanding Medicaid Coverage to Include Diapers**

27

28 RESOLVED, That the American Academy of Family Physicians recognize diapers as a
29 basic childcare need, and be it further
30

31 RESOLVED, That the American Academy of Family Physicians actively advocate and lobby
32 for Medicaid coverage to cover the cost of diapers, and be it further
33

34 RESOLVED, that the American Academy of Family Physicians collaborate and support
35 community-based organizations and diaper assistance programs to close the diaper need
36 gap.
37

38 The reference committee heard testimony in favor of the resolution. Medicaid is a federal program
39 administered by individual states, and currently Tennessee is the only state whose Medicaid
40 program covers diapers for children. Testimony discussed the importance of a program like this in
41 addressing barriers that many families face, particularly in rural and underserved communities. The
42 reference committee discussed the resolution and the testimony presented and recommended the
43 resolution be adopted.
44

45 **RECOMMENDATION: The reference committee recommends that Resolution No. 3006 be**
46 **adopted.**
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48

49 **ITEM NO. 7: RESOLUTION NO. 3007: Promoting Awareness and Training on Disabilities in** 50 **Family Medicine** 51

1 RESOLVED, That the American Academy of Family Physicians acknowledge and
2 encourage chapters to explore partnerships with Statewide Independent Living Councils,
3 and be it further
4

5 RESOLVED, That the American Academy of Family Physicians create a toolkit on
6 incorporating best care practices for those with disabilities, utilizing the expertise from those
7 from the disability community, into standards of care for all family medicine physicians.
8

9 The reference committee heard testimony all in support of the resolution. The reference committee
10 acknowledged the importance of co-creation of resources with the disability community. There was
11 discussion around the difficulty in mandating the collaboration between chapters and Statewide
12 Independent Living Councils as well as the challenges and/or feasibility of creating a toolkit
13 inclusive of all types of disabilities.
14

15 The reference committee was generally supportive of the intent of the resolution but recommended
16 substitute language to clarify the ask of the American Academy of Family Physicians.
17

18 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
19 **3007 be adopted in lieu of Resolution No. 3007.**
20

21 **RESOLVED, That the American Academy of Family Physicians encourage and assist**
22 **chapters to explore partnerships with Statewide Independent Living Councils, and be**
23 **it further**
24

25 **RESOLVED, That the American Academy of Family Physicians co-create a toolkit of**
26 **best practices for care with members of the disability community.**
27

28
29 **ITEM NO. 8: RESOLUTION NO. 3008: Family Planning in the Neighborhood Navigator-**
30 **Navigating Against Disinformation**
31

32 RESOLVED, That the American Academy of Family Physicians remove and prevent the
33 addition of all crisis pregnancy centers from the Neighborhood Navigator search tool, and
34 be it further
35

36 RESOLVED, That the American Academy of Family Physicians add the category of
37 abortion to the topics under "Medical Care", which can link to existing vetted databases
38 including abortionfinder.org, ineedana.org, and plancpills.org.
39

40 Testimony heard was mostly in favor of the resolution. Those who testified in support presented
41 data that suggests the practices of some crisis pregnancy centers (CPCs) can cause not only harm
42 to patient health, but harm to the physician-patient relationship. Those in support of the resolution
43 pointed out the value that the neighborhood navigator tool can provide; however, they were
44 concerned about the inadvertent referrals to CPCs who are not accredited to provide the full-
45 spectrum options counseling for patients who are pregnant. Those who testified against the
46 resolution were concerned that the resolution language was too generalizing of CPCs and did not
47 differentiate the CPCs providing the full spectrum of services. After consulting with AAFP staff, it
48 was determined that it would not be possible to make the requested changes to the Neighborhood
49 Navigator tool because it was a third-party contract. The reference committee decided to
50 recommend a substitute resolution asking the AAFP to instead make links to vetted databases for
51 abortion resources available on the AAFP website.
52

1 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
2 **3008 which reads as follows be adopted in lieu of Resolution No. 3008:**
3

4 **RESOLVED, That the American Academy of Family Physicians make links to vetted**
5 **databases of abortion resources such as abortionfinder.org, ineedana.org, and**
6 **plancpills.org, available on the AAFP website.**

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

4 Respectfully Submitted,
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9 _____
Rachel Carter, MD – CHAIR

10
11 Cynthia Heckman-Davis, MD, FAAFP – Women
12 Jessica Garcia, DO, FAAFP – Minority
13 Brendan Prast, MD – New Physician
14 Sai Swapnika Guttikonda, MD, MPH – IMG
15 Katharina de Klerk, DO – LGBTQ+
16 Andrea Haynes, MD (Observer)