



2024 Consent Calendar for 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. An item or items may be extracted for debate.

RECOMMENDATION: The Reference Committee on Health of the Public and Science recommends the following consent calendar for adoption:

Item 1: Not Adopt Resolution No. 3001 "Continue and Reinstate AAFP's Tar Wars Tobacco and Vaping Education and Prevention Program." [Extracted](#)

Formatted: Font: Not Bold

Item 2: Adopt Substitute Resolution No. 3002 "Promoting a Patient-Centered Focus for Gender-Affirming Care" in lieu of Resolution No. 3002.

Item 3: Reaffirm Resolution No. 3003 "Focus Exploring Utilization and Impact of AAFP Policies around Gender-Affirming Care."

Item 4: Adopt Substitute Resolution No. 3004 "Improving Access to Hospice and Palliative Care and Amend End-of-Life Care Policy" in lieu of Resolution No. 3004. [Extracted](#)

Item 5: Reaffirm Resolution No. 3005 "Increasing Availability of Suicide Prevention Knowledge and Services."

Item 6: Reaffirm Resolution No. 3006 "AAFP to Collaborate with ACOG to Address the Maternal Morbidity and Mortality Crisis." [Extracted](#)

Item 7: Reaffirm Resolution No. 3007 "Optimizing Access to Maternal Mortality Data."

Item 8: Adopt Resolution No. 3008 "Extending Recommended Duration of Breastfeeding/Chestfeeding in AAFP policy."

Item 9: Adopt Resolution No. 3009 "Increasing Physician and Community Awareness Regarding Cardiovascular Health Disparities in Black Women."

Item 10: Substitute Adopt Resolution No. 3010: "Educational Collaboration of AAFP with American Academy of Pediatrics and American College of Obstetricians and Gynecologists for Better Patient Care" in lieu of Resolution No. 3010.



2024 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: Continue and Reinstate AAFP's Tar Wars Tobacco and Vaping Education and Prevention Program

RESOLVED, That the American Academy of Family Physicians Board of Directors ~~promptly reinstate~~ ~~postpone~~ the Tar Wars Program ~~sunset date, by at least one year, and work with constituent chapters to identify the~~ ~~allocating~~ necessary resources to modernize the curriculum and ~~continue~~ ~~combatting~~ the initiation of vaping and tobacco use among youth, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) identify best practices based on states (such as Georgia) that most effectively utilize this essential AAFP resource to increase engagement and utilization such that its benefits are most effectively shared with communities across the entire country, and be it further

RESOLVED, That the American Academy of Family Physicians consider incorporating Tar Wars into the Family Medicine Champions Program as a way to engage participants in ~~community-based public health education opportunities that expose youth to family medicine and can put them on a pathway to the specialty.~~ ~~real-world opportunities for making meaningful change in their communities.~~

The reference committee heard testimony only in support of this resolution. Testimony emphasized the importance of a public health program to prevent youth tobacco use. Testimony provided examples of how some states are utilizing the program to train students and residents (Missouri, Mississippi, and Georgia), in addition to the positive impact on younger school-aged children as early as fourth grade. Testimony in favor found the program to be valuable in the sense that it provides family medicine physicians with the avenue to engage in their communities, outside of the clinic. The reference committee inquired with staff about the current state of the Tar Wars program, and the plan for culturally appropriate alternative tobacco, vaping and hookah prevention and cessation materials for youth. Staff explained that high-quality, evidence-based programming links would be available on the AAFP website in place of the Tar Wars materials after the sunset date. The reference committee agreed with the spirit of the resolution and the importance of culturally appropriate tobacco and vaping materials being available to family physicians but ultimately decided to not adopt.

RECOMMENDATION: The reference committee recommends that Resolution No. 3001 not be adopted. Extracted – Adopted as Amended

Item No. 2: Resolution No. 3002: Promoting a Patient-Centered Focus for Gender-Affirming Care

RESOLVED, That the American Academy of Family Physicians (AAFP) add language to the "Care for the Transgender and Gender Nonbinary Patient" policy supporting patient-centered gender-affirming

care without prescribed order and opposing any requirement of certain gender-affirming treatments prior to others (such as requiring hormone therapy prior to surgery), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) issue a statement in support of individualized, non-sequential gender-affirming treatment options for United States military service members and veterans, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with other specialties' physician groups (including but not limited to the American Academy of Pediatrics (AAP), American College of Obstetrics and Gynecology (ACOG), American College of Physicians (ACP), American Society of Plastic Surgeons, American College of Surgeons, American Urological Association, and GLMA to encourage their support of individualized, non-sequential gender-affirming treatment options for gender-diverse patients.

The reference committee heard testimony mostly in support of this resolution. Testimony in favor emphasized that sequential requirements for gender-affirming care conflicts with AAFP's commitment to delivering high-quality, patient-centered care. Testimony in opposition stated that AAFP should pause any forward movement on gender-affirming care, citing European countries who are rolling back their current guidelines and recommendations. The reference committee had a robust discussion regarding why insurance companies often require the stepwise approach, prioritizing hormone therapy before any surgical procedure because of the cost-savings benefit for insurers. The reference committee unanimously agreed with the spirit of the resolution, and that requiring the administration of hormone therapy before allowing patients access to other forms of gender-affirming care could result in more harm than good, potentially exacerbating patient gender dysmorphia. The reference committee recommends substitute adoption of the resolution.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3002 be adopted in lieu of Resolution No. 3002.

RESOLVED, That the American Academy of Family Physicians (AAFP) add language to the "Care for the Transgender and Gender Nonbinary Patient" policy supporting patient-centered gender-affirming care without prescribed order and opposing any requirement of certain gender-affirming treatments prior to others (such as requiring hormone therapy prior to surgery), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) issue a statement in support of individualized, non-sequential gender-affirming treatment options for United States military service members and veterans, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with other physician specialty groups and other health professional groups to encourage their support of individualized, non- sequential gender-affirming treatment options for gender-diverse patients.

Item No. 3: Resolution No. 3003: Focus Exploring Utilization and Impact of AAFP Policies around Gender-Affirming Care

RESOLVED, That the American Academy of Family Physicians ask an appropriate commission to assess current utilization and impact of the "Care for the Transgender and Gender Nonbinary Patient" policy to dedicate an intentional focus around gender-affirming care that may include committees or a task force, and be it further

RESOLVED, That the American Academy of Family Physicians provide regular updates and reports about the focus of gender-affirming care policy utilization through its ongoing publications.

The reference committee heard testimony in support of the resolution. Testimony referenced AAFP policy on gender-affirming care that asserts this care should remain legal and between the patient and their physician. It was stated during testimony that state-level work does not reflect the national AAFP stance on this topic, citing state-specific examples. During the reference committee discussion, it was noted that the AAFP does not control what position chapters take on topics, as they function independently of the national AAFP. The AAFP's Government Relations division generates reports on advocacy efforts and successes and has developed a [page](#) where these successes are housed and shared publicly. AAFP staff also informed the reference committee of the [Gender Affirming Care Toolkit](#), and encourage authors to utilize this toolkit and other AAFP resources to advocate to their chapters. The reference committee recommended that the resolution be reaffirmed.

RECOMMENDATION: The reference committee recommends that Resolution No. 3003 be reaffirmed.

Item No. 4: Resolution No. 3004: Improving Access to Hospice and Palliative Care and Amend End-of-Life Care Policy

RESOLVED, That the American Academy of Family Physicians affirm the importance of hospice and palliative care and separate this from physician-assisted suicide/medical aid in dying, and be it further

RESOLVED, That the American Academy of Family Physicians should support CME activities in yearly conferences to help improve education on the topics of end-of-life care, and be it further

RESOLVED, That the American Academy of Family Physicians amend and update its policy statement for end-of-life care to state:

“Medical aid in dying, in which a terminally ill patient requests **lethal** medication to hasten a foreseeable death, is a personal end-of-life decision **that is distinct from hospice and palliative care, requests for medical aid in dying can be a signal that a patient’s end-of-life needs are unmet and that further evaluation may be needed to identify the elements contributing to the patient’s suffering.** Family Medicine clinicians may encounter inquiries about medical aid in dying and should have basic knowledge, communication skills, and conversational strategies to respond in a compassionate and supportive manner, regardless of whether they choose to provide medical aid in dying. Basic requisite knowledge includes the legal status of medical aid in dying in the state in which the practice is located, eligibility requirements for participation where legal, and alternatives, **including enrollment in hospice or palliative care.**”

The reference committee heard balanced testimony for and against the resolution. Those in support discussed the increasing use of medical aid in dying (MAiD) in countries like Canada, where MAiD is legalized nationally. They expressed concern that some patients may be choosing MAiD because of inadequate palliative or hospice care options or seeking MAiD without a terminal diagnosis. They also cited concerns about inadequate patient education on options for palliative or hospice care, as well as concerns that patients in urban, minority, and low-income communities might be overrepresented among patients choosing MAiD. The authors also offered a friendly amendment to strike the phrase “physician-assisted suicide” from the first resolved clause and the addition of the word “lethal” from the third resolved clause.

Those opposed to the resolution discussed their clinical experiences providing hospice and palliative care and the importance of MAiD in the continuum of this care, noting that 90% of patients who chose MAiD in the U.S. are also on hospice. They expressed concerns that the resolution undermined patient autonomy and decision-

making by questioning their ability to make decisions for themselves. They also acknowledged the importance of additional education on hospice and palliative care, in addition to MAiD.

The reference committee acknowledged the importance of additional education on palliative and hospice care, as well as MAiD. The committee expressed concern that the resolution was limiting the scope of practice for family physicians and minimizing patient autonomy in decision-making. They also disagreed with the suggestion in the first resolved clause that MAiD was separate from hospice and palliative care. Reference committee members also noted the majority of those testifying against the resolution routinely provided hospice or palliative care. The reference committee ultimately decided to adopt a substitute resolution focused only on the development of additional education on end-of-life care.

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

RESOLVED, That the American Academy of Family Physicians should support CME activities in yearly conferences to help improve education on the topics of end-of-life care. ~~Extracted - Adopted~~

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial, 11 pt, Strikethrough

Item No. 5: Resolution No. 3005: Increasing Availability of Suicide Prevention Knowledge and Services

RESOLVED, That the American Academy of Family Physicians work to increase public awareness of and training for suicide prevention through partnership with public institutions and community advocacy groups, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) create a patient handout on suicide education and prevention that will be available on the AAFP general website, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with the Occupational Safety and Health Administration and major employers to provide a suicide prevention education toolkit to institutions, businesses, and related public domains.

The reference committee heard testimony completely in favor of the resolution. Those in support discussed the need for both physician-facing and patient-facing education regarding suicide prevention. The testimonies also surfaced things like insurance policies that prevented care across state lines, the use of IV Ketamine, and an approach of prevention, intervention, post-intervention follow-up. There was robust discussion around the importance of collaboration in informational resource sharing, including resources from the Occupational Safety and Health Administration. The reference committee reviewed and identified informational resources currently available on the AAFP website and FamilyDoctor.org. Based on the currently available resources, the reference committee recommended that the resolution be reaffirmed, encouraging authors of this resolution to share AAFP resources with their respective chapters.

RECOMMENDATION: The reference committee recommends that Resolution No. 3005 be reaffirmed.

Item No. 6: Resolution No. 3006: AAFP to Collaborate with ACOG to Address the Maternal Morbidity and Mortality Crisis

RESOLVED, That the American Academy of Family Physicians directly advocate to the American College of Obstetrics and Gynecology regarding the inclusion of family medicine physicians practicing obstetrics in a plan to jointly address the maternal morbidity and mortality crisis in the United States.

The reference committee heard testimony in support of the resolution. Family physicians are uniquely qualified to provide obstetrical care in parts of the United States that are maternity care deserts, however, many family

physicians are denied privileges to provide obstetrical care in some institutions. While the AAFP and ACOG have a close relationship, the reference committee concluded that more work could be done to help ACOG recognize family physicians as providers of obstetrical care. [The AAFP-ACOG Joint Statement on Cooperative Practice and Hospital Privileges](#) was last updated in 2019 and is due for a five-year review. AAFP staff is currently collaborating with ACOG to update and revise this joint statement. The reference committee recommended that this policy be reaffirmed.

RECOMMENDATION: The reference committee recommends that Resolution No. 3006 be reaffirmed. – Extracted – Adopted

Item No. 7: Resolution No. 3007: Optimizing Access to Maternal Mortality Data

RESOLVED, That the American Academy of Family Physicians explore methods to integrate maternal mortality data into available community and populations health metrics (such as with the Robert Graham Center), and be it further

RESOLVED, That the American Academy of Family Physicians investigate methods to integrate maternal mortality into community and population health metrics delineated by demographic data (including race and ethnicity).

The reference committee heard testimony in support of this resolution, with none opposed. Testimony for this resolution highlighted that while maternal mortality data exists, it is difficult for both physicians and patients to access.

During the reference committee discussion, it was noted that while the resolution calls for AAFP to integrate maternal mortality data delineated by demographic area, AAFP does not collect this data. The AAFP is working in collaboration with other organizations and supports the dissemination and use of existing evidence-based tools and resources within hospitals and physician practices, for both practicing physicians and those in training, to address disparities in maternal morbidity and mortality. In addition, the AAFP calls for standardization of data collection and reporting on maternal mortality (e.g., Maternal Mortality Review Information Application [MMRIA]) to enable stakeholders to better define data collection needs and identify gaps in existing research.

The AAFP supports the development, implementation, and sustainability of maternal mortality review committees (MMRCs) and strongly advocated for the successful passage of the Preventing Maternal Deaths Act, which incorporated provisions of the Maternal Health Accountability Act.

RECOMMENDATION: The reference committee recommends that Resolution No. 3007 be reaffirmed.

Item No. 8: Resolution No. 3008: Extending Recommended Duration of Breastfeeding/Chestfeeding in AAFP Policy

RESOLVED, That the American Academy of Family Physicians update the policy statement on breastfeeding to reflect a recommendation to continue breastfeeding/chestfeeding with the addition of complementary foods for at least two years and beyond as long as mutually desired by the lactating parent and child.

The reference committee heard limited testimony only in support of the resolution. Testimony focused on the difference between AAFP recommendations to continue breast/chestfeeding for at least one year and updated recommendations from the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists to continue breast/chestfeeding for at least two years. They noted the importance of supporting

patients who want to continue breast/chestfeeding beyond one year and staying up-to-date on current recommendations.

The reference committee heard from staff about the AAFP's process for developing clinical guidelines and recommendations, including regular reviews of recommendations from the U.S. Preventive Services Task Force (USPSTF) and other organizations. Staff noted that an update is currently in progress from the USPSTF for [its recommendations](#) on primary care interventions for breastfeeding. The USPSTF's research plan includes key questions on the impact of duration of breastfeeding on parent/child outcomes. The results of this evidence review and the final recommendations from USPSTF will be used to inform the AAFP's own recommendations on this important topic. The reference committee recommended the resolution be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 3008 be adopted.

Item No. 9: Resolution No. 3009: Increasing Physician and Community Awareness Regarding Cardiovascular Health Disparities in Black Women

RESOLVED, That the American Academy of Family Physicians develop patient-facing educational materials about the elevated risk of heart disease in black women due to the experience of systemic and institutional racism and implicit bias, in order to increase awareness in the community, and be it further

RESOLVED, That the American Academy of Family Physicians develop in-person and free virtual continuing medical education materials to educate physicians on the disparities of heart disease in black women due to the experience of systemic and institutional racism and implicit bias, in order to better care for their patients.

The reference committee heard testimony in support of the resolution. The AAFP has clinical recommendations and guidelines related to cardiovascular health and supports the United States Preventive Services Task Force's recommendation on cardiovascular disease risk. Current evidence is insufficient to assess the balance of benefits and harms of adding the ankle-brachial index (ABI), high-sensitivity C-reactive protein (hsCRP) level, or coronary artery calcium (CAC) score to traditional risk assessment for cardiovascular disease (CVD) in asymptomatic adults to prevent CVD events. However, this guidance does not specifically relate to the disparities for black women with cardiovascular disease. The reference committee noted the robust nature of the already developed EveryONE project materials but felt they were not equitably accessible due to cost.

RECOMMENDATION: The reference committee recommends that Resolution No. 3009 be adopted.

Item No. 10: Resolution No. 3010: Educational Collaboration of AAFP with American Academy of Pediatrics and American College of Obstetricians and Gynecologists for Better Patient Care

RESOLVED, That the American Academy of Family Physicians collaborate with the United States Preventive Services Task Force and other institutions, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with the American Academy of Pediatrics and American College of Obstetricians and Gynecologists as well to get free access for updated guidelines to manage this population better.

The reference committee heard testimony in support of the resolution with none opposed. Testimony in support of the resolution called for better access to up-to-date guidelines as membership to other organizations, such as AAP and ACOG, are expensive and gaining access to needed information is therefore difficult. Because

obstetric care falls within the purview of family medicine, access to resources from these organizations should be beneficial for family medicine physicians. Testimony stated that AAFP assistance in negotiating better access would result in better patient care.

RECOMMENDATION: The reference committee recommends Substitute Resolution No. 3010 be adopted in lieu of Resolution No. 3010.

RESOLVED, That the American Academy of Family Physicians collaborate with the American Academy of Pediatrics and American College of Obstetricians and Gynecologists to exchange and share free access of updated guidelines.

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

Respectfully Submitted,

Mary Nguyen, MD, FAAFP – CHAIR

Jiana Menendez, MD, MPH, FAAFP – Women

Joaquin Villegas, MD – Minority

Faiha Hill, MD, MS, MPH – New Physician

Neera Sunder, MBBS – IMG

Oanh Truong, MD, MPH – LGBTQ+

Adnaan Edun, MD (Observer)