



AAFP

# 2019 Consent Calendar for the Reference Committee on Health of the Public & Science

---

National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

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:** Adopt Substitute Resolution No. 3001: “Person-First Language in AAFP Materials” in lieu  
10 of Resolution No. 3001.

11  
12 **Item 2:** Adopt Resolution No. 3002: “Improving Access to Care for Homebound Patients”.

13  
14 **Item 3:** Adopt Resolution No. 3003: “Front of Label Packaging to Improve Diet Choices Among  
15 Those with Low Health Literacy”.

16  
17 **Item 4:** Adopt Resolution No. 3004: “Abolish Corporal Punishment in Schools”.

18  
19 **Item 5:** Adopt Resolution No. 3005: “Family Medicine’s Roll in Addressing and Preventing Sexual  
20 Harassment”.

21  
22 **Item 6:** Adopt Substitute Resolution No. 3006: “Eliminate Race-Based Medicine” in lieu of  
23 Resolution No. 3006

24  
25 **Item 7:** Adopt Resolution No. 3007: “Public Policies to Reduce Sugary Drink Consumption in  
26 Children and Adolescents”.

27  
28 **Item 8:** Adopt Resolution No. 3008: “Gender Affirming Medical Care for Youth in Family Medicine”.

29  
30 **Item 9:** Adopt Substitute Resolution No. 3009: “Implicit Bias Revision” in lieu of Resolution No.  
31 3009.

32  
33 **Item 10:** Adopt Resolution No. 3010: “Addressing “Stealthling” as a Form of Sexual Assault”.

34  
35 **Item 11:** Adopt Substitute Resolution No. 3011: “Increase Food Equity in the United States” in lieu  
36 of Resolution No. 3011.

37  
38 **Item 12:** Adopt Resolution No. 3012: “Gender-Neutral Language in AAFP Publications”.

39  
40 **Item 13:** Adopt Resolution No. 3013: “Sexual Orientation and Gender Identity Data Collection in  
41 Electronic Health Records”.

- 42 **Item 14:** Adopt Substitute Resolution No. 3014: “AAPF to Oppose Legislation of Physician-Patient  
43 Decision Making in Child and Adolescent Gender-Affirming Care” in lieu of Resolution No. 3014.  
44  
45 **Item 15:** Adopt Substitute Resolution No. 3015: “Oppose Racism” in lieu of Resolution No. 3015.



# 2019 Report of the Reference Committee on Health of the Public and Science

---

National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

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. Any item or  
4 items may be extracted for debate.

5

6 **ITEM NO. 1: RESOLUTION NO. 3001: PERSON-FIRST LANGUAGE IN AAFP MATERIALS**

7

8 RESOLVED, That the American Academy of Family Physicians update its policy titled,  
9 "Obesity and Overweight," to incorporate person-first language: stating "adults with obesity"  
10 rather than "obese adults" and recognizing obesity as a complex, chronic disease that  
11 requires medical attention, and be it further

12

13 RESOLVED, That the American Academy of Family Physicians revise content on  
14 familydoctor.org to ensure person-first language in all of its educational materials, and  
15 remove any current language that uses a disease state as a descriptor for a specific  
16 individual, for example, using "a person who has obesity," instead of "a patient who is  
17 obese", and be it further

18

19 RESOLVED, That National Conference of Constituency Leaders bring a resolution forward  
20 to the American Academy of Family Physicians Congress of Delegates asking that the  
21 American Academy of Family Physicians adopt a policy of consistent use of person-first  
22 language for all disease states, recognizing that patients should not be defined by their  
23 disease state.

24

25 The reference committee heard testimony in support of the resolution. Those testifying stated that  
26 compassionate language toward patients is important. This means speaking to and communicating  
27 with patients as a person, not as their disease. The testimony indicated the lack of person-first  
28 language has impact on all stigmatized communities such as those within the LGBT community.  
29 Those testifying in support noted that AAFP has made improvements in person-first language, and  
30 that most of FamilyDoctor.org used person-first language, except for resources focused on obesity.  
31 It was also mentioned that some communities prefer identity-first language; including the deaf and  
32 autistic communities. The reference committee members discussed issues associated with  
33 communities who traditionally prefer to use identity-first language and challenges that may pose to  
34 the AAFP to incorporate person-first language ubiquitously throughout the content. The reference  
35 committee determined the appropriate action was to adopt a substitute resolution. The resolution  
36 keeps the first resolved clause as is and eliminates the second and third resolved clauses to limit  
37 restrictions on how patients and communities may prefer to be identified based on disease-state.

38

1  
2 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
3 **3001 be adopted in lieu of Resolution No. 3001 as printed below:**  
4

5 **RESOLVED, That the American Academy of Family Physicians update its policy**  
6 **titled, "Obesity and Overweight," to incorporate person-first language: stating**  
7 **"adults with obesity" rather than "obese adults" and recognizing obesity as a**  
8 **complex, chronic disease that requires medical attention.**  
9

10  
11 **ITEM NO. 2: RESOLUTION NO. 3002: IMPROVING ACCESS TO CARE FOR HOMEBOUND**  
12 **PATIENTS**  
13

14 RESOLVED, That the American Academy of Family Physicians recognize the lack of  
15 access to care for homebound patients and the role of the family medicine physician in  
16 providing these services, and be it further  
17

18 RESOLVED, That the American Academy of Family Physicians research and support  
19 training family medicine physicians in team-based delivery of care in the home setting, and  
20 be it further  
21

22 RESOLVED, That the American Academy of Family Physicians support current  
23 opportunities for family medicine physicians providing these services, and be it further  
24

25 RESOLVED, That the American Academy of Family Physicians advocate for legislation and  
26 parity in compensation for physician delivery of primary care in the home setting.  
27

28 The reference committee heard testimony in support of the resolution. Those testifying stated that  
29 there is an increased number of homebound patients who are not receiving adequate care, which  
30 results in poor health outcomes. The members expressed the need for education strategies on  
31 how to deliver care across the lifespan, specifically for those who are disabled or homebound. The  
32 Women and Minority constituency groups both shared testimony in support of the resolution  
33 expressing that family physicians sometimes must limit the scope of their practice due to the lack of  
34 continued training for caring for homebound patients. The reference committee discussed that the  
35 American Academy of Family Physicians (AAFP) "Home Health Care" policy currently addresses  
36 some of the issues addressed in this resolution. The reference committee noted the "Home Health  
37 Care" policy could be expanded to include information about care for homebound patients and  
38 equitable compensation for providers offering this service.  
39

40 **RECOMMENDATION: The reference committee recommends that Resolution No. 3002 be**  
41 **adopted.**  
42  
43

44 **ITEM NO. 3: RESOLUTION NO. 3003: FRONT OF LABEL PACKAGING TO IMPROVE DIET**  
45 **CHOICES AMONG THOSE WITH LOW HEALTH LITERACY**  
46

47 RESOLVED, That the American Academy of Family Physicians offer updated conclusions  
48 based on current research on diet and nutrition as it relates to obesity and cardiovascular  
49 disease (leading cause of death among adults in the United States), and be it further  
50

51 RESOLVED, That the American Academy of Family Physicians support single,  
52 standardized front-of-package labeling, regulated by the Food and Drug Administration,

1 specifically geared toward obesity, cerebrovascular accident, and diabetes in a simple,  
2 health literate manner.

3  
4 The reference committee heard testimony in support of the resolution. Those testifying stated that  
5 patients who are disproportionately affected by obesity or other lifestyle related diseases often lack  
6 the education to understand the nutrition labeling on packages. There are also different levels of  
7 both health literacy and reading literacy among patients. Testimony also highlighted the lack of a  
8 clear system in place to help patients identify which foods are nutritionally healthy and those that  
9 are not. Weight Watchers was referenced as an example of a system that uses points to guide  
10 consumers to choose foods that are healthier over other foods and may be a clearer way to  
11 communicate nutritional status. The reference committee discussed that this resolution aligns with  
12 current work by the AAFP and the Commission on the Health of the Public and Science, including  
13 conducting a gap analysis regarding obesity, nutrition and physical activity. The reference  
14 committee also believed the resolution should be inclusive of any disease or disease state affected  
15 by nutrition.

16  
17 **RECOMMENDATION: The reference committee recommends that Resolution No. 3003 be**  
18 **adopted.**

19  
20  
21 **ITEM NO. 4: RESOLUTION NO. 3004: ABOLISH CORPORAL PUNISHMENT IN SCHOOLS**

22  
23 RESOLVED, That the American Academy of Family Physicians strengthen its statement on  
24 Corporal Punishment in Schools to recommend the abolishment of corporal punishment in  
25 schools, and be it further

26  
27 RESOLVED, That the American Academy of Family Physicians develop free creative  
28 resources and supportive tools for chapters to advocative locally against corporal  
29 punishment in schools, and be it further

30  
31 RESOLVED, That the American Academy of Family Physicians collaborate with the  
32 American Academy of Pediatrics for the abolishment of corporal punishment in schools in  
33 the 19 states where corporal punishment is legal.

34  
35 The reference committee heard testimony in support of the resolution. The committee heard  
36 passionate testimony from a member who cited evidence that corporal punishment does not help  
37 improve behavior, rather in most instances it worsens behavior. It was mentioned that corporal  
38 punishment is still allowed in public schools in 19 states and in private schools in 48 states. Those  
39 testifying in support suggested that physicians should discourage the use of corporal punishment  
40 and continue to talk to patients and families about alternate discipline strategies. The reference  
41 committee discussed that the current AAFP policy, "Corporal Punishment in Schools," does not  
42 specifically oppose corporal punishment in schools, or call for the abolishment of corporal  
43 punishment in schools. The reference committee emphasized the importance of including  
44 information about unequitable enforcement of corporal punishment in schools, which  
45 disproportionately affects minority students.

46  
47 **RECOMMENDATION: The reference committee recommends that Resolution No. 3004 be**  
48 **adopted.**

1 **ITEM NO. 5: RESOLUTION NO. 3005: FAMILY MEDICINE'S ROLE IN ADDRESSING AND**  
2 **PREVENTING SEXUAL HARASSMENT**  
3

4 RESOLVED, That the American Academy of Family Physicians develop a comprehensive  
5 initiative to raise awareness of family medicine's role in addressing and preventing sexual  
6 harassment, both member-facing and public-facing.  
7

8 The reference committee heard testimony in favor of the resolution. Those testifying stated that the  
9 AAFP Board of Directors adopted an anti-harassment policy in January 2019 and has also  
10 conducted awareness campaigns on different topics including depression, mental health, and  
11 tobacco. Those testifying pointed out that AAFP should extend the same type of awareness  
12 campaign to address sexual harassment and mentioned that the resolution was asking for more  
13 than a reaffirmation of the policy. The reference committee discussed current work by AAFP and  
14 the Commission on the Health of the Public and Science within policy development surrounding  
15 sexual assault. The reference committee agreed with the spirit of the resolution for the AAFP to  
16 elevate the importance of the role family physicians can serve to address sexual assault with a  
17 campaign. The reference committee agreed that this is an important issue that family physicians  
18 are exceptionally well equipped to address.  
19

20 **RECOMMENDATION: The reference committee recommends that Resolution No. 3005 be**  
21 **adopted.**  
22  
23

24 **ITEM NO. 6: RESOLUTION NO. 3006: ELIMINATE RACE-BASED MEDICINE**  
25

26 RESOLVED, That the American Academy of Family Physicians adopt a policy that speaks  
27 against the use of race as a proxy for biology or genetics in management guidelines, and  
28 that identifies race as a social construct, and be it further  
29

30 RESOLVED, That the American Academy of Family Physicians support members in  
31 critically evaluating their use of race in research and clinical practice, including development  
32 of materials to educate its members regarding how to interpret estimated glomerular  
33 filtration rate within the context of the patient and without emphasis on the race coefficient,  
34 and be it further  
35

36 RESOLVED, That the American Academy of Family Physicians support research to  
37 investigate indicators alternative to race to stratify medical risk factors for disease states,  
38 including advocating for research into new estimated glomerular filtration rate equations  
39 that don't use race as a proxy for muscle mass, and be it further  
40

41 RESOLVED, That the American Academy of Family Physicians advocate for estimated  
42 glomerular filtration rate to be reported without regard to race by liaising with other medical  
43 associations (including the American Society of Nephrology).  
44

45 Many people provided testimony, most in support. Those in support stated that race is a social  
46 construct and there is no underlying genetic or biological factor that unites people within the same  
47 racial category. They also stated that the AAFP should speak against race as a proxy for biology. It  
48 was further mentioned that some people identify with multiples races which can make it harder to  
49 perform tests and interpret their results (e.g., pulmonary function tests) that include race as a  
50 factor. Those testifying in opposition stated that there are not existing AAFP policies that address  
51 the chronic stress related to systematic racism. In addition, they stated that in some cases there  
52 are not valid replacements to existing tests. Still further, they stated that race can impact, at least in

1 part, certain diseases. The reference committee agreed with the spirit of the resolution to  
2 discontinue the use of race as a proxy for biology; however, raised concerns regarding removing  
3 race as a metric without a substitute or corresponding indicator. The reference committee agreed  
4 there are conditions in which race is an important indicator in medicine and eliminating this could  
5 be detrimental to health outcomes. The reference committee recommends adopting a substitute  
6 resolution which is inclusive of all diseases and disease states.

7  
8 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
9 **3006 be adopted in lieu of Resolution No. 3006 as printed below:**

10  
11 **RESOLVED, That the American Academy of Family Physicians adopt a policy that**  
12 **speaks against the use of race as a proxy for biology or genetics in management**  
13 **guidelines, and that identifies race as a social construct, and be it further**

14  
15 **RESOLVED, That the American Academy of Family Physicians support members in**  
16 **critically evaluating their use of race in research and clinical practice, and be it**  
17 **further**

18  
19 **RESOLVED, That the American Academy of Family Physicians support research to**  
20 **investigate indicators alternative to race to stratify medical risk factors for disease**  
21 **states, and be it further**

22  
23 **RESOLVED, That the American Academy of Family Physicians advocate for**  
24 **estimated glomerular filtration rate to be reported without regard to race by liaising**  
25 **with other medical associations (including the American Society of Nephrology).**

26  
27  
28 **ITEM NO. 7: RESOLUTION NO. 3007: PUBLIC POLICIES TO REDUCE SUGARY DRINK**  
29 **CONSUMPTION IN CHILDREN AND ADOLESCENTS**

30  
31 RESOLVED, That the American Academy of Family Physicians develop a policy statement  
32 that mirrors the American Academy of Pediatrics 2019 Policy Statement: "Public Policies to  
33 Reduce Sugary Drink Consumption in Children and Adolescents", and be it further

34  
35 RESOLVED, That the American Academy of Family Physicians join the American Academy  
36 of Pediatrics (AAP) and the American Heart Association in its support of the AAP 2019  
37 Policy Statement: "Public Policies to Reduce Sugary Drink Consumption in Children and  
38 Adolescents."

39  
40 The reference committee heard limited testimony in support of the resolution. Those testifying  
41 stated that overweight children have a 70% chance of becoming overweight as an adult and an  
42 overweight adult could pose a national security issue. It was cited that obesity is now the leading  
43 reason why 71% of adults are not ready to serve our country. One member expressed his support  
44 for this resolution by mentioning that physicians need to lead by example. He stated that he was  
45 sugar addicted and lost over 80 pounds since eliminating sugar from his diet. It was also  
46 suggested that family physicians educate families on the harmful effects of sugary drinks. The  
47 reference committee discussed that the current AAFP policy "Sugar Sweetened Beverages" aligns  
48 with the resolution, particularly around taxation. The reference committee agreed with the spirit of  
49 the resolution and determined an expansion of the AAFP "Sugar Sweetened Beverages" policy  
50 would be in alignment with this resolution.  
51

1 **RECOMMENDATION: The reference committee recommends that Resolution No. 3007 be**  
2 **adopted.**

3  
4  
5 **ITEM NO. 8: RESOLUTION NO. 3008: GENDER AFFIRMING MEDICAL CARE FOR YOUTH IN**  
6 **FAMILY MEDICINE**

7  
8 RESOLVED, That the American Academy of Family Physicians support gender-affirming  
9 medical care for children and adolescents including puberty suppression and hormonal  
10 treatment as part of the scope of family medicine.

11  
12 The reference committee heard limited testimony in support of the resolution. It was stated that  
13 transgender people come from all communities, but that minority populations may suffer greater  
14 issues accessing care and potentially greater stigma. It was also stated that there are structural  
15 barriers to receiving care, especially insurance coverage. Finally, those providing testimony stated  
16 that gender affirming medical care for youth was within family medicine’s scope. The reference  
17 committee discussed that the current AAFP policy “Coverage Equity for Drugs, Testing, Procedure,  
18 Preventive Services and Reproductive Technologies” supports gender-affirming medical care for  
19 patients of all ages, including medically-appropriate, sex-specific care. The reference committee  
20 recommends reaffirming this resolution as current policy aligns with the resolved clause.

21  
22 **RECOMMENDATION: The reference committee recommends that Resolution No.3008 be**  
23 **reaffirmed.**

24  
25  
26 **ITEM NO. 9: RESOLUTION NO. 3009: IMPLICIT BIAS REVISION**

27  
28 RESOLVED, That the American Academy of Family Physicians make available a toolkit to  
29 allow for implicit bias education for all members of the healthcare delivery team, and be it  
30 further

31  
32 RESOLVED, That the American Academy of Family Physicians address implicit bias  
33 training through various means such as continuing medical education, performance  
34 improvement activity, problem-based learning sessions, and other activities, and be it  
35 further

36  
37 RESOLVED, That the American Academy of Family Physicians coordinate with the  
38 Accreditation Council for Graduate Medical Education efforts to create a curriculum and  
39 toolkit for implicit bias training, and report findings back to the 2020 National Conference of  
40 Constituency Leaders.

41  
42 The reference committee heard limited testimony in support of the resolution. It was stated that  
43 everyone is impacted by implicit bias and that in some cases this is benign and in other cases it is  
44 not. Testimony was also provided in support for earlier training in medical school covering this topic  
45 more broadly. The reference committee discussed that the current work surrounding implicit bias  
46 by the American Academy of Family Physicians, specifically The EveryONE Project toolkit, aligns  
47 with the first and second resolved clauses. The reference committee discussed the need to include  
48 the Liaison Committee on Medical Education (LCME) in the creation of curriculum addressing  
49 implicit bias. The reference committee agreed AAFP is unable to mandate LCME and the  
50 Accreditation Council for Graduate Medical Education co-develop curriculum but may request  
51 collaboration for development. The reference committee recommends adopting a substitute  
52 resolution.



1  
2 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
3 **3009 be adopted in lieu of Resolution No. 3009 as printed below:**  
4

5  
6 **RESOLVED, That the American Academy of Family Physicians make available a**  
7 **toolkit to allow for implicit bias education for all members of the health care delivery**  
8 **team, and be it further**  
9

10 **RESOLVED, That the American Academy of Family Physicians address implicit bias**  
11 **training through various means such as continuing medical education, performance**  
12 **improvement activity, problem-based learning sessions, and other activities, and be**  
13 **it further**  
14

15 **RESOLVED, That the American Academy of Family Physicians request to collaborate**  
16 **with the Liaison Committee on Medical Education and Accreditation Council for**  
17 **Graduate Medical Education efforts to create a curriculum for implicit bias training,**  
18 **and report findings back to the 2020 National Conference of Constituency Leaders.**  
19

20  
21 **ITEM NO. 10: RESOLUTION NO. 3010: ADDRESSING "STEALTHING" AS A FORM OF**  
22 **SEXUAL ASSAULT**  
23

24 RESOLVED, That the American Academy of Family Physicians develop a policy defining  
25 sexual assault, and be it further  
26

27 RESOLVED, That the American Academy of Family Physicians include non-consensual  
28 condom removal (stealthing) as a form of sexual assault, and be it further  
29

30 RESOLVED, That the American Academy of Family Physicians provide patient education  
31 on non-consensual condom removal as a form of sexual assault, including but not limited to  
32 FamilyDoctor.org, and be it further  
33

34 RESOLVED, That the American Academy of Family Physicians support legislative efforts  
35 that include non-consensual condom removal (stealthing) as a form of sexual assault, and  
36 be it further  
37

38 RESOLVED, That the NCCL Delegates present a resolution on non-consensual condom  
39 removal at the 2019 AAFP Congress.  
40

41 The reference committee heard testimony describing "stealthing" as the removal of a condom  
42 during sex without the partner's knowledge or consent. Testimony was provided that this is not just  
43 a women's issue and that this also occurs in the gay and bi-sexual communities. Testimony was  
44 provided that other medical specialty societies have policy on this issue. The reference committee  
45 agreed with the spirit of the resolution. The reference committee discussed the possibility of  
46 combining the first and second resolved clauses, but determined the resolution was sufficient as  
47 written.  
48

49 **RECOMMENDATION: The reference committee recommends that Resolution No. 3010 be**  
50 **adopted.**  
51  
52

1 **ITEM NO. 11: RESOLUTION NO. 3011: INCREASE FOOD EQUITY IN THE UNITED STATES**

2  
3 RESOLVED, That the American Academy of Family Physicians create a toolkit to help  
4 members advocate to address food deserts and food swamps in their community, and be it  
5 further

6  
7 RESOLVED, That the American Academy of Family Physicians lobby for restricting the use  
8 of Supplemental Nutrition Assistance Program (SNAP) funds so that junk foods and high-  
9 caloric foods cannot be purchased using these funds.

10  
11 The reference committee heard mixed testimony on the resolution. Some members stated that the  
12 Supplemental Nutrition Assistance Program (SNAP) benefits could be used to purchase unhealthy  
13 foods and that this may impact disadvantaged communities. However, others stated that problems  
14 would be created by limiting the types of foods people could purchase with SNAP benefits without  
15 increasing access to healthy foods. There was also testimony provided stating that the second  
16 resolved clause was too vague and that this would not promote patient autonomy. The reference  
17 committee discussed using non-colloquial language (e.g. food insecurity) to encompass food  
18 deserts and food swamps. The reference committee discussed issues associated with SNAP,  
19 including stigma surrounding receiving SNAP, health equity issues by regulating the types of food  
20 purchased with SNAP and the disproportionate removal of personal and patient autonomy in  
21 vulnerable populations. The reference committee discussed that using terms like “junk foods” or  
22 “high-caloric” does not provide clarity for adequate regulation and that there are other evidence-  
23 based options to promote healthier choices like taxation, which do not interfere with patient  
24 autonomy. The reference committee believed the second resolved clause did not address  
25 underlying social determinants of health issues leading to food insecurity. The reference committee  
26 also discussed prior work with this issue with the Commission of the Health of the Public and  
27 Science, which ultimately determined regulating SNAP eligible foods is an infringement on patient  
28 autonomy. The reference committee recommends adopting a substitute resolution, eliminating the  
29 second resolved clause and removing colloquial language from the first resolved clause.

30  
31 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
32 **3011 be adopted in lieu of Resolution No. 3011 as printed below:**

33  
34  
35 **RESOLVED, That the American Academy of Family Physicians create a toolkit to help**  
36 **members advocate to address geographical food insecurity.**

37  
38  
39 **ITEM NO. 12: RESOLUTION NO. 3012: GENDER-NEUTRAL LANGUAGE IN AAFP**  
40 **PUBLICATIONS**

41  
42 RESOLVED, That the American Academy of Family Physicians existing and future  
43 publications (eg. online, print) be reviewed and updated to use gender-neutral language,  
44 including those regarding sexual and reproductive health topics or other topics that have  
45 traditionally been gendered, and be it further

46  
47 RESOLVED, That all American Academy of Family Physicians (AAFP) produced and  
48 AAFP-supported patient education materials use gender-neutral language, including those  
49 regarding sexual and reproductive health or other topics that have traditionally been  
50 gendered, and be it further

1 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for use of  
2 gender-neutral language in patient-oriented materials to third-party purveyors of patient  
3 education materials used by AAFP members in their practice.  
4

5 The reference committee heard limited testimony in support of the resolution. It was stated that  
6 gendered language is a continued issue and creates stigma for gender nonconforming individuals.  
7 Testimony was provided stating it can be challenging to find patient oriented materials for family  
8 physicians that provide care for gender nonconforming or transgender individuals. For example,  
9 individuals with a uterus and cervix, that do not identify as female. The reference committee  
10 reviewed the current American Academy of Family Physicians style guide and determined it did not  
11 encompass comprehensive gender-neutral language. The reference committee agreed with the  
12 spirit of the resolution and recommends adopting it.  
13

14 **RECOMMENDATION: The reference committee recommends that Resolution No. 3012 be**  
15 **adopted.**  
16  
17

18 **ITEM NO. 13: RESOLUTION NO. 3013: SEXUAL ORIENTATION AND GENDER IDENTITY**  
19 **DATA COLLECTION IN ELECTRONIC HEALTH RECORDS**  
20

21 RESOLVED, That the American Academy of Family Physicians advocate to commercial  
22 electronic health record developers and vendors to include Sexual Orientation and Gender  
23 Identity fields, name used, pronouns used, and anatomy inventories, as required features,  
24 and be it further  
25

26 RESOLVED, That the American Academy of Family Physicians advocate for hospital and  
27 other health care entities to enable Sexual Orientation and Gender Identity fields, name  
28 used, pronouns used, and anatomy inventories in their electronic health record, and provide  
29 adequate training to their staff on best practices for this data collection.  
30

31 The reference committee heard testimony in support of the resolution. It was stated that electronic  
32 health records do not often include fields for sexual orientation and gender identity and that the  
33 American Academy of Family Physicians should support this and include this information in their  
34 informatics products. It was also discussed that some patients may not want this information  
35 collected and recorded and that they would not have to report their sexual orientation and gender  
36 identity. The reference committee had limited discussion on this resolution and agreed with it.  
37

38 **RECOMMENDATION: The reference committee recommends that Resolution No. 3013 be**  
39 **adopted.**  
40  
41

42 **ITEM NO. 14: RESOLUTION NO. 3014: AAFP TO OPPOSE LEGISLATION OF PHYSICIAN-**  
43 **PATIENT DECISION MAKING IN CHILD AND ADOLESCENT GENDER-AFFIRMING CARE**  
44

45 RESOLVED, That the American Academy of Family Physicians have a position statement  
46 that supports gender-affirming care of children and adolescents, and be it further  
47

48 RESOLVED, That the American American of Family Physicians affirms that gender-  
49 affirming care should occur solely between the physician and patient and patient's  
50 guardian, and be it further  
51

1 RESOLVED, That the American Academy of Family Physicians oppose any legislation  
2 regarding medical decision-making in gender-affirming care for children and adolescents.  
3

4 The reference committee heard testimony in support of the resolution. It was stated that legislation  
5 does not belong in the exam room and that gender-affirming care is beneficial to patients. Others  
6 stated that the American Academy of Pediatrics already has policies in support of this. The  
7 reference committee discussed that the current AAFP policy, "Coverage Equity for Drugs, Testing,  
8 Procedure, Preventive Services and Reproductive Technologies" supports gender-affirming  
9 medical care for patients of all ages. The reference committee discussed regulation requirements  
10 regarding patients' guardians and medical decision-making vary by state. The reference committee  
11 also discussed the need to clarify that the AAFP oppose legislation limiting medical decision-  
12 making.  
13

14 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
15 **3014 be adopted in lieu of Resolution No. 3014 as printed below:**  
16

17  
18 **RESOLVED, That the American Academy of Family Physicians affirm that gender-**  
19 **affirming care should occur between the physician and patient, and be it further**  
20

21 **RESOLVED, That the American Academy of Family Physicians oppose legislation**  
22 **limiting medical decision-making in gender-affirming care for children and**  
23 **adolescents.**  
24

25  
26 **ITEM NO. 15: RESOLUTION NO. 3015: OPPOSE RACISM**  
27

28 RESOLVED, That the American Academy of Family Physicians adopt an anti-racism policy,  
29 and be it further  
30

31 RESOLVED, That the American Academy of Family Physicians ask that the Liaison  
32 Committee on Medical Education add race to its existing "Cultural Competence and Health  
33 Care Disparities" section 7.6 of their Functions and Structure of a Medical School  
34 Standards for Accreditation of Medical Education Programs Leading to the MD Degree, and  
35 be it further  
36

37 RESOLVED, That the American Academy of Family Physicians take an active stance  
38 against racism when racist events occur in the medical community, and be it further  
39

40 RESOLVED, That the American Academy of Family Physicians encourage its members  
41 and require its officeholders to participate in training in racism and implicit bias, and be it  
42 further  
43

44 RESOLVED, That the American Academy of Family Physicians encourage its members to  
45 identify structural racism in their work setting.  
46

47 The reference committee heard testimony in support of the resolution. It was stated that the AAFP  
48 has done a lot of work on implicit bias, but that there are also explicit outward acts of racism. One  
49 member stated that the AAFP should have a concise and clear message that the AAFP opposes  
50 racism. The reference committee discussed that the AAFP policy, "Patient Discrimination," includes  
51 AAFP opposition to discrimination based on race but does not explicitly oppose racism. The  
52 reference committee determined the third, fourth and fifth resolved clauses were appropriate to

1 combine with the first resolved clause, calling for an explicit, comprehensive policy opposing  
2 racism. The reference committee also discussed the need to include race as a component of the  
3 corresponding Doctor of Osteopathy (DO) curriculum if not already included, or to develop the  
4 corresponding curriculum and include race.

5  
6 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
7 **3015 be adopted in lieu of Resolution No. 3015 as printed below:**

8  
9  
10 **RESOLVED, That The American Academy of Family Physicians develop and adopt an**  
11 **anti-racism policy which includes but is not limited to: encouraging its members and**  
12 **requiring its officeholders to participate in training in racism and implicit bias and**  
13 **further encourage its members to identify structural racism in their work setting,**  
14 **while also including language regarding the American Academy of Family Physicians**  
15 **taking an active stance against racism when racist events occur in the medical**  
16 **community, and be it further**

17  
18 **RESOLVED, That the American Academy of Family Physicians ask the Liaison**  
19 **Committee on Medical Education to add race to its existing "Cultural Competence**  
20 **and Health Care Disparities" section 7.6 of their Functions and Structure of a Medical**  
21 **School Standards for Accreditation of Medical Education Programs Leading to the**  
22 **MD Degree, and be it further**

23  
24 **RESOLVED, That the American Academy of Family Physicians ask the**  
25 **corresponding governing body for education programs leading to the DO degree to**  
26 **also add race to existing curriculum regarding cultural competence and health care**  
27 **disparities, or develop curriculum addressing cultural competence and health care**  
28 **disparities including race.**

29  
30  
31 **I wish to thank those who appeared before the reference committee to give testimony and**  
32 **the reference committee members for their invaluable assistance. I also wish to commend**  
33 **the AAFP staff for their help in the preparation of this report.**

1 Respectfully Submitted,  
2  
3  
4  
5  
6 

---

Scott Hartman, MD, FAAFP – CHAIR  
7  
8 Katie Patterson, MD, FAAFP – LGBT  
9 Carrie Pierce, MD – Women  
10 Rubayat Qadeer, MD – IMG  
11 Ravishankar Rao, MD – Minority  
12 Angeline Ti, MD, MPH – New Physicians  
13 Lisa Nguyen, MD (Observer)