



AAFP

2021 Consent Calendar for the Reference Committee on Health of the Public & 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:** Adopt Substitute Resolution No. 3001: "Improving Awareness of Sex and Gender Disparities
10 in Primary Literature and Guideline-Based Medicine" in lieu of Resolution No. 3001. **EXTRACTED.**
11 **Substitute adopted as amended on the floor.**

12
13 **Item 2:** Adopt Substitute Resolution No. 3002: "Protecting and Encouraging Civic Health
14 Discussions Initiated by Family Medicine Physician." in lieu of Resolution No. 3002.

15
16 **Item 3:** Adopt Resolution No. 3003: "Advocating for Informed Consent for Drug Screening in
17 Pregnancy."

18
19 **Item 4:** Adopt Substitute Resolution No. 3004: "Breastfeeding and Lactation Support in the
20 Workplace" in lieu of Resolution No. 3004.

21
22 **Item 5:** Adopt Resolution No. 3005: "Improving Health Literacy to Meet Public Health Challenges in
23 an Era of Misinformation."

24
25 **Item 6:** Adopt Resolution No. 3006: "Optimizing the Online Supplemental Nutrition Assistance
26 Program to Advance Health Equity."

27
28 **Item 7:** Adopt Substitute Resolution No. 3007: "Sexually Transmitted Infection Screening for
29 Gender Diverse Patients" in lieu of Resolution No. 3007.

30
31 **Item 8:** Adopt Substitute Resolution No. 3008: "AAFP to Support Gender Diverse Athletes'
32 Participation in Team Sports" in lieu of Resolution No. 3008.

33
34 **Item 9:** Adopt Resolution No. 3009: "Recognition of Emerging Sexual Minorities."

35
36 **Item 10:** Adopt Substitute Resolution No. 3010: "Incentivize IMGs to Work in Primary Care in
37 Underserved Communities" in lieu of Resolution No. 3010.



2021 Report of the Reference Committee on Health of the Public & Science

National Conference of Constituency Leaders

The Reference Committee on Health of the Public & 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: IMPROVING AWARENESS OF SEX AND GENDER DISPARITIES IN PRIMARY LITERATURE AND GUIDELINE-BASED MEDICINE

RESOLVED, That the American Academy of Family Physicians raise awareness about the sex and gender data gap and provide educational tools for medical schools and residencies to integrate sex- and gender-based medicine topics in the curriculum, and be it further

RESOLVED, That the American Academy of Family Physicians send letters to major biomedical journal editors strongly recommending the use of the Sex and Gender Equity in Research (SAGER) guidelines to encourage a more systematic approach to the reporting of the sex and gender results in research across disciplines, and be it further

RESOLVED, That the American Academy of Family Physicians send letters to other major medical societies encouraging them to annotate "possible sex and gender data disparities may exist" in guidelines where sex and gender data was not assessed, and consider providing recommendations for how to apply this to clinical practice, and be it further

RESOLVED, That by 2023, the American Academy of Family Physicians require peer-reviewed articles published in American Family Physician and FP Essentials to annotate "possible sex and gender disparities may exist" on Strength of Recommendation Taxonomy (SORT) guidelines where the supporting evidence/articles/ guidelines do not use Sex and Gender Equity in Research (SAGER) guidelines for reporting sex and gender information.

The reference committee heard testimony in support of the resolution. Those testifying clarified that the specific use of terminology like "men" and "women" in the resolution is meant to mirror what is commonly used in research, while recognizing that it does not capture the true breadth of gender identity. They also testified that the spirit of the resolution is intended to be inclusive of all gender identities, with the goal of greater transparency in who is represented in medical research and how that data is used and reported. The testimony indicated that a preference toward gender neutrality in medical literature, while well-intentioned, would likely lead to bias in favor of biological males, which are already overrepresented in the primary data.

Although they supported its intent, the reference committee discussed the lack of clarity and specificity within the first resolved clause, particularly the use of the phrase "raise awareness." The

1 reference committee also expressed concerns about the use of “require” in the final resolved
2 clause, given the editorial independence of publications like *American Family Physician (AFP)* and
3 *FP Essentials*. The reference committee determined the most appropriate action was to
4 recommend a substitute resolution that removes the first resolved clause and revises the final
5 resolved clause to “request” peer-reviewed articles in *AFP* and *FP Essentials* include annotations
6 identifying where SAGER guidelines are not met by 2023.

7
8 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
9 **3001 which reads as follows be adopted in lieu of Resolution No. 3001: EXTRACTED.**
10 **Substitute adopted as amended on the floor.**

11
12 **RESOLVED, That the American Academy of Family Physicians send letters to major**
13 **biomedical journal editors strongly recommending the use of the Sex and Gender**
14 **Equity in Research (SAGER) guidelines to encourage a more systematic approach to**
15 **the reporting of the sex and gender results in research across disciplines, and be**
16 **it further**

17
18 **RESOLVED, That the American Academy of Family Physicians send letters to other**
19 **major medical societies encouraging them to annotate “possible sex and**
20 **gender data disparities may exist” in guidelines where sex and gender data was not**
21 **assessed, and consider providing recommendations for how to apply this to clinical**
22 **practice, and be it further**

23
24 **RESOLVED, That the American Academy of Family Physicians request, by**
25 **2023, peer-reviewed articles published in *American Family Physician* and *FP***
26 ***Essentials* to annotate “possible sex and gender disparities may exist” on Strength**
27 **of Recommendation Taxonomy (SORT) guidelines where the supporting**
28 **evidence/articles/ guidelines do not use Sex and Gender Equity in**
29 **Research (SAGER) guidelines for reporting sex and gender information.**

30
31 **RESOLVED, That the American Academy of Family Physician raise awareness about**
32 **the sex and gender data gap via the creation of a position paper on the topic and**
33 **provide educational tools for medical schools and residencies to integrate sex- and**
34 **gender-based medicine topics in the curriculum, which may include focused KSA**
35 **questions or a curriculum toolkit.**

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38 **ITEM NO. 2: RESOLUTION No. 3002: PROTECTING AND ENCOURAGING CIVIC HEALTH**
39 **DISCUSSIONS INITIATED BY FAMILY MEDICINE PHYSICIAN**

40
41 RESOLVED, That the American Academy of Family Physicians encourage family physicians
42 to have conversations about civic health with patients during healthcare encounters, and be
43 it further

44
45 RESOLVED, That the American Academy of Family Physicians oppose any legislation or
46 policies that prohibit physicians from having conversations about civic health during
47 healthcare encounters, and be it further

48
49 RESOLVED, That the American Academy of Family Physicians make pre-existing toolkits
50 from outside organizations readily available on the AAFP website for members to utilize when
51 encouraging patient involvement in civic health through voting.
52

1 The reference committee heard testimony in support of the resolution. Those testifying provided an
2 additional definition of civic health that includes individual engagement and communities' capacity
3 to work together. Testimony provided support for the concept of civic health/civic engagement as a
4 social determinant of health and discussed the important role of civic participation in the
5 development of healthy communities. The reference committee discussed whether the intent of the
6 resolution was focused on the role of physicians in voter registration or if it should be considered
7 more broadly. They also discussed the need for more intentional use of the word "non-partisan" to
8 describe conversations about civic health between patients and physicians. The reference
9 committee determined the most appropriate action was to recommend a substitute resolution
10 which revises the first and second resolved clauses to specify that conversations during healthcare
11 encounters should be "non-partisan."

12
13 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
14 **3002 which reads as follows be adopted in lieu of Resolution No. 3002:**

15
16 **RESOLVED, That the American Academy of Family Physicians encourage family**
17 **physicians to have non-partisan conversations about civic health with patients**
18 **during healthcare encounters, and be it further**

19
20 **RESOLVED, That the American Academy of Family Physicians oppose any**
21 **legislation or policies that prohibit physicians from having non-**
22 **partisan conversations about civic health during healthcare encounters, and be**
23 **it further**

24
25 **RESOLVED, That the American Academy of Family Physicians make pre-existing**
26 **toolkits from outside organizations readily available on the AAFP website for**
27 **members to utilize when encouraging patient involvement in civic health through**
28 **voting.**

29
30
31 **ITEM NO. 3: RESOLUTION NO. 3003: ADVOCATING FOR INFORMED CONSENT FOR DRUG**
32 **SCREENING IN PREGNANCY**

33
34 RESOLVED, That the American Academy of Family Physicians (AAFP) publicly oppose the
35 routine practice of drug testing in pregnant and postpartum people without explicit informed
36 consent, using avenues such as independent statements and advocacy to the American
37 Medical Association via the AAFP's delegation.

38
39 The reference committee heard testimony in support of the resolution. Those testifying stated that
40 drug testing is performed when patients present for labor and delivery either for all patients or
41 based on suspicion and that this is done without informed consent. Testimony cited studies that
42 Black women and newborns were more likely to be tested for substance use without a
43 corresponding increase in positive results highlighting implicit bias in the screening process.
44 Additionally, testimony highlighted that urine drug screens can serve as entry point into the
45 correctional system and child services. It was noted that other organizations like the American
46 College of Obstetricians and Gynecologists (ACOG) have opposed drug screening in pregnant
47 patients without informed consent. There was testimony highlighting the need for drug screens to
48 appropriately manage patients in emergency situations, but it was noted that there are processes
49 in place for such cases. The reference committee discussed the importance of informed consent,
50 in particular, in addressing bias and potential health disparities. The reference committee noted the
51 "Substance Use" policy has a section opposing the criminalization of substance use by pregnant
52 women and this policy could be expanded to oppose routine drug testing without informed consent.

1
2 **RECOMMENDATION: The reference committee recommends that Resolution No. 3003 be**
3 **adopted.**
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7 **ITEM NO. 4: RESOLUTION NO. 3004: BREASTFEEDING AND LACTATION SUPPORT IN THE**
8 **WORKPLACE**
9

10 RESOLVED, That the American Academy of Family Physicians advocate for protected non-
11 clinical time throughout the workday to allow lactating physicians to pump in an area that
12 meets the federal guidelines of privacy, comfort, and sanitation and that area is not utilized
13 for clinical or direct patient care, and be it further
14

15 RESOLVED, That the American Academy of Family Physicians develop a policy
16 recommending adequate pumping time accommodations of 20 - 30 minutes breaks every
17 two to three hours within a working period accounting for pumping times, set up and cleaning
18 after pumping and follows physiologic nursing patterns, and be it further
19

20 RESOLVED, That the American Academy of Family Physicians lobby to change to the Fair
21 Labor Standards Act section 7 exemption to include nursing accommodations for all
22 physicians.
23

24 The reference committee heard testimony in support of the resolution. Those testifying cited
25 barriers to safe and effective pumping. It was reported that many facilities do not provide protected
26 time nor non-clinical areas for the expression of breastmilk. The testimony included current AAFP
27 policy promoting protected time and physical accommodations for medical trainees. Additionally,
28 the AAFP policy, "Breastfeeding," recommends that babies are exclusively breastfed for the first six
29 months. Those testifying highlighted that those physicians who are not salaried may be further
30 impacted if the protected time was not also compensated. The reference committee discussed
31 these issues and agreed that support for breastfeeding and lactating physicians in practice was
32 important and in line with current work including updates to the AAFP's position paper,
33 "Breastfeeding, Family Physicians Supporting." However, they noted that more specific advocacy
34 on this issue was warranted. Members acknowledged that compensation in addition to protected
35 non-clinical time should be added and recommended a substitute resolution to include this
36 language in the first resolved clause.
37

38 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
39 **3004 which reads as follows be adopted in lieu of Resolution No. 3004.**
40

41 **RESOLVED, That the American Academy of Family Physicians advocate for protected**
42 **and compensated non-clinical time throughout the workday to allow lactating**
43 **physicians to pump in an area that meets the federal guidelines of privacy, comfort,**
44 **and sanitation and that area is not utilized for clinical or direct patient care, and be it**
45 **further**
46

47 **RESOLVED, That the American Academy of Family Physicians develop a policy**
48 **recommending adequate pumping time accommodations of 20 - 30 minutes breaks**
49 **every two to three hours within a working period accounting for pumping times, set**
50 **up and cleaning after pumping and follows physiologic nursing patterns, and be it**
51 **further**
52

1 **RESOLVED, That the American Academy of Family Physicians lobby to change to the**
2 **Fair Labor Standards Act section 7 exemption to include nursing accommodations for**
3 **all physicians.**
4
5

6 **ITEM NO. 5: RESOLUTION NO. 3005: IMPROVING HEALTH LITERACY TO MEET PUBLIC**
7 **HEALTH CHALLENGES IN AN ERA OF MISINFORMATION**
8

9 RESOLVED, That the American Academy of Family Physicians expand its current Health
10 Literacy policy to emphasize the vital role of health literacy in addressing public health
11 challenges and combating misinformation, as well as recognize that the concept of health
12 literacy is adaptable to address modern public health challenges, and be it further
13

14 RESOLVED, That the American Academy of Family Physicians work towards advancing
15 medical training education of health literacy as it relates to medical misinformation by
16 encouraging its integration into medical school and family medicine residency curriculum, as
17 well as provide advocacy tools to medical students interested in family medicine, and be it
18 further
19

20 RESOLVED, That the American Academy of Family Physicians determine the strategies and
21 resources that best support family physicians in combating misinformation which may
22 include, but is not limited to, communication strategies at all levels of influence and
23 recommend trusted medical resources across different platforms that provide easy-to-
24 understand health information.
25

26 The reference committee heard testimony in support of the resolution. Those testifying cited the
27 overwhelming amount of misinformation presented by both mainstream media as well as social
28 media during the COVID-19 pandemic. Health literacy is a key component for informed consent
29 which is central to family medicine. It was noted that members rely on the AAFP for accurate and
30 evidence-based information to help patients make the best possible choices regarding their care.
31 Testimony also highlighted the importance of the role of the family physician in collaboration with
32 community leaders to effectively address medical misinformation. The reference committee agreed
33 with the resolution, acknowledging the role of family medicine in advancing health literacy to
34 address social determinants of health and the impact of misinformation on public health.
35

36 **RECOMMENDATION: The reference committee recommends that Resolution No. 3005 be**
37 **adopted.**
38
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40 **ITEM NO. 6: RESOLUTION NO. 3006: OPTIMIZING THE ONLINE SUPPLEMENTAL**
41 **NUTRITION ASSISTANCE PROGRAM TO ADVANCE HEALTH EQUITY**
42

43 RESOLVED, That the American Academy of Family Physicians advocate for consumer
44 protections in the use of online Supplemental Nutrition Assistance Program (SNAP) policies,
45 including support for oversight hearings for the SNAP online purchasing program; and be it
46 further
47

48 RESOLVED, That the American Academy of Family Physicians update their policy
49 statements on healthy nutrition to include best practices in digital advertising and marketing
50 practices promoting healthy options.
51

1 The reference committee heard testimony citing that online shopping dramatically increased during
2 the COVID-19 pandemic. Prior to the COVID-19 pandemic, individuals participating in the
3 Supplemental Nutrition Assistance Program (SNAP) were unable to use these benefits online. The
4 U.S. government established a pilot program to facilitate online purchases for SNAP recipients,
5 however, it was noted that a consumer protection agency identified troubling patterns in which
6 retailers were tracking purchases and promoting foods that were less nutritionally dense to SNAP
7 recipients. AAFP’s policy, “Healthy Foods,” supports access to healthy and nutritious food and
8 programs like SNAP. Those who testified highlighted a need for digital protections for SNAP
9 recipients and asked for advocacy against potentially harmful online marketing practices. The
10 reference committee reviewed the testimony and agreed that SNAP is a crucial program for the
11 health of parents and children. They noted that this is a priority area for family medicine advocacy
12 and that the policy could be expanded to include best practices in online shopping for healthy
13 foods.

14
15 **RECOMMENDATION: The reference committee recommends that Resolution No. 3006 be**
16 **adopted.**

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19 **ITEM NO. 7: RESOLUTION NO. 3007: SEXUALLY TRANSMITTED INFECTION SCREENING**
20 **FOR GENDER DIVERSE PATIENTS**

21
22 RESOLVED, That the American Academy of Family Physicians advocate for the
23 development of guidelines for sexually transmitted infection screening that are gender-neutral
24 and based on the body parts involved without reference to the gender of the person
25 possessing the body parts, and be it further
26

27 RESOLVED, That the American Academy of Family Physicians work with the editors of
28 *American Family Physician* to produce an article specifically addressing sexually transmitted
29 infection screening in gender and sexual minorities, and be it further
30

31 RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm its
32 commitment to using gender-neutral language in all AAFP-supported or produced patient-
33 oriented materials.
34

35 The reference committee heard testimony in support of the resolution. Those providing testimony
36 acknowledged that several resources existed from the AAFP related to screening for sexually
37 transmitted infections, including for LGBTQ+ patients. However, additional resources were needed
38 to better meet the needs of gender diverse patients. The reference committee agreed with the spirit
39 of the resolution but noted that *American Family Physician (AFP)* is an independent entity with an
40 editorial board that determines its content. However, the topic could be suggested for the journal’s
41 consideration. The reference committee recommended a substitute resolution. The resolution
42 revises the second resolved clause to “request” an article in *AFP* specifically addressing sexually
43 transmitted infection screening in gender and sexual minorities
44

45 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
46 **3007 which reads as follows be adopted in lieu of Resolution No. 3007:**

47
48 **RESOLVED, That the American Academy of Family Physicians advocate for the**
49 **development of guidelines for sexually transmitted infection screening that are**
50 **gender-neutral and based on the body parts involved without reference to the gender**
51 **of the person possessing the body parts, and be it further**
52

1 **RESOLVED, That the American Academy of Family Physicians request that *American***
2 ***Family Physician* produce an article specifically addressing sexually transmitted**
3 **infection screening in gender and sexual minorities, and be it further**
4

5 **RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm its**
6 **commitment to using gender-neutral language in all AAFP-supported or produced**
7 **patient-oriented materials.**
8

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10 **ITEM NO. 8: RESOLUTION NO. 3008: AAFP TO SUPPORT GENDER DIVERSE ATHLETES'**
11 **PARTICIPATION IN TEAM SPORTS**
12

13 RESOLVED, That the American Academy of Family Physicians and its state chapters actively
14 oppose discriminatory laws that prohibit gender diverse and transgender people from
15 participating in their affirmed gender in sports and athletic competitions, and be it further
16

17 RESOLVED, That the American Academy of Family Physicians create a tool kit for programs
18 which would like assistance in adapting current team policies to new gender diverse and
19 transgender participants.
20

21 The reference committee heard testimony in support of the resolution. Testimony discussed recent
22 legislation introduced in 35 state legislatures aimed at preventing transgender and gender-non-
23 conforming athletes from participating in sports. Testimony was also given on the emotional and
24 psychological harm experienced by transgender individuals whose gender and pronouns were not
25 affirmed – particularly transgender youth and adolescents. Some testifying did express concerns
26 about the wording in the first resolved clause, which implied the AAFP could set policy and
27 legislative agendas for state chapters.
28

29 The reference committee echoed the concerns expressed during testimony about the wording of
30 the first resolved clause, given the independence of chapters. The reference committee decided
31 the most appropriate action was to recommend a substitute resolution which revises the first
32 resolved clause clarifying the AAFP's role in opposing this legislation on the national level and
33 creates a second resolved clause for the AAFP to provide model legislation for consideration by
34 state chapters.
35

36
37 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
38 **3008 which reads as follows be adopted in lieu of Resolution No. 3008:**
39

40 **RESOLVED, That the American Academy of Family Physicians actively oppose**
41 **discriminatory laws that prohibit gender diverse and transgender people from**
42 **participating in their affirmed gender in sports and athletic competitions, and be**
43 **it further**
44

45 **RESOLVED, That the American Academy of Family Physicians provide model**
46 **legislation for consideration by state chapters to advocate for gender diverse and**
47 **transgender people to participate in their affirmed gender in sports and athletic**
48 **competitions, and be it further**
49

50 **RESOLVED, That the American Academy of Family Physicians create a tool kit for**
51 **programs and chapters which would like assistance in adapting current team**
52 **policies to new gender diverse and transgender participants.**

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5 **ITEM NO. 9: RESOLUTION NO. 3009: RECOGNITION OF EMERGING SEXUAL MINORITIES**
6

7 RESOLVED, That the American Academy of Family Physicians advocate to eliminate
8 health disparities and discrimination in emerging sexual minorities, and be it further
9

10 RESOLVED, That the American Academy of Family Physicians support the development and
11 dissemination of educational materials to train family physicians to provide evidence-based
12 care that affirms the sexual health needs of all patients, including emerging gender and
13 sexual minorities.
14

15 The reference committee heard testimony in support of the resolution. Those who testified cited the
16 importance of recognizing appropriate terminology to prevent stigma and bias for sexual minorities.
17 Testimony cited health disparities prevalent in these populations with increased rates of suicide,
18 depression, HIV, and obesity due to high levels of stress resulting from discrimination and the need
19 to hide their identity. It was acknowledged that discrimination was prevalent in the medical
20 profession. Testimony also showcased the importance of accepting and advocating for patients
21 who may have different family structures. The reference committee recognized the importance of
22 this topic to family physicians and the need for the AAFP to continue to expand its resources.
23

24 **RECOMMENDATION: The reference committee recommends that Resolution No. 3009 be**
25 **adopted.**
26
27

28 **ITEM NO. 10: RESOLUTION NO. 3010: INCENTIVIZE IMGs TO WORK IN PRIMARY CARE IN**
29 **UNDERSERVED COMMUNITIES**
30

31 RESOLVED, That the American Academy of Family Physicians endeavor to create and
32 support the creation of grants to incentivize IMGs to work in primary care in underserved
33 communities.
34

35 The reference committee heard testimony in support of the resolution. Testimony emphasized the
36 important role of international medical graduates in filling physician gaps in many rural and
37 underserved areas. The reference committee agreed with the spirit of the resolution but
38 acknowledged that the AAFP may not have the capacity to create grants. However, the committee
39 agreed that the AAFP can urge other entities and agencies to encourage IMGs to work in primary
40 care. This advocacy would be aligned with the strategic objectives of the AAFP to grow the family
41 medicine work force. The reference committee determined a substitute resolution should replace
42 the phrases of “create” and “support” with “encouragement” for the creation of grants.
43

44 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
45 **3010 which reads as follows be adopted in lieu of Resolution No. 3010:**
46

47 **RESOLVED, That the American Academy of Family Physicians encourage other**
48 **entities and agencies to create grants to incentivize IMGs to work in primary care in**
49 **underserved communities.**
50
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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.

1 Respectfully Submitted,
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Carrie Pierce, MD – CHAIR
7
8 Sara Baird, MD – Women
9 Eleanor Lisa Lavadie-Gomez, MD, FAAFP – Minority
10 Melissa Hidde, MD – LGBT
11 Amy Lachewitz, MD – IMG
12 Cybill Oragwu, MD – New Physicians