



# Student 1 Agenda and Resolutions

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National Conference of Family Medicine Residents and Medical Students  
July 29-31, 2021 – Kansas City, MO

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<b><u>Item No.</u></b>	<b><u>Resolution Title</u></b>
1. Resolution No. 101	Promotion of Inclusion Within the Family Medicine Clerkship
2. Resolution No. 102	Reducing Barriers to Accessing Medication Assisted Treatment for Substance Abuse
3. Resolution No. 103	Gender-Affirming Care as a Core Competency in Family Medicine Residency Training and Undergraduate Medical Education
4. Resolution No. 104	Increasing Access to Quality Pre-Kindergarten
5. Resolution No. 105	National Advance Directive Database

1 **Student RESOLUTION NO. 101**

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3 **Promotion of Inclusion Within the Family Medicine Clerkship**

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5 Introduced by: Leah VanBlaricum  
6 Somin Lin  
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8 WHEREAS, American Academy of Family Physicians (AAFP) policy asserts that all medical schools and  
9 family medicine residencies should provide education and be cognizant of patients' cultural and ethnic  
10 differences, and physicians and medical students are also members of a healthy pluralistic society with  
11 diversity of cultural and ethnic perspectives, and  
12

13 WHEREAS, patients have been shown to have better rapport and outcomes when there is less cultural,  
14 ethnic and moral discordance with their healthcare professionals, and  
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16 WHEREAS, the AAFP states that if individuals have moral or ethical beliefs that conflict with the ability to  
17 provide medical care, these individuals may defer to colleagues who feel comfortable doing so, and  
18

19 WHEREAS, the AAFP acknowledges the American Medical Association's code of medical ethics which  
20 provides conscience protections to medical professionals, and  
21

22 WHEREAS, legal protections protect the right of conscience for health care professionals which medical  
23 students may not be familiar with, and  
24

25 WHEREAS, the AAFP is dedicated to promoting positive experiences in the family medicine clerkship and  
26 promotion of family medicine as a speciality, but does not provide information to students regarding their  
27 intent to protect students against discrimination, and  
28

29 WHEREAS, medical students may be discriminated against because of their beliefs and consequently be  
30 discouraged from pursuing family medicine if their right of conscience is not protected, now, therefore be  
31 it  
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33 RESOLVED, That the American Academy of Family Physicians (AAFP) amend its policy regarding family  
34 medicine's role in undergraduate medical education to include #6 noted below:

35 The AAFP specifically recommends that all medical schools provide the following evidence-based  
36 components of a mandatory family medicine clerkship:

- 37 1. Completion by the end of the third year,
- 38 2. Length of at least four weeks but preferably greater than six weeks,
- 39 3. Exposure to the broad scope of family medicine,
- 40 4. Longitudinal continuity with preceptors from preclinical throughout clinical years, and
- 41 5. Promotion of family medicine as a calling.
- 42 6. **Provision of information at the start of the clerkship that the student will be guaranteed**  
43 **their right of conscience and will not be penalized or discriminated against if put in a**  
44 **position where the individual feels compelled to utilize this right.**

1 **Student RESOLUTION NO. 102**

2  
3 **Reducing Barriers to Accessing Medication Assisted Treatment for Substance Use**

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5 Introduced by: Sarah Baranes  
6 Nicole Goldberg-Boltz  
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8 WHEREAS, The American Academy of Family Physicians (AAFP) supports universal access to  
9 medication assisted treatment for opioid use disorder, facilitated by overturning the provision in  
10 the Drug Addiction Treatment Act of 2000 which requires physicians, advanced practice  
11 registered nurses, and physician assistants to undergo eight and 24 hours of uncompensated  
12 training, respectively, to prescribe buprenorphine, and  
13

14 WHEREAS, the AAFP supports enforcing the Mental Health Parity and Addictions Equity Act  
15 (Public Law 110-343) which would ensure that private insurance companies match Medicare  
16 and Medicaid reimbursement for treatment of substance use disorders, further reducing  
17 insurance barriers may also include overturning prior authorization requirements for medications  
18 used for opioid use disorder, and  
19

20 WHEREAS, the AAFP supports promoting systemic level change by promoting the priorities set  
21 forth by the Biden-Harris Administration's Statement of Drug Policy Priorities, which include, but  
22 are not limited to expanding access to evidence-based treatment and expanding the addiction  
23 workforce, and  
24

25 WHEREAS, the AAFP supports expanding the addiction workforce by supporting standardized  
26 Liaison Committee on Medical Education requirements for undergraduate medical education  
27 aimed at reducing stigma against people who use drugs and increasing future providers'  
28 knowledge about treatment options for people struggling with addiction, now, therefore be it  
29

30 RESOLVED, That the American Academy of Family Physicians advocates to end the X Waiver  
31 requirements set forth by the Controlled Substance Act, and be it further  
32

33 RESOLVED, That the American Academy of Family Physicians promotes more equitable  
34 reimbursement for substance use treatment between private and public payors and advocates  
35 to reduce barriers such as prior authorizations to enable more providers to provide  
36 comprehensive treatment for substance use disorders, and be it further  
37

38 RESOLVED, That the American Academy of Family Physicians supports curricular reform at the  
39 undergraduate medical education level aimed at reducing stigma against people who use drugs  
40 and increasing provider comfort with evidence-based treatment modalities.

1 **Student RESOLUTION NO. 103**

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3 **Gender-Affirming Care As a Core Competency In Family Medicine Residency Training**  
4 **and Undergraduate Medical Education**

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6 Introduced by: Anna Persmark  
7 Alejandro Blich  
8 Michelle Peterson  
9 Austin McCauley  
10 Riyana Lalani

11  
12 WHEREAS, the American Academy of Family Physicians (AAFP) supports gender-affirming  
13 care for gender-diverse patients which may include supportive behavioral health care, gender-  
14 affirming hormones, puberty blockade, medical procedures, and surgical interventions, and  
15

16 WHEREAS, the AAFP acknowledges that family physicians are uniquely qualified to provide  
17 gender-affirming care due to the longitudinal nature of the patient-physician relationship, and  
18

19 WHEREAS, a significant proportion of the gender-diverse population has cited lack of provider  
20 knowledge as a barrier to accessing care, and  
21

22 WHEREAS, the AAFP recommends residents be competent in discussing hormone  
23 replacement therapy with gender-diverse patients, and  
24

25 WHEREAS, gender-affirming care is not currently widely integrated into family medicine  
26 residency curricula and many trainees do not feel adequately prepared to meet the needs of  
27 their gender-diverse patients, now, therefore be it  
28

29 RESOLVED, That the American Academy of Family Physicians support the further integration of  
30 gender-affirming care into core family medicine residency curricula and into undergraduate  
31 medical curricula, and be it further  
32

33 RESOLVED, That the American Academy of Family Physicians encourage the Accreditation  
34 Council for Graduate Medical Education (ACGME) to acknowledge the existence of gender-  
35 diversity beyond the gender binary and the necessity of competency in gender-affirming care in  
36 family medicine, and be it further  
37

38 RESOLVED, That the American Academy of Family Physicians make curriculum guideline  
39 recommendations that family medicine residency graduates are competent in prescribing  
40 hormone replacement therapy for gender-diverse patients of all ages, and be it further  
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42 RESOLVED, That the American Academy of Family Physicians make the recommendation that  
43 medical students receive a thorough introduction to gender diversity and gender-affirming care,  
44 including hormone replacement therapy, and be it further  
45

46 RESOLVED, That the American Academy of Family Physicians support LGBTQ+ community  
47 partnerships between family medicine residencies and medical schools in the development of  
48 gender-affirming curricula.

1 **Student RESOLUTION NO. 104**

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3 **Increasing Access to Quality Pre-Kindergarten**

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5 Introduced by: Verónica Y. Schmidt

6 Anna-Marie Bueno

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8 WHEREAS, Early childhood development and education serve as important and foundational  
9 social determinants of health; early childhood education increases high school graduation rates,  
10 reduces crime, improves long-term health and has a substantial economic benefit, while, lack of  
11 access to pre-kindergarten strengthens the school readiness gap and systemic racism, and  
12

13 WHEREAS, according to the American Public Health Association (2017), more than 60% of  
14 four-year-olds in the United States do not have access to these publicly funded pre-kindergarten  
15 programs, and  
16

17 WHEREAS, according to research conducted by The Education Trust (2019), Latino and Black  
18 children disproportionately lack access to high quality state funded preschool programs and  
19 addressing children's access to positive early experiences is necessary to address health  
20 inequalities, now, therefore be it  
21

22 RESOLVED, That the American Academy of Family Physicians write a position paper in favor of  
23 increasing access to quality pre-kindergarten.

1 **Student RESOLUTION NO. 105**

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3 **National Advance Directive Database**

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5 Introduced by: Alex McCammant  
6 Marlin Amy Halder

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8 WHEREAS, Hospice and palliative care provide much-needed support while a patient has a  
9 chronic disease and/or is dying, and

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11 WHEREAS, during the COVID-19 pandemic, many patients presented to the hospital in  
12 respiratory failure and had to be immediately intubated without time for a conversation about  
13 code status, and

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15 WHEREAS, many patients have not had a conversation with their families or primary care  
16 physician about their wishes for their advance directive even at an advanced age or with a  
17 chronic disease, and

18

19 WHEREAS, when said conversations do take place patients' preferences are often not  
20 consistent with what is documented in the medical record, or the surrogate decision maker may  
21 be omitted, and

22

23 WHEREAS, discussions of code status in an acute, distressed setting may cause stress and  
24 even interpersonal conflict that could be avoided with a conversation about a patient's wishes  
25 well before an emergent situation, and

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27 WHEREAS, the prescription drug monitoring programs have been immensely helpful for  
28 tracking the prescription of controlled substances across state lines and are quick and easy to  
29 access, now, therefore be it

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31 RESOLVED, That the American Academy of Family Physicians collaborate with other relevant  
32 bodies to advocate for a national advance directive database to assist with care planning.